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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

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

OMB No 1545-0047

2014

Open to Public Inspection

A For the 2014 calendar year, or tax year beginning 01-01-2014 , and ending 12-31-2014

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

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 province, country, and ZIP or foreign postal code
New Orleans, LA 70121

D Employer identification number
72-0502505

E Telephone number
(504) 842-3400

G Gross receipts $ 6,235,914,720

F Name and address of principal officer
Warner L Thomas
1514 Jefferson Highway
New Orleans, LA 70121

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

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

H(c) Group exemption number ▶

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

J Website: ▶ www ochsner org

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

L Year of formation 1944

M State of legal domicile LA

Part I Summary

1 Briefly describe the organization's mission or most significant activities
Patient Care, Graduate Medical Education, & Medical Research

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**	19
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	8
5	Total number of individuals employed in calendar year 2014 (Part V, line 2a)	**5**	16,881
6	Total number of volunteers (estimate if necessary)	**6**	991
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	2,681,019
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	92,133

		Prior Year	Current Year
Revenue			
8	Contributions and grants (Part VIII, line 1h)	12,533,544	11,896,065
9	Program service revenue (Part VIII, line 2g)	5,501,685,541	6,040,819,706
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	28,147,523	45,316,188
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	7,831,582	14,109,976
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	5,550,198,190	6,112,141,935
Expenses			
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	118,035	686,509
14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	1,012,889,384	1,123,157,690
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶511,755		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	4,484,851,744	4,916,265,026
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	5,497,859,163	6,040,109,225
19	Revenue less expenses Subtract line 18 from line 12	52,339,027	72,032,710
Net Assets or Fund Balances		**Beginning of Current Year**	**End of Year**
20	Total assets (Part X, line 16)	1,710,614,387	1,807,294,721
21	Total liabilities (Part X, line 26)	1,030,671,665	1,050,612,882
22	Net assets or fund balances Subtract line 21 from line 20	679,942,722	756,681,839

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 — 2015-11-10 Date

▶ Bobby C Brannon EVP & Treasurer
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
Raymond Lee	Raymond Lee			P00004272

Firm's name ▶ Ernst & Young US LLP — Firm's EIN ▶ 34-6565596

Firm's address ▶ 401 Congress Ave Suite 1800, Austin, TX 78701 — Phone no (512) 478-9881

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission

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

4a (Code) (Expenses $ 5,630,058,987 including grants of $ 22,473) (Revenue $ 6,013,268,109)

Patient Care/Patient Medical Services Ochsner Clinic Foundation consists of four hospitals at six campuses and many clinical locations Served 143,931 inpatients resulting in 701,290 patient days Emergency Room visits totaled 256,052 The number of births totaled 5,269 Outpatient hospital visits totaled 584,200 Physician clinic visits total 1,107,016 469 patients received organ transplants

4b (Code) (Expenses $ 19,767,594 including grants of $) (Revenue $ 5,371,198)

Since 1944, academics have been an integral component of the mission, visions and strategy of the Ochsner organization Ochsner's focus as an academic center adds emphasis, intellectual capital and commitment to our mission to educate and innovate, through providing the highest quality care and service to the Ochsner community and patients The academic areas are operating divisions of Ochsner Clinic Foundation Education Operating one of the nation's largest independent academic medical centers, OCF trains over 275 residents and fellows annually in 23 independent OCF-sponsored accredited residency training programs In addition, Ochsner is a joint sponsor of three programs with Louisiana State University Health Science Center ("LSUHSC"), including ophthalmology, psychiatry and urology, and is a joint sponsor of a pediatric program with Tulane University School of Medicine ("Tulane") The joint programs include approximately 125 residents In addition, another 300 residents and fellows rotate to OCF in various disciplines of medicine and surgery under affiliation agreements with LSUHSC and Tulane as well as other schools from across the country and around the world Ochsner also supports LSU residency training programs at the Ochsner Medical Center - Kenner The site hosts approximately 40 residents annually with the primary programs being Family Practice and Internal Medicine with 26 residents, and medicine and surgical specialties training programs with approximately 14 residents In the fall of 2008, Ochsner entered into a partnership with the University Of Queensland School Of Medicine in Brisbane, Australia to develop the University of Queensland, Ochsner Clinical School Beginning in 2017, this program will create an additional 120 medical school graduates each year The program is for United States citizens or permanent residents who are interested in pursuing a career in medicine with the opportunity to study in a global program The students complete their first and second years of training at the University of Queensland in Brisbane followed by completion of years three and four (clinical training years) at Ochsner The students graduate with a Bachelor of Medicine, Bachelor of Surgery (MBBS degree) which is considered a Doctor of Medicine (MD) equivalent degree In 2015, the University Of Queensland School of Medicine approved the Doctor of Medicine degree to replace the MBBS degree As a result, the University of Queensland School of Medicine and Ochsner Clinical School were visited in 2014 by the Australian Medical Council as a component of the Medical School's accreditation The outcome of this site visit was full accreditation for six year, the maximum term allowed The graduating class of 2018 will be the first class to graduate with the MD degree As of January 2015, there were 339 students enrolled in the University of Queensland, Ochsner Clinical School program The program has continued its projected growth since 2009 and in 2014 realized the goal of enrolling 120 students per year In addition to the University of Queensland, Ochsner Clinical School program, Ochsner continues to provide over 700 student months of clinical education to medical students from Tulane University School of Medicine and Louisiana State University School of Medicine and a host of other medical school programs from across the region, country and around the world Continuing Medical Education OCF's Continuing Medical Education ("CME") program is accredited by the Accreditation Council for Continuing Medical Education and provides educational activities designed to assist practicing physicians maintain, develop, and/or increase their clinical competency and professional performance required to deliver high-quality and safe patient care In 2014, Ochsner's CME program provided over 40,500 CME credits to approximately 10,500 physicians Approvals and Accreditations OCF's Academic Division Education Programs are accredited by or registered with the following agencies * Accreditation Council for Graduate Medical Education (ACGME)* Accreditation Council for Continuing Medical Education (ACCME)* American Association of Medical Colleges (AAMC)* Association of Hospital Medical Education (AHME)* Australian Medical Council (AMC)* Council on Teaching Hospitals (COTH) * Joint Review Committee for Education in Radiologic Technology (JRCERT)Allied Health / Nursing Affiliations OCF has formal associations with over 100 institutions of higher learning OCF, through Allied Health and Nursing Education affiliations, enables students enrolled in colleges and universities throughout the United States to conclude formal degree requirements that require clinical training and competency Through an affiliation agreement with Our Lady of Holy Cross College, students in radiologic technology train at Ochsner Medical Center and complete an Associate or Bachelor's degree in Health Science Ochsner currently has affiliations with 30 nursing programs across Louisiana as well as an additional 70-75 allied health programs Through these affiliations, Ochsner provides clinical training and mentoring to over 1000 nursing students and 650 allied health students each year Medical Library The Medical Library is a full service library staffed by two librarians and one archivist The Medical Library Collection consist of over 1,700 e-Journals, 250 e-books and 25 clinical knowledge databases and 2,300 reference texts, circulating books, and historical books The Medical Library also provide support for the development and dissemination of patient education materials and provides assistance to patients and their families as they seek information regarding maintaining their health and/or on innovative therapies available Publishing Services Publishing Services provides medical editing, medical illustration, and review of any written document In addition, they manage and publish The Ochsner Journal, a quarterly publication designed to support the Ochsner Clinic Foundation's mission to serve, heal, lead, educate, and innovate Since its inception in 1999, the Journal has provided a wide range of peer-reviewed, timely, and practical information for practicing physicians, healthcare professionals, and physicians in training The editorial mix includes original research, case reports, literature reviews, editorials, and other articles that span the spectrum of medical practice and scientific research The entire archive of The Ochsner Journal is deposited with PubMed Central, all articles are fully searchable and available in full-text form through PubMed and PubMed Central searches

4c (Code) (Expenses $ 10,626,877 including grants of $) (Revenue $ 5,516,159)

Medical Research Currently, Ochsner Clinic Foundation operates five basic science research laboratories with over 400 active clinical trials in 27 clinical areas Approximately 3,000 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 in clinical trials Ochsner established the Center for Applied Health Services Research (CASHR) in 2014, the mission of which is to advance knowledge, improve clinical practice, and improve the health and well-being of the community CASHR services include an Information Analytics Unit that helps researchers extract data from Ochsner's System data repositories, a Biostatistic Unit that helps researchers with project development and data analysis, and a Patient Research Advisory Board which facilitates patient engagement in both industry-sponsored and investigator-initiated studies The Clinical Trial Unit, located at Ochsner Baptist Medical Center, was established in 2012 to provide the ability to carry out Phase I clinical trials, complex trials requiring close monitoring, high-volume trials, etc Since inception, over 300 patients have participated in research studies at the CTU The Biobank Unit, located at Ochsner Medical Center, was established in 2011 to develop a robust inventory of human biospecimens and biofluids for utilization in complex research projects Since inception, over 850 patients have donated their biospecimens and biofluids This has resulted in development of a comprehensive ExpressBank with an inventory of over 17,000 aliquots of biospecimens and biofluids

See Additional Data

4d Other program services (Describe in Schedule O)

(Expenses $ 12,921,338 including grants of $) (Revenue $ 16,664,240)

4e **Total program service expenses ▶** 5,673,374,796

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	Yes	
2	Is the organization required to complete *Schedule B, Schedule of Contributors* (see instructions)?	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		No
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4	Yes	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? *If "Yes," complete Schedule C, Part III*	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? *If "Yes," complete Schedule D, Part II*	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10	Yes	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? *If "Yes," complete Schedule D, Part VI*	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII*	11b	Yes	
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII*	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX*	11d		No
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X*	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII*	12a		No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional*	12b	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *If "Yes," complete Schedule F, Parts I and IV*	14b	Yes	
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or other assistance to or for any foreign organization? *If "Yes," complete Schedule F, Parts II and IV*	15	Yes	
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or other assistance to or for foreign individuals? *If "Yes," complete Schedule F, Parts III and IV*	16	Yes	
17	Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I* (see instructions)	17		No
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18	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
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	20a	Yes	
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	Yes	

Part IV Checklist of Required Schedules *(continued)*

21	Did the organization report more than $5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	**21**	Yes	
22	Did the organization report more than $5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	**22**		No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	**23**	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a*	**24a**	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), 501(c)(4), and 501(c)(29) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	**25a**		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	**25b**		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? *If "Yes," complete Schedule L, Part II*	**26**		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? *If "Yes," complete Schedule L, Part III*	**27**		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28a**		No
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28b**	Yes	
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? *If "Yes," complete Schedule L, Part IV*	**28c**	Yes	
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**	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**		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	**32**		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	**33**	Yes	
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1*	**34**	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	**35a**	Yes	
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	**35b**	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 11b and 19? **Note.** All Form 990 filers are required to complete Schedule O	**38**	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable . .	1a	1,138		
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	16,881		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **Note.** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			2b	Yes	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year? . . .			3a	Yes	
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation in Schedule O* . . .			3b	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, EI See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)					
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . .			5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			5b		No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			5c		
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? . . .			6a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?			6b		
7	**Organizations that may receive deductible contributions under section 170(c).**					
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?			7a	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 receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . .			7f		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?			7h		
8	**Sponsoring organizations maintaining donor advised funds.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?			8		
9a	Did the sponsoring organization make any taxable distributions under section 4966? . . .			9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . .			9b		
10	**Section 501(c)(7) organizations.** Enter					
a	Initiation fees and capital contributions included on Part VIII, line 12 . . .	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	**Section 501(c)(12) organizations.** Enter					
a	Gross income from members or shareholders	11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b				
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?			12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**					
a	Is the organization licensed to issue qualified health plans in more than one state? **Note.** See the instructions for additional information the organization must report on Schedule O			13a		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b				
c	Enter the amount of reserves on hand	13c				
14a	Did the organization receive any payments for indoor tanning services during the tax year?			14a		No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O* . .			14b		

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

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

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	**1a**	19		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O				
b	Enter the number of voting members included in line 1a, above, who are independent	**1b**	8		
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 governing documents since the prior Form 990 was filed?		**4**	Yes	
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .		**5**		No
6	Did the organization have members or stockholders?		**6**	Yes	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		**7a**	Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		**7b**	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following				
a	The governing body?		**8a**	Yes	
b	Each committee with authority to act on behalf of the governing body?		**8b**	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O*		**9**		No

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

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

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

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

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

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

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

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

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

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

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

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

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

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

1b	**Sub-Total** . . . . . ▶			
c	**Total from continuation sheets to Part VII, Section A** . . . . ▶			
d	**Total (add lines 1b and 1c)** . . . . . ▶	12,931,793	9,451,563	2,244,942

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization ▶ 1,488

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
LOUISIANA STATE UNIVERSITY 433 BOLIVAR ST NEW ORLEANS, LA 70112	Purchased Physician Services	34,328,748
BROADMOOR CO LLC 2740 NORTH ARNOULT RD METAIRIE, LA 70002	Construction	7,917,386
SCOTT MOULDOUS CONSTRUCTION 1600 JUSTIN RD METAIRIE, LA 70001	Construction	5,251,339
GJERSET & LORENZ LLP 2801 VIA FORTUNA SUITE 500 AUSTIN, TX 78746	Legal Services	4,386,590
ANESTHESIA CONSULTANTS OF THE SOUTH 2820 NAPOLEON AVENUE SUITE 650 NEW ORLEANS, LA 70115	Anesthesia Services	3,743,487

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 of compensation from the organization ▶ 144

Part VIII Statement of Revenue

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns	1a 30,407				
	b	Membership dues	1b				
	c	Fundraising events	1c 1,145,938				
	d	Related organizations	1d				
	e	Government grants (contributions)	1e 3,190,312				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f 7,529,408				
	g	Noncash contributions included in lines 1a-1f $	1,762,112				
	h	**Total.** Add lines 1a-1f	▶	11,896,065			
Program Service Revenue			Business Code				
	2a	Patient Service Rev	621110	6,013,291,454	6,005,159,265	415,971	7,716,218
	b	Elmwood Fitness Center	713940	13,289,502	13,289,502		
	c	Research Revenue	900099	5,516,159	5,516,159		
	d	Education Revenue	611600	5,371,198	5,371,198		
	e	Rent-Physical Plant	531120	3,400,325			3,400,325
	f	All other program service revenue		-48,932	74,505	-123,437	
	g	**Total.** Add lines 2a–2f	▶	6,040,819,706			
	3	Investment income (including dividends, interest, and other similar amounts)	▶	12,988,506		97,974	12,890,532
	4	Income from investment of tax-exempt bond proceeds	▶				
	5	Royalties	▶	426,325			426,325
			(i) Real / (ii) Personal				
	6a	Gross rents	4,370,222				
	b	Less rental expenses	3,435,729				
	c	Rental income or (loss)	934,493				
	d	Net rental income or (loss)	▶	934,493			934,493
			(i) Securities / (ii) Other				
	7a	Gross amount from sales of assets other than inventory	136,634,718 / 1,009,535				
	b	Less cost or other basis and sales expenses	104,379,020 / 937,551				
	c	Gain or (loss)	32,255,698 / 71,984				
	d	Net gain or (loss)	▶	32,327,682			32,327,682
	8a	Gross income from fundraising events (not including $ 1,145,938 of contributions reported on line 1c) See Part IV, line 18	a 516,486				
	b	Less direct expenses	b 1,169,505				
	c	Net income or (loss) from fundraising events	▶	-653,019			-653,019
	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 26,527,684				
	b	Less cost of goods sold	b 13,850,980				
	c	Net income or (loss) from sales of inventory	▶	12,676,704		1,565,038	11,111,666
Other Revenue		Miscellaneous Revenue	Business Code				
	11a	Management Services Re	541610	629,498		629,498	
	b	Administrative Fellows	611430	95,975		95,975	
	c						
	d	All other revenue					
	e	**Total.** Add lines 11a–11d	▶	725,473			
	12	**Total revenue.** See Instructions	▶	6,112,141,935	6,029,410,629	2,681,019	68,154,222

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	584,576	584,576		
2 Grants and other assistance to domestic individuals See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16	101,933	101,933		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	6,778,994	5,170,545	1,608,449	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	1,304,248	1,155,371	148,877	
7 Other salaries and wages	969,342,527	842,983,151	126,108,864	250,512
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	37,853,488	35,145,103	2,697,762	10,623
9 Other employee benefits	52,950,373	38,989,888	13,912,438	48,047
10 Payroll taxes	54,928,060	47,386,541	7,525,380	16,139
11 Fees for services (non-employees)				
a Management	31,683,406	10,665,495	21,017,911	
b Legal	5,574,127	65,664	5,508,463	
c Accounting	68,970		68,970	
d Lobbying	766,727		766,727	
e Professional fundraising services See Part IV, line 17				
f Investment management fees	683,957		683,957	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	77,798,028	45,140,374	32,646,841	10,813
12 Advertising and promotion	906,937	645,165	261,577	195
13 Office expenses	97,418,334	87,138,139	10,232,926	47,269
14 Information technology	6,967,605	6,304,810	660,932	1,863
15 Royalties				
16 Occupancy	95,446,425	71,929,374	23,437,601	79,450
17 Travel	1,571,398	1,007,511	557,583	6,304
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	3,911,078	2,660,797	1,250,281	
20 Interest	30,646,831	30,207,881	438,950	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	91,592,546	56,962,746	34,598,123	31,677
23 Insurance	28,780,314	25,632,117	3,148,197	
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a Discounts & Allowances	3,674,373,428	3,674,350,950	22,478	
b Medical Supplies	309,503,143	309,331,500	169,074	2,569
c Outside Provider	215,556,620	215,556,620		
d Unrelated Business Inco	28,413	12,123	16,290	
e All other expenses	242,986,739	164,246,422	78,734,023	6,294
25 **Total functional expenses.** Add lines 1 through 24e	6,040,109,225	5,673,374,796	366,222,674	511,755
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

				(A) Beginning of year		(B) End of year
Assets	1	Cash–non-interest-bearing		25,913,855	1	66,239,173
	2	Savings and temporary cash investments		249,965,933	2	205,849,497
	3	Pledges and grants receivable, net		7,811,343	3	7,404,654
	4	Accounts receivable, net		178,349,507	4	191,664,961
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L			5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L			6	
	7	Notes and loans receivable, net		231,626,742	7	139,869,659
	8	Inventories for sale or use		34,135,607	8	39,753,774
	9	Prepaid expenses and deferred charges		23,416,973	9	23,962,300
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 1,439,895,198			
	b	Less accumulated depreciation	10b 900,442,344	506,957,463	10c	539,452,854
	11	Investments—publicly traded securities		234,200,027	11	387,437,248
	12	Investments—other securities See Part IV, line 11		137,875,286	12	117,688,719
	13	Investments—program-related See Part IV, line 11			13	
	14	Intangible assets		54,510,334	14	54,559,286
	15	Other assets See Part IV, line 11		25,851,317	15	33,412,596
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		1,710,614,387	16	1,807,294,721
Liabilities	17	Accounts payable and accrued expenses		198,464,739	17	220,625,901
	18	Grants payable			18	
	19	Deferred revenue		13,593,231	19	14,514,641
	20	Tax-exempt bond liabilities		504,930,990	20	499,724,235
	21	Escrow or custodial account liability Complete Part IV of Schedule D			21	
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L			22	
	23	Secured mortgages and notes payable to unrelated third parties		160,104,729	23	115,414,031
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D		153,577,976	25	200,334,074
	26	**Total liabilities.** Add lines 17 through 25		1,030,671,665	26	1,050,612,882
Net Assets or Fund Balances		**Organizations that follow SFAS 117 (ASC 958), check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		614,939,145	27	688,569,069
	28	Temporarily restricted net assets		41,744,434	28	44,715,880
	29	Permanently restricted net assets		23,259,143	29	23,396,890
		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		679,942,722	33	756,681,839
	34	Total liabilities and net assets/fund balances		1,710,614,387	34	1,807,294,721

Part XI Reconcilliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	6,112,141,935
2	Total expenses (must equal Part IX, column (A), line 25)	2	6,040,109,225
3	Revenue less expenses Subtract line 2 from line 1	3	72,032,710
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	679,942,722
5	Net unrealized gains (losses) on investments	5	-24,258,781
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	28,965,188
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	756,681,839

Part XII Financial Statements and Reporting

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

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

Additional Data

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

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

(Code	) (Expenses $	9,508,264	including grants of $	) (Revenue $	13,289,502)

Elmwood Fitness Center provides fitness services to patients and members of the public

(Code	) (Expenses $	2,047,230	including grants of $	) (Revenue $	3,400,325)

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

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

(Code) (Expenses $ 1,365,844 including grants of $) (Revenue $ 23,345)

Ochsner maintains a free parking garage for employees and patients Revenue is attributable to the optional valet parking service, which isoffered for the convenience of Ochsner's patients

(Code) (Expenses $ including grants of $) (Revenue $ -48,932)

Program Related Investments Equity Income from Joint Venture providing patient care

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 (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) Pedro Cazabon MD	49 00	X						317,948	0	44,171
Board Member Sr Phys	1 00									
(1) F Ralph Dauterive MD	49 00	X						386,940	0	66,944
Board Member Sr Phys	1 00									
(2) Richard Deichmann MD	49 00	X						251,991	0	59,285
Board Member Sr Phys	1 00									
(3) William H Hines	1 00	X						0	0	0
Community Director	4 00									
(4) Dennis Kay MD	49 00	X						657,387	0	60,328
Board Member Sr Phys	1 00									
(5) R Parker LeCorgne	1 00	X						0	255	0
Community Director	4 00									
(6) George Loss MD PhD	48 00	X						869,413	0	70,356
Board Member Sr Phys	2 00									
(7) James E Maurin	1 00	X						0	0	0
Past Chair	4 00									
(8) Richard Milani MD	48 00	X						642,461	0	110,267
Board Member Sr Phys	2 00									
(9) Jefferson G Parker	1 00	X						0	1,301	0
Community Director	4 00									
(10) Robert J Patrick	1 00	X						0	0	0
Community Director	4 00									
(11) Patrick J Quinlan MD	1 00	X						0	3,363,174	63,775
Board Member Ex Officio	49 00									
(12) Dana Smetherman MD	48 00	X						544,427	0	52,634
Board Member Sr Phys	2 00									
(13) Stephen Stumpf	1 00	X						0	0	0
Community Director	4 00									
(14) Jose S Suquet	1 00	X						0	0	0
Community Director	4 00									
(15) David E Taylor MD	49 00	X						366,059	0	70,251
Board Member Sr Phys	1 00									
(16) Andrew B Wisdom	1 00	X						0	0	0
Community Director	4 00									
(17) Suzanne T Mestayer	1 00	X		X				0	607	0
Board Chairman	4 00									
(18) Warner L Thomas	1 00	X		X				0	1,497,436	108,264
CEO / Board Member	49 00									
(19) Michael F Hulefeld	1 00			X				0	770,935	122,576
EVP & COO	49 00									
(20) Scott J Posecai	1 00			X				0	837,013	59,477
EVP & CFO	49 00									
(21) Peter November	1 00			X				0	475,683	103,930
Secretary Exec VP CAO	49 00									
(22) Bobby C Brannon	43 00			X				677,091	0	46,487
EVP & Treasurer	7 00									
(23) Joseph E Bisordi MD	1 00				X			0	796,485	145,368
Exec VP Chief Medical Officer	49 00									
(24) Polly Davenport	50 00				X			371,692	0	56,225
CEO-North Shore Region	0 00									

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 (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(26) Steven B Deitelzweig MD Sr Physician, Svc Line Ldr, Hospital Med	50 00 0 00				X			400,625	0	56,329
(1) Richard D Guthrie Jr MD Reg Med Dir, N O Reg	50 00 0 00				X			444,261	0	86,254
(2) Robert Hart MD Reg Med Dir, B R Reg	50 00 0 00				X			0	409,209	95,752
(3) Ernest E Martin Jr MD Reg Med Dir - N S Reg	50 00 0 00				X			414,501	0	65,770
(4) J Eric McMillen CEO, Baton Rouge Region	50 00 0 00				X			350,503	0	48,628
(5) William W Pinsky MD Exec VP/Chief Academic Officer	49 00 1 00				X			532,618	0	83,314
(6) Dawn Puente MD Reg Med Dir, NO Comm Hosp	10 00 40 00				X			0	373,267	68,573
(7) Armin Schubert MD VPMA-OMC-Jeff Hwy	50 00 0 00				X			514,947	0	62,660
(8) Robert Wolterman CEO OMC-Jeff Hwy	50 00 0 00				X			0	433,419	59,213
(9) Cuong Bui MD Sr Physician	50 00 0 00					X		876,203	0	26,265
(10) Benjamin Guevara MD Physician Vice Lead, Sports Med	50 00 0 00					X		866,794	0	42,475
(11) Deryk G Jones MD Sr Physician, Section Head, Sports Medicine	50 00 0 00					X		922,911	0	65,425
(12) Jose Mena MD Sr Physician	50 00 0 00					X		939,557	0	55,326
(13) Olawale Sulaiman MD Sr Physician, Chair, Neurosurgery	50 00 0 00					X		880,347	0	31,561
(14) Scott Boudreaux Former Key Employee	0 00 50 00						X	0	284,546	42,791
(15) Lisa S Colletti Former Key Employee	50 00 0 00						X	232,962	0	17,395
(16) Mark French Former Key Employee	0 00 50 00						X	235,815	0	40,035
(17) Patrick Shannon Former Key Employee	0 00 50 00						X	0	208,233	25,901
(18) Beth E Walker Former Key Employee	50 00 0 00						X	234,340	0	30,937

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SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ **Attach to Form 990 or Form 990-EZ.**

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

OMB No 1545-0047

2014

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 described in **section 170(b)(1)(A)(i).**

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))	(iv) Is the organization listed in your governing document? Yes	(iv) No	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
Total						

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(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) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(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 Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
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 section 501(c)(3) organization, check this box and **stop here** . . . . . ▶☐

Section C. Computation of Public Support Percentage

14	Public support percentage for 2014 (line 6, column (f) divided by line 11, column (f))	**14**
15	Public support percentage for 2013 Schedule A, Part II, line 14	**15**

16a **33 1/3% support test—2014.** 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—2013.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

17a **10%-facts-and-circumstances test—2014.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶☐

b **10%-facts-and-circumstances test—2013.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶☐

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

Part III **Support Schedule for Organizations Described in Section 509(a)(2)**
(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(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) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
13 **Total support.** (Add lines 9, 10c, 11, and 12)						

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

Section C. Computation of Public Support Percentage

15	Public support percentage for 2014 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2013 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2014** (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from **2013** Schedule A, Part III, line 17	18	

19a **33 1/3% support tests—2014.** 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—2013.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

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

Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I If you checked 11a of Part I, complete Sections A and B If you checked 11b of Part I, complete Sections A and C If you checked 11c of Part I, complete Sections A, D, and E If you checked 11d of Part I, complete Sections A and D, and complete Part V)

Section A. All Supporting Organizations

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? *If "No," describe in* ***Part VI*** *how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.*	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? *If "Yes," explain in* ***Part VI*** *how the organization determined that the supported organization was described in section 509(a)(1) or (2).*	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If "Yes," answer (b) and (c) below.*	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? *If "Yes," describe in* ***Part VI*** *when and how the organization made the determination.*	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? *If "Yes," explain in* ***Part VI*** *what controls the organization put in place to ensure such use.*	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? *If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.*	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations. . . .*	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? *If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).*	5a		
b	**Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
c	**Substitutions only.** Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* ***Part VI.***	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? *If "Yes," complete Part I of Schedule L (Form 990) .*	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If "Yes," complete Part II of Schedule L (Form 990).*	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509 (a)(1) or (2))? *If "Yes," provide detail in* ***Part VI.***	9a		
b	Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? *If "Yes," provide detail in* ***Part VI.***	9b		
c	Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If "Yes," provide detail in* ***Part VI.***	9c		
10a	Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If "Yes," answer b below.*	10a		
b	Did the organization have any excess business holdings in the tax year? *(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).*	10b		
11	Has the organization accepted a gift or contribution from any of the following persons?			
a	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
c	A 35% controlled entity of a person described in (a) or (b) above? *If "Yes" to a, b, or c, provide detail in Part VI.*	11c		

Part IV Supporting Organizations (continued)

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

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

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

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

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

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

Section A - Adjusted Net Income

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

Section B - Minimum Asset Amount

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

Section C - Distributable Amount

				Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	**Distributable Amount.** Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		
7	☐ Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)			

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI) See instructions	
7 **Total annual distributions.** Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
9 Distributable amount for 2014 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2014	(iii) Distributable Amount for 2014
1 Distributable amount for 2014 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2014 (reasonable cause required--see instructions)			
3 Excess distributions carryover, if any, to 2014			
a From 2009.			
b From 2010.			
c From 2011.			
d From 2012.			
e From 2013.			
f **Total** of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2014 distributable amount			
i Carryover from 2009 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2014 from Section D, line 7 $ _____			
a Applied to underdistributions of prior years			
b Applied to 2014 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2014, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2014 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 **Excess distributions carryover to 2015.** Add lines 3j and 4c			
8 Breakdown of line 7			
a From 2010.			
b From 2011.			
c From 2012.			
d From 2013.			
e From 2014.			

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

Facts And Circumstances Test

Return Reference	Explanation

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493314021145

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

OMB No 1545-0047

2014

Open to Public Inspection

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

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

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

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

If the organization answered "Yes" to Form 990, Part IV, Line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), 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 function activities ▶ $ _____

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

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

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

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

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

A Check ▶ ☐ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)

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)	766,727	
c Total lobbying expenditures (add lines 1a and 1b)	766,727	
d Other exempt purpose expenditures	5,673,626,161	
e Total exempt purpose expenditures (add lines 1c and 1d)	5,674,392,888	
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 separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) Total
2a Lobbying nontaxable 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	642,630	698,827	739,626	766,727	2,847,810
d Grassroots nontaxable 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)).

For each "Yes" response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.		(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?			
j	Total Add 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 carry over 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) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."

1	Dues, assessments and similar amounts from members	1	
2	Section 162(e) nondeductible 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

Provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, lines 1 and 2 (see instructions), and Part II-B, line 1 Also, complete this part for any additional information

Return Reference	Explanation

Part IV Supplemental Information *(continued)*

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, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.**
▶ **Attach to Form 990.**
Information about Schedule D (Form 990) and its instructions is at *www.irs.gov/form990*.

OMB No 1545-0047

2014

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 value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

		(a) Current year	(b) Prior year	b (c) Two years back	(d) Three years back	(e) Four years back
1a	Beginning of year balance	30,504,804	28,003,991	26,449,386	29,000,762	27,544,777
b	Contributions	138,247	594,194	112,431	113,975	281,209
c	Net investment earnings, gains, and losses	3,916,658	3,696,563	1,850,353	-1,274,665	2,639,534
d	Grants or scholarships					
e	Other expenditures for facilities and programs	926,235	1,789,943	408,178	1,390,686	1,464,758
f	Administrative expenses					
g	End of year balance	33,633,473	30,504,804	28,003,991	26,449,386	29,000,762

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

- a Board designated or quasi-endowment ▶ 4 100 %
- b Permanent endowment ▶ 69 560 %
- c Temporarily restricted endowment ▶ 26 340 %

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

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

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

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

Part VI Land, Buildings, and Equipment. Complete if the organization answered 'Yes' to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land	4,517,928	24,239,597		28,757,525
b Buildings	1,820,412	675,774,306	412,881,976	264,712,742
c Leasehold improvements		72,819,117	39,832,689	32,986,428
d Equipment		621,376,743	422,490,846	198,885,897
e Other		39,347,095	25,236,833	14,110,262
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* ▶				539,452,854

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
Other See Additional Data Table		
Total. *(Column (b) must equal Form 990, Part X, col (B) line 12)* ▶	117,688,719	

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

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

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

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

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

1 (a) Description of liability	(b) Book value
Federal income taxes	3,187
Pension Obligations	158,307,456
Investment in Brent House Hotel (Equity Basis)	7,548,895
Lease Liability	2,723,960
Liability Trust Fund	12,899,003
Worker's Compensation Liability	8,475,683
Contract Retentions	393,443
Split Interest Liability	1,002,235
Reserve for Recoupments	8,666,981
Interest Rate Swap Liability	313,231
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25)* ▶	200,334,074

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

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

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

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

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

Part XIII Supplemental Information

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

Return Reference	Explanation
Part V, Line 4	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, Nursing Education, and Advancement in Anesthesia
Part X, Line 2	OCF and its subsidiaries qualify as tax exempt organizations under Section 501(a) and are described in Section 501(c)(3) of the Internal Revenue Code and are exempt from federal and state income taxes Management annually reviews its tax positions and has determined that there are no material uncertain tax positions that require recognition in the consolidated balance sheets

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

Additional Data

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

Form 990, Schedule D, Part VII - Investments Other Securities

(a) Description of security or cateory (including name of security)	**(b)**Book value	**(c)** Method of valuation Cost or end-of-year market value
(3)Other		
(A) Brevan Howard Credit Catalysts Fund	15,064,532	F
(B) Clifton Defense Equity Fund	20,780,099	F
(C) Commonfund Capital International Partners V	617,971	C
(D) Commonfund Capital International Partners VI	1,089,429	C
(E) Commonfund Capital International Partners VII	1,126,990	C
(F) Commonfund Capital Natural Resources VI	777,078	C
(G) Commonfund Capital Natural Resources VII	3,136,775	C
(H) Commonfund Capital Natural Resources VIII	2,337,144	C
(I) Commonfund Capital Private Equity Partners VI	647,420	C
(J) Commonfund Capital Private Equity Partners VII	789,118	C
(K) Commonfund Capital Ventures Partners IX	435,898	C
(L) Commonfund Capital Ventures Partners VII	1,748,839	C
(M) Commonfund Capital Ventures Partners VIII	3,135,943	C
(N) J O Hambro Global Select Fund	22,682,549	F
(O) Lexington Capital Partners VII (Offshore)	1,887,085	C
(P) Millennium International LTD	22,416,676	C
(Q) Overstone Global Equity Fund	17,662,916	F
(R) Park Street Private Equity Fund VI	1,352,257	C

Form 990, Schedule D, Part X, - Other Liabilities

1 **(a)** Description of Liability	**(b)** Book Value
Pension Obligations	158,307,456
Investment in Brent House Hotel (Equity Basis)	7,548,895
Lease Liability	2,723,960
Liability Trust Fund	12,899,003
Worker's Compensation Liability	8,475,683
Contract Retentions	393,443
Split Interest Liability	1,002,235
Reserve for Recoupments	8,666,981
Interest Rate Swap Liability	313,231

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SCHEDULE F (Form 990)

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.

▶ Attach to Form 990.

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

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization
Ochsner Clinic Foundation

Employer identification number
72-0502505

Part I **General Information on Activities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 14b.

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

2 **For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

3 Activites per Region (The following Part I, line 3 table can be duplicated if additional space is needed)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
(1) Central America and the Caribbean	0	0	Investments		24,304,000
(2) Europe	0	0	Investments		85,184,000
(3) Central America and the Caribbean	0	0	Grants to recipients located in the region		54,049
(4) Sub-Saharan Africa	0	0	Grants to recipients located in the region		47,884
(5)					
3a Sub-total	0	0			109,589,933
b Total from continuation sheets to Part I	0	0			0
c **Totals** (add lines 3a and 3b)	0	0			109,589,933

Part II **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than $5,000. Part II can be duplicated if additional space is needed.

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			Central America and the Caribbean	Medical Student Rotation	16,617	Wire			
(2)			Central America and the Caribbean	Clinic Construction	16,000	Wire			
(3)			Central America and the Caribbean	Water Well Project	11,200	Wire			
(4)			Central America and the Caribbean	Professor Salary	1,707				

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter . . . . ▶ _____

3 Enter total number of other organizations or entities . . . . . ▶

Part III **Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1) Educational Program Support	Central America and the Caribbean	1,250		Cash/Wire	3,726	Uniforms, Textbooks, Supplies	FMV
(2) Financial Support	Central America and the Caribbean	1,250	356	Cash/Wire			
(3) Medical Equipment	Central America and the Caribbean	1,250			1,968	Medical Equipment	FMV
(4) Food & Nutrition	Central America and the Caribbean	1,250			2,475	Food for parents/students	FMV
(5) Medical Equipment	Sub-Saharan Africa	62			47,884	Medical equipment	FMV
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							

Part IV Foreign Forms

1	Was the organization a U S transferor of property to a foreign corporation during the tax year? *If "Yes,"the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)*	☑ Yes	☐ No
2	Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; do not file with Form 990)*	☐ Yes	☑ No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with Respect to Certain Foreign Corporations. (see Instructions for Form 5471)*	☐ Yes	☑ No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)*	☐ Yes	☑ No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with Respect to Certain Foreign Partnerships. (see Instructions for Form 8865)*	☐ Yes	☑ No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713; do not file with Form 990)*	☐ Yes	☑ No

Part V **Supplemental Information**

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

990 Schedule F, Supplemental Information

Return Reference	Explanation
Part I, Line 2	All international grants obtain an additional layer of approval from the Internal Audit an d Compliance department The Director of Internal Audit ensures compliance with donor rest rictions, reviews payment procedures and tracks the use of proceeds

990 Schedule F, Supplemental Information

Return Reference	Explanation
Part I, line 3	This section reflects the book value of foreign investments made in 2014 and prior years Investments and values are as follow Central America and the Caribbean Lexington Capital Partners VII (Offshore), Cayman Islands $1,887,000 Millennium Internaional, LTD, C/o Glo beop Financial Services (Cayman) Limited, Grand Cayman $22,417,000 Europe Brevan Howard Credit Catalysts Fund Limited, c/o International Fund Services (Ireland) Limited, Ireland $15,065,000 Comgest Growth Emerging Markets, c/o RBC Dexia Investor Services, Ireland $2 9,773,000 J O Hambro Capital Management, c/o RBC Dexia Investor Services, Ireland $22,68 3,000 Overstone Fund PLC, c/o Northern Trust Int'l Fund Admin Services, Ireland $17,663,0 00

990 Schedule F, Supplemental Information

Return Reference	Explanation
Part III, Col (c)	The estimated number of recipients that received direct support from the educational progr an is around 1,250 The estimated number of recipients that received direct support from t he medical equipment in Africa is around 62

990 Schedule F, Supplemental Information

Return Reference	Explanation
Part III, Col (f)	The method of accounting for Part III is the accrual method The estimated number of recip ients that received direct support from the educational program is around 1,250 The educa tion program support included staff salary, program supplies, uniforms, teaching tapes, te xtbook and food There w ere various types of medical equipment purchased in order to assis t the indigent, construction to the damaged clinic, and installation of a w ell as a safe s ource of w ater The estimated number of recipients that received direct support from the m edical equipment in Africa is around 62

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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.**

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

OMB No 1545-0047

2014

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 email 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 services? ☐ **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

	(i) Name and address 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
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
Total . . . . . ▶							

3 List all states in which the organization is registered or licensed to solicit contributions 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 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than $5,000.

		(a) Event #1 Breast Cancer Gala (event type)	(b) Event #2 King Cake Festival (event type)	(c) Other events 4 (total number)	(d) Total events (add col (a) through col (c))
Revenue	1 Gross receipts	1,500,951	83,333	78,140	1,662,424
	2 Less Contributions	1,071,140	24,338	50,460	1,145,938
	3 Gross income (line 1 minus line 2)	429,811	58,995	27,680	516,486
Direct Expenses	4 Cash prizes				
	5 Noncash prizes	119,216	6,824	1,610	127,650
	6 Rent/facility costs	398,646	0	-1,107	397,539
	7 Food and beverages	205,425	11,302	218	216,945
	8 Entertainment	146,050	12,250	-2,700	155,600
	9 Other direct expenses	250,780	10,230	10,761	271,771
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				(1,169,505)
	11 Net income summary Subtract line 10 from line 3, column (d) ▶				-653,019

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 Subtract line 7 from line 1, column (d) ▶				

9 Enter the state(s) in which the organization conducts gaming activities _____

a Is the organization licensed to conduct gaming activities in each of these states? ☐ Yes ☐ No

b If "No," explain _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? ☐ Yes ☐ No

b If "Yes," explain _____

11 Does the organization conduct gaming activities with nonmembers? . . . . . ☐ Yes ☐ No

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? . . . . . ☐ Yes ☐ No

13 Indicate the percentage of gaming activities conducted 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? . . . . . ☐ Yes ☐ No

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 of the third party

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? . . . . . ☐ Yes ☐ No

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 ▶ $

Part IV **Supplemental Information.** Provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information (see instructions).

Return Reference	Explanation

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

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization
Ochsner Clinic Foundation

Employer identification number
72-0502505

Part I Financial Assistance and Certain Other Community Benefits at Cost

			Yes	No
1a	Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a	1a	Yes	
b	If "Yes," was it a written policy?	1b	Yes	
2	If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year ☐ Applied uniformly to all hospital facilities ☑ Applied uniformly to most hospital facilities ☐ Generally tailored to individual hospital facilities			
3	Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year			
a	Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing *free* care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for *free* care ☐ 100% ☐ 150% ☑ 200% ☐ Other _____ %	3a	Yes	
b	Did the organization use FPG as a factor in determining eligibility for providing *discounted* care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care ☐ 200% ☐ 250% ☐ 300% ☐ 350% ☐ 400% ☑ Other 38000 0000000000 %	3b	Yes	
c	If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used for determining eligibility for free or discounted care Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care			
4	Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?	4	Yes	
5a	Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	5a	Yes	
b	If "Yes," did the organization's financial assistance 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	Did the organization prepare a community benefit report during the tax year?	6a	Yes	
b	If "Yes," did 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 Financial Assistance and Certain Other Community Benefits at Cost

Financial Assistance 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 Financial Assistance at cost (from Worksheet 1)			49,392,699		49,392,699	0 830 %
b Medicaid (from Worksheet 3, column a)						
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d **Total** Financial Assistance and Means-Tested Government Programs			49,392,699		49,392,699	0 830 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			1,048,697	221,403	827,294	0 010 %
f Health professions education (from Worksheet 5)			15,489,000		15,489,000	0 260 %
g Subsidized health services (from Worksheet 6)						
h Research (from Worksheet 7)			5,985,110		5,985,110	0 100 %
i Cash and in-kind contributions for community benefit (from Worksheet 8)			61,556,612		61,556,612	1 030 %
j **Total.** Other Benefits			84,079,419	221,403	83,858,016	1 400 %
k **Total.** Add lines 7d and 7j			133,472,118	221,403	133,250,715	2 230 %

Part II Community Building Activities Complete this table if the organization conducted any community building activities during the tax year, and describe in Part VI how its community building activities promoted the health of the communities it serves.

		(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			6,535		6,535	0 %
2	Economic development			80,417		80,417	0 %
3	Community support			249,246	240,951	8,295	0 %
4	Environmental improvements						
5	Leadership development and training for community members			7,614		7,614	0 %
6	Coalition building						
7	Community health improvement advocacy			11,901		11,901	0 %
8	Workforce development			111,739	3,803	107,936	0 %
9	Other						
10	**Total**			467,452	244,754	222,698	

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

				Yes	No
1	Did 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 Explain in Part VI the methodology used by the organization to estimate this amount	2	29,342,434		
3	Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit	3			
4	Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements				

Section B. Medicare

5	Enter total revenue received from Medicare (including DSH and IME)	5	278,766,786
6	Enter Medicare allowable costs of care relating to payments on line 5	6	273,037,867
7	Subtract line 6 from line 5 This is the surplus (or shortfall)	7	5,728,919
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	Did the organization have a written debt collection policy during the tax year?		9a	Yes	
b	If "Yes," did the organization's collection policy that applied to the largest number of its patients during the tax year contain provisions on the collection practices to be followed for patients who are known to qualify for financial assistance? Describe in Part VI		9b	Yes	

Part IV Management Companies and Joint Ventures (owned 10% or more by officers, directors, trustees, key employees, and physicians—see instructions)

	(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					

Part V Facility Information

Section A. Hospital Facilities

(list in order of size from largest to smallest—see instructions)
How many hospital facilities did the organization operate during the tax year? 7

Name, address, primary website address, and state license number (and if a group return, the name and EIN of the subordinate hospital organization that operates the hospital facility)

		Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (describe)	Facility reporting group
	See Additional Data Table										

Part V Facility Information *(continued)*

Section B. Facility Policies and Practices

(Complete a separate Section B for each of the hospital facilities or facility reporting groups listed in Part V, Section A)

Name of hospital facility or letter of facility reporting group Ochsner Clinic Foundation Hospitals

Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A):

			Yes	No
Community Health Needs Assessment				
1	Was the hospital facility first licensed, registered, or similarly recognized by a State as a hospital facility in the current tax year or the immediately preceding tax year?	**1**		No
2	Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C	**2**		No
3	During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12	**3**	Yes	
	If "Yes," indicate what the CHNA report describes (check all that apply)			
a	☑ A definition of the community served by the hospital facility			
b	☑ Demographics of the community			
c	☑ Existing health care facilities and resources within the community that are available to respond to the health needs of the community			
d	☑ How data was obtained			
e	☑ The significant health needs of the community			
f	☑ Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups			
g	☑ The process for identifying and prioritizing community health needs and services to meet the community health needs			
h	☑ The process for consulting with persons representing the community's interests			
i	☑ Information gaps that limit the hospital facility's ability to assess the community's health needs			
j	☐ Other (describe in Section C)			
4	Indicate the tax year the hospital facility last conducted a CHNA 2013			
5	In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	**5**	Yes	
6a	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	**6a**	Yes	
b	Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities?" If "Yes," list the other organizations in Section C	**6b**		No
7	Did the hospital facility make its CHNA report widely available to the public?	**7**	Yes	
	If "Yes," indicate how the CHNA report was made widely available (check all that apply)			
a	☑ Hospital facility's website (list url) www.ochsner.org/assessment			
b	☐ Other website (list url)			
c	☐ Made a paper copy available for public inspection without charge at the hospital facility			
d	☐ Other (describe in Section C)			
8	Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11	**8**	Yes	
9	Indicate the tax year the hospital facility last adopted an implementation strategy 2013			
10	Is the hospital facility's most recently adopted implementation strategy posted on a website?	**10**		No
a	If "Yes" (list url)			
b	If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	**10b**	Yes	
11	Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed			
12a	Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?	**12a**		No
b	If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	**12b**		
c	If "Yes" to line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? $			

Part V Facility Information *(continued)*

Ochsner Clinic Foundation Hospitals

Name of hospital facility or letter of facility reporting group

			Yes	No
Financial Assistance Policy (FAP)				
	Did the hospital facility have in place during the tax year a written financial assistance policy that			
13	Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care?	13	Yes	
	If "Yes," indicate the eligibility criteria explained in the FAP			
a	☑ Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 200 000000000000% and FPG family income limit for eligibility for discounted care of 380 000000000000%			
b	☐ Income level other than FPG (describe in Section C)			
c	☐ Asset level			
d	☐ Medical indigency			
e	☐ Insurance status			
f	☐ Underinsurance discount			
g	☑ Residency			
h	☐ Other (describe in Section C)			
14	Explained the basis for calculating amounts charged to patients?	14	Yes	
15	Explained the method for applying for financial assistance?	15	Yes	
	If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply)			
a	☑ Described the information the hospital facility may require an individual to provide as part of his or her application			
b	☑ Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application			
c	☑ Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process			
d	☐ Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications			
e	☑ Other (describe in Section C)			
16	Included measures to publicize the policy within the community served by the hospital facility?	16	Yes	
	If "Yes," indicate how the hospital facility publicized the policy (check all that apply)			
a	☑ The FAP was widely available on a website (list url)			
b	☑ The FAP application form was widely available on a website (list url)			
c	☑ A plain language summary of the FAP was widely available on a website (list url)			
d	☐ The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
e	☐ The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)			
f	☐ A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
g	☐ Notice of availability of the FAP was conspicuously displayed throughout the hospital facility			
h	☐ Notified members of the community who are most likely to require financial assistance about availability of the FAP			
i	☑ Other (describe in Section C)			
Billing and Collections				
17	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon non-payment?	17	Yes	
18	Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP			
a	☐ Reporting to credit agency(ies)			
b	☐ Selling an individual's debt to another party			
c	☐ Actions that require a legal or judicial process			
d	☑ Other similar actions (describe in Section C)			
e	☐ None of these actions or other similar actions were permitted			

Part V Facility Information *(continued)*

Name of hospital facility or letter of facility reporting group Ochsner Clinic Foundation Hospitals

			Yes	No
19	Did the hospital facility or other authorized third party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP?	**19**		No
	If "Yes," check all actions in which the hospital facility or a third party engaged			
a	☐ Reporting to credit agency(ies)			
b	☐ Selling an individual's debt to another party			
c	☐ Actions that require a legal or judicial process			
d	☐ Other similar actions (describe in Section C)			
20	Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 18 (check all that apply)			
a	☐ Notified individuals of the financial assistance policy on admission			
b	☐ Notified individuals of the financial assistance policy prior to discharge			
c	☑ Notified individuals of the financial assistance policy in communications with the individuals regarding the individuals' bills			
d	☑ Documented its determination of whether individuals were eligible for financial assistance under the hospital facility's financial assistance policy			
e	☐ Other (describe in Section C)			
f	☐ None of these efforts were made			
Policy Relating to Emergency Medical Care				
21	Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy?	**21**	Yes	
	If "No," indicate why			
a	☐ The hospital facility did not provide care for any emergency medical conditions			
b	☐ The hospital facility's policy was not in writing			
c	☐ The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)			
d	☐ Other (describe in Section C)			
Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)				
22	Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care			
a	☐ The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged			
b	☐ The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged			
c	☐ The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged			
d	☑ Other (describe in Section C)			
23	During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care?	**23**		No
	If "Yes," explain in Section C			
24	During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual?	**24**		No
	If "Yes," explain in Section C			

Part V Facility Information *(continued)*

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16i, 18d, 19d, 20e, 21c, 21d, 22d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

Form and Line Reference	Explanation

Part V Facility Information *(continued)*

Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility
(list in order of size, from largest to smallest)

How many non-hospital health care facilities did the organization operate during the tax year? **68**

	Name and address	Type of Facility (describe)
1	See Additional Data Table	
2		
3		
4		
5		
6		
7		
8		
9		
10		

Part VI Supplemental Information

Provide the following information

1 **Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7, Part II and Part III, lines 2, 3, 4, 8 and 9b

2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B

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 financial assistance policy

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

5 **Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities 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)

6 **Affiliated health care system.** 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 communities served

7 **State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report

Form and Line Reference	Explanation
Part I, Line 3c	A Payment Advisor Score (PAS) is taken into consideration during the presumptive financial assistance process, however if a patient requests financial assistance, the PAS is not considered The PAS is provided by a third party tool

Form and Line Reference	Explanation
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

Form and Line Reference	Explanation
Part I, Line 7	OCF provides care to patients who meet certain criteria under its charity care policy without charge or at amounts less than its established rates Records of charges foregone for services and supplies furnished under the charity care policy are maintained to identify and monitor the level of charity care provided Because OCF does not pursue collection of amounts determined to qualify as charity care, they are not reported as revenue OCF estimates its costs of care provided under its charity care programs by applying a ratio of direct and indirect costs to charges to the gross foregone charges associated with providing care to charity patients OCF's gross charity care charges include only services provided to patients who are unable to pay and qualify under OCF's charity care policies The ratio of cost to charges is calculated based on OCF's total expenses divided by gross patient revenue

Form and Line Reference	Explanation
Part I, Line 7, Column (f)	The Bad Debt expense included on Form 990, Part IX, Line 25, Column (A), but subtracted for purposes of calculating the percentage in this column is $ 78,309,298

Form and Line Reference	Explanation
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

Form and Line Reference	Explanation
Part II, Community Building Activities	Ochsner endeavors to promote the health of the communities it serves through community building activities Ochsner Community Hospitals promote economic growth in these areas by partnering and supporting organizations like Greater New Orleans Inc, Jefferson Economic Development Corporation, New Orleans Chamber Foundation, St Tammany West Chamber of Commerce, United Negro College Fund, LSU Foundation, and local neighborhood associations and child development programs like the Girl Scouts of America It also aims to engage and inspire high school students to pursue further education and careers in science and medicine through its STAR ("Science, Technology, Academics and Research") program, a free, five-week summer program that provides qualified high school students with a unique opportunity to work in a student healthcare laboratory setting and BEST! Science which offers science teachers the opportunity to bring students to Ochsner's iLab where they can perform experiments designed by our PhD scientists Ochsner provides programs to the communities we serve to increase their knowledge of healthy foods, through our CHOP (Cooking Healthy Options and Portions) afterschool cooking program at Jefferson parish schools and through our Eat Fit NOLA program which assists local restaurants to develop healthy menu items Through our partnership with Rouses Markets, Ochsner identifies healthy items in the stores and provides nutritionist tours for the community to learn how to shop healthy

Form and Line Reference	Explanation
Part III, Line 2	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

Form and Line Reference	Explanation
Part III, Line 4	The footnote in the organization's financial statement that describes bad debt expense is described in the section entitled "Managed Care", beginning on page 26 of the attached Financial Statements

Form and Line Reference	Explanation
Part III, Line 8	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 Worksheet D Part V Line 202 Column 5 was used for outpatient costs and Worksheet D-1 Part II Line 49, and Worksheet D-1 Part III Line 86, and Worksheet E Part A Line 55 was used for inpatient costs The cost reports for Ochsner Clinic Foundation (Provider No 19-0036) and Ochsner Bayou LLC (Provider No 19-1324) cover the period 1/1/2014 - 12/31/2014 The cost report for Ochsner Medical Center - Baton Rouge (Provider No 19-0202) covers the period 10/1/2013 - 9/30/2014 The cost report for Ochsner Medical Center - North Shore (Provider No 19-0204) covers the period 4/1/2014 - 3/31/2015

Form and Line Reference	Explanation
Part III, Line 9b	Upon granting approval for 100% assistance, all collection efforts for that account will cease, the account will not be turned over to a collection agency, and Ochsner will not impose extraordinary collection efforts such as wage garnishments or liens

Form and Line Reference	Explanation
Part V, Section A, Website Addresses	Ochsner Medical Center www ochsner org/locations/ochsner_main_campus/Ochsner Baptist-A Campus of Ochsner Medical Center www ochsner org/locations/ochsner-baptist/Ochsner Medical Ctr-West Bank Campus www ochsner org/locations/ochsner-medical-center-west-bank-campus/Ochsner St Anne General Hospital www ochsner org/locations/ochsner-st-anne/

Form and Line Reference	Explanation
Part VI, Line 2	Ochsner serves the needs of the various communities throughout Southeast Louisiana through its commitment is to exemplary patient care, medical research and education Ochsner Clinic Foundation is part of Ochsner Health System, which comprises a total of eight hospitals (including three satellite locations) and approximately 58 health centers throughout Southeast Louisiana In order to identify the needs of the community, Ochsner reviews local and state publicly available data regarding the health status and issues in its region Ochsner works with community organizations that collect information on their areas of focus to identify trends and areas where Ochsner has expertise that can make an impact Ochsner collaborates with multiple community stakeholders to identify specific community needs in its 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 Examples of Ochsner's commitment to the community can be found in Part VI, Line 5 Ochsner participated with the Metropolitan Hospital Association to conduct a region-wide Community health needs assessment which included all not for profit hospitals in the region in 2013 The applicable Community health needs assessments for each facility may be found in Part V, Section B as required

Form and Line Reference	Explanation
Part VI, Line 3	All uninsured patients are screened for Medicaid This process takes place at the time of service, inpatient admissions, and if the patient is not screened at the time, the patient is contacted at home to determine eligibility In 2013, Ochsner was able to obtain Medicaid coverage for approximately 14,000 patients If the patients do not qualify for Medicaid, then they will be evaluated under the financial assistance policy 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 Ochsner also offers zero interest payment plan options with payment terms ranging from six to 60 months

Form and Line Reference	Explanation
Part VI, Line 4	Ochsner Clinic Foundation is a multi-specialty healthcare delivery system consisting of seven hospitals (including three satellite locations) and approximately 58 health centers in Southeast Louisiana Ochsner Clinic Foundation is part of Ochsner Health System, southeast Louisiana's largest non-profit, academic, multi-specialty, healthcare delivery system with eight hospitals (including three satellite locations) and approximately 58 health centers Ochsner employs approximately 930 physicians in over 70 medical specialties and subspecialties Ochsner Clinic Foundation's patients vary in age, gender, and race due to the multi-specialty nature of the system As of 2014, Ochsner Clinic Foundation's service area includes 2 5 million of Louisiana's 4 6 million people At 19 1%, Louisiana has the third highest poverty level in the nation and about 37% of the population receives Medicaid or is uninsured Approximately 1,038,000 or 22 4% receive Medicaid and approximately 661,000 or 14 2% are uninsured 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 Ochsner Medical Center, a 553 bed hospital, 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 Hospital-Elmwood is a satellite of Ochsner Medical Center, providing inpatient rehabilitation services Ochsner Baptist Medical Center, which was leased from Ochsner Community Hospitals beginning in March 2013, is a 103-bed satellite of Ochsner Medical Center, providing general medical and surgical acute care, an all-new Women's Pavilion offering full scope services for women of all ages and their newborns, imaging, and laser vision services Ochsner Medical Center-West Bank Campus is a 165-bed satellite of Ochsner Medical Center, providing general medical and surgical acute care, emergency services and obstetrics, 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 and its three satellite hospitals serve the New Orleans Metropolitan Standard Area, which includes eight parishes surrounding New Orleans The Metropolitan Standard Area population is approximately 1 2 million and about 39% of the population receives Medicaid or is uninsured The poverty rate in the New Orleans Metro area is 18 1%, 27% in New Orleans itself Approximately 316,000 or 25% receive Medicaid and approximately 175,000 or 14% are uninsured Ochsner Medical Center-Baton Rouge is a 145-bed hospital located in the city of Baton Rouge within East Baton Rouge parish East Baton Rouge parish has a population of about 815,000 people, of which about 103,000 were uninsured and about 156,000 received Medicaid Ochsner St Anne General Hospital is a 34-bed acute care hospital that serves Lafourche parish, where it is located, and the surrounding parishes The bayou region has a population of about 283,000 people, of which about 36,000 were uninsured and about 59,000 received Medicaid Ochsner Medical Center-North Shore is a 157-bed acute care facility located in Slidell, LA and serving the north shore of Lake Pontchartrain, north of New Orleans, LA The population of its service area is approximately 520,000 people of which about 66,000 were uninsured and about 100,000 received Medicaid

Form and Line Reference	Explanation
Part VI, Line 5	Having a diverse representation of the community in the governing boards is an important p art of making sure all aspects of the community Ochsner serves are being touched by the mi ssion and vision of the organization The by-laws of both Ochsner Clinic Foundation and Oc hsner Health System call for 10 members of the total 19 board members to be community memb ers The Chief Executive Officer serves on the Board by virtue of his or her office, howev er, a majority of Board members are prominent multi-disciplinary business and community le aders The remaining board members are senior physician employees of Ochsner Clinic Founda tion elected by their peers in accordance with Ochsner Clinic Foundation by-laws Ochsner C linic 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 consort ium relationship with Our Lady of Holy Cross College for allied health and nursing program s In 2009, Ochsner opened the Ochsner Clinical School through an international partnershi p with the University of Queensland, Australia which allows US citizens to complete the fi rst two years of Medical School in Australia and the second two years of Medical School at Ochsner Ochsner's focus on research includes approximately 431 open clinical research tr ials in almost every specialty Ochsner operates ten basic science/transitional research l aboratories and Ochsner scientists publish over 200 journal articles and book chapters eac h year Donations and grants do not cover all of the research related costs In addition to supplying the community's future healthcare providers and providing research to improve m edical outcomes, Ochsner is also focused on improving the lifestyle of the patients it ser ves Research has proven that many chronic health problems, such as diabetes, obesity and hypertension, are primarily caused by lifestyle choices In order to reduce chronic diseas e in the community, Ochsner needs to change the choices and behaviors through exercise, nu trition and promotion of preventative health behaviors Ochsner has embarked on an ambitiou s project to transform the health and wellness of its community, using schools as the foca l point Change the Kids, Change the Future(TM) is an overarching philosophy to alleviate the cause instead of the symptom The goal is to teach children how to make good lifestyle choices to affect meaningful, lasting change for the health and wellness of the community Ochsner currently provides two nurse practitioners at local high schools that staff full y functional clinics that see students through scheduled appointments and walk in visits They also work with the schools to help educate the students about healthy choices Ochsne r also targets childhood obesity through a program at its fitness center, EFC On the Move - Driving to Fight Childhood Obesity, where children ages 9-13 learn about health and fitn ess in a non-competitive environment via Elmwood Fitness Center's Mobile Fitness Unit The mobile unit provides fitness classes and weight training equipment Licensed dieticians p rovide healthy nutrition information and the staff performs pre- and post- program measure ments and exercise performance assessments In 2013, Ochsner implemented an after school co oking program (CHOP) for middle school students in Jefferson parish public schools Knowle dge and behavioral improvement has been promising and the program will be expanded to othe r venues Ochsner is also an advocate for the health and wellness of adults Ochsner provid ed various free health screenings, such as glucose, blood pressure and total cholesterol, and health information to over 2,000 people at public health fairs Ochsner's community ou treach programs directly impacted over 75,000 individuals across our regions and reached o ver 435,000 people through our participation in community events Ochsner also educates pe ople about the benefits of smart food and lifestyle choices, disease prevention and regula r medical checkups through Choose Healthy!, a partnership with Rouse's grocery stores In addition to the in-store activities, the community is able to access recipes and informati on on smart food choices, proper meal planning and disease-specific diet alternatives at w ww choose-healthy org Ochsner also helps people stop smoking with its Tobacco Control & P revention Program by attending corporate wellness events and partnering with area schools to provide educational materials and support Ochsner implemented 2 smoking cessation clin ics (Jefferson highway and Slidell) to provide free smoking cessation services to patients who are eligible for the Tobacco Trust program Ochsner's nutritionists developed and impl emented Eat Fit NOLA which offers a free service t

Form and Line Reference	Explanation
Part VI, Line 5	o local restaurants to offer healthy menu items, either by evaluating existing recipes or assisting in the development of new ones Over 40 restaurants have signed up to participat e in the program O chsner and four other health care providers formed five non-profit organ izations to collaborate with the State of Louisiana and several units of local government in Louisiana to more fully fund the Medicaid program and ensure the availability of qualit y healthcare services for the low income and needy population Ochsner contributed over $5 4 million to the collaboratives in 2014

Form and Line Reference	Explanation
Part VI, Line 6	Ochsner Health System is the supporting organization to Ochsner Clinic Foundation and Ochsner Community Hospitals, all related 501(c)(3) corporations While each of the eight 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

Form and Line Reference	Explanation
Part VI, Line 7	The organization does not file a community benefit report with any state

Additional Data

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

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Part V, Section B	Facility Reporting Group A

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Facility Reporting Group A consists of	- Facility 1 Ochsner Medical Center, - Facility 5 Ochsner Medical Ctr-West Bank Campus, - Facility 6 Ochsner St Anne General Hospital, - Facility 2 Ochsner Medical Center-Baton Rouge, - Facility 3 Ochsner Medical Center-North Shore, - Facility 4 Ochsner Baptist-A Campus of Ochsner Medical Ce, - Facility 7 Ochsner Medical Ctr-Elmwood Campus

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Ochsner Clinic Foundation Hospitals Part V, Section B, line 5	The hospital identified leaders from organizations that have special knowledge and or expertise in public health, agencies with information relative to the health needs of the community and representatives of medically underserved, low-income, minority populations and populations with chronic disease needs in the community Such persons were interviewed as part of the needs assessment planning process

Form 990 Part V Section C Supplemental Information for Part V, Section B.

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Form and Line Reference	Explanation
Ochsner Clinic Foundation Hospitals Part V, Section B, line 6a	Children's Hospital New Orleans, East Jefferson General Hospital, Ochsner Medical Center, Ochsner Medical Center-Westbank, Ochsner Medical Center-Kenner, Ochsner Baptist Medical Center, Ochsner Medical Center Northshore, Slidell Memorial Hospital, St Tammany Parish Hospital, Touro Infirmary, Tulane Medical Center, West Jefferson Medical Center

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Ochsner Clinic Foundation Hospitals Part V, Section B, line 15e	The FAP application is provided to the patient or their representative immediately upon request

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Ochsner Clinic Foundation Hospitals Part V, Section B, line 16i	The policy is included in patient billing statements

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Ochsner Clinic Foundation Hospitals Part V, Section B, line 18d	Until March 2014, the agreement with a third-party collections agency allowed the collections agency to file garnishments prior to determining if the patient was eligible for financial assistance In March 2014, the agreement was amended such that the collections agency cannot take any legal actions until it has obtained prior approval from Ochsner, and such approval will not be given unless the individual is not eligible for financial assistance No such actions were taken to individuals that were ineligible under the organization's FAP Additionally, the financial assistance policy and guidelines were printed on all billing statements and available on the Ochsner website

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Ochsner Clinic Foundation Hospitals Part V, Section B, line 22d	A discount is applied to gross charges and represents the average payor yield by reviewing Medicare and the majority of commercial actual and expected payments (including the patient portion) over a year period In no event are gross charges billed to a patient approved for financial assistance

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Group A- Facility 1 -- Ochsner Medical Center Part V, Section B, line 11	Significant needs identified and measures taken to address those needs* Access to healthca re and medical services (i e , primary, specialty, preventive, and mental) * Access to Car e including primary, preventive and specialty * Lack of health insurance coverage * Cultu ral Barriers * Physician Shortage * Access to Mental Health ServicesActions/3 year Impleme ntation Plans1 Medical services provided in neighborhoods across region (Jefferson Highwa y, Metairie, Lakeview, Destrehan, Elmwood,) including Inf Disease (HIV/AIDs) at Jefferson Highway, increased number of medical providers in primary care and specialty services at J efferson Highway location2 Increased available healthcare providers by providing clinical training opportunities to students from multiple medical education programs across the st ate (University of Q ueenland medical students, Delgado- RN, Surg Tech, Nuclear Med, Phlebo tomy)3 Offered activities to increase available healthcare providers by engaging and prep aring K-12 students in STEM and health career exploration (Field Trips, Job Shadows, STAR summer program, SEPA)4 Provided access to healthcare through School based health centers at 2 high schools (Ehret HS and Bonnabel HS)5 Identified ways Ochsner can partner to supp ort community based health organization to provide access to healthcare (PACE, Access Heal th)6 Developed and offered High Performance Network to insurers and businesses (providing lower cost options through Ochsner only network product- enrollment tripled system wide i n 2014)7 Assisted community members and patients with Medicaid application process and pa yment plans OMC is an approved Medicaid application center number of patients funded inc reased 35% and amount funded increased 37% 8 Improved access to medical record informatio n across region/providers Utilized Epic Care Everywhere and Care Elsewhere to share recor ds increased # of records sent by 300% and # of records received by 1200% system wide)9 Improved access to critical care expertise across LA utilizing E-ICU project to connect 5 hospitals to OMC through centralized monitoring services (access to critical cared special ists 24/7) using telemedicine 10 Improved evaluation and treatment of patients with sign s/symptoms of a stroke through Tele-stroke program adding 33 new sites with OMC as the hub Provided decision support for acute stroke patients in the ED by Ochsner Neurologists 24 /7/365 11 Provided interpretation services at all locations including in person, Language Access Network- online and teleconference capability) 12 Utilized CMS ACO model to reduc e the cost of healthcare and improve outcomes CMS Shared Savings program has demonstrated improved quality metrics system wide13 Facilitated and Supported Implementation of Afford able Insurance Exchanges in our communities by participating as a Champion for Coverage an d a Certified Counselor Organization in all regions including 1500 patients were enrolled system wide 14 Provided inpatient psychiatric services at Ochsner Medical Center and out patient mental health services at Lakeview, Metairie, Jefferson Highway clinics 15 Utiliz ed telemedicine to assess and improve triage of mental health patients in the ED linking N orthshore and Baton Rouge to providers at OMC (Northshore started April 2014, Baton Rouge Aug 2014)* Access to community/support services to sustain a healthy environment * Prevent ion Education and Awareness * Community Support Infrastructure * Access to public transpor tation * Economic challengesActions/3 year Implementation Plans1 Participated in communit y events that encourage healthy activity and lifestyles (Fit NOLA, Zurich Classis, Jeffers on Parish Senior Citizens Expo, Xavier University's TobacNO conference)2 Provided educati on on chronic health conditions through community education, screenings and nurse consulta tions (Lakeside Mall, Cancer Expo, Second Baptist Church)3 Medical services provided in n eighborhoods across region (Jefferson Highway, Metairie, Lakeview, Destrehan, Elmwood,) in cluding Inf Disease (HIV/AIDs) at Jefferson Highway, increased number of medical providers in primary care and specialty services at Jefferson Highway location4 Provided access to healthcare through School based health centers at 2 high schools (Ehret HS and Bonnabel H S)5 Through partnership with JPPSS encouraged education about healthy lifestyles and impr ove student and teacher wellness (JPPSS employee health fair, Bonnabel and Ehret teacher h ealth fair, Bonnabel and Ehret Student Wellness activities) 6 Partnered with employers to improve the health and wellness of their employees (Laitram, Morial Convention Center)7 Partnered with community organizations to improve the health and wellness of the community including the Greater New Orleans Immunization Network, EatFit NOLA (over 50 restaurants now have healthy food options available on their menus) and the City of New Orleans Fit NO LA program 8 Educated K-12 students on how to acc

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Group A-Facility 1 -- Ochsner Medical Center Part V, Section B, line 11	ess and prepare healthy food options through a targeted after school hands-on curriculum d eveloped by Ochsner CHOP (Cooking Up Healthy Options and Portions) Offered in multiple l ocations in Orleans and Jefferson Parish in 2014 9 Improved physical fitness and activity in the community by providing access to a Mobile Fitness Bus (I Can Do it Bus) through se ssions with schools and through partnership with the New Orleans Pelicans (NBA franchise) 10 Increased community awareness of outreach programs available to address community heal th needs by educating patients, families and employees through Community Outreach month in the fall at all campuses, including OMC Community Calendar unique patient views increase d system wide to over 21,000 11 Provided multiple forums for education of community on cu rrent health topics including in person sessions and Hello Health on TV 1079 attended in person sessions system wide and 18 sessions were broadcast live on WLAE 12 Offered free/r educed cost smoking cessation clinics for adults (funded through the Tobacco trust) throug h clinic at Jefferson Highway location Educated youth and adults on dangers of tobacco us e at numerous local schools across Orleans and Jefferson Parishes 13 Utilized Rouses supe rmarkets as location for health/wellness education until June 2014 when partnership ended 14 Partnered with and support business organization to improve the local economy (GNO Inc , JEDCO, Jefferson Chamber)* Promotion of healthy lifestyles and behaviors (specific focus on chronic disease) * Prevention and Health Education focused on Prevention of Chronic Di seases- especially diabetes and obesity * Resident AccountabilityActions/3 year Implementa tion Plans1 Participated in community events that encourages healthy activity and lifesty les (Fit NOLA, Zurich Classic, Jefferson Parish Senior Citizens Expo, Xavier University's TobacNO conference)2 Provided education on chronic health conditions through community ed ucation, screenings and nurse consultations (Lakeside Mall, Cancer Expo, Second Baptist Ch urch)3 Partnered with employers to improve the health and wellness of their employees (La itram, Morial Convention Center)4 Improved the health and quality of Ochsner employees an d families utilizing Pathway to Wellness and Virgin Health Miles Increased # of employees meeting goals and # of employees participating in program system wide 5 Offered free/red uced cost smoking cessation clinics for adults (funded through the Tobacco trust) through clinic at Jefferson Highway location Educated youth and adults on dangers of tobacco use at numerous local schools across Orleans and Jefferson Parishes 6 Provided multiple forum s for education of community on current health topics including in person sessions and Hel lo Health on TV 1079 attended in person sessions system wide and 18 sessions were broadca st live on WLAE 7 Utilized Rouses supermarkets as location for health/wellness education until June 2014 when partnership ended 8 Educated K-12 students on how to access and prep are healthy food options through a targeted after school hands-on curriculum developed by Ochsner CHOP (Cooking Up Healthy Options and Portions) Offered in multiple locations in Orleans and Jefferson Parish in 2014 9 Improved physical fitness and activity in the comm unity by providing access to a Mobile Fitness Bus (I Can Do it Bus) through sessions with schools and through partnership with the New Orleans Pelicans (NBA franchise) 10 Through partnership with JPPSS encouraged education about healthy lifestyles and improve student a nd teacher wellness (JPPSS employee health fair, Bonnabel and Ehret teacher health fair, B onnabel and Ehret Student Wellness activities) 11 Partnered with community organizations to improve the health and wellness of the community including the Greater New Orleans Immu nization Network, EatFit NOLA (over 50 restaurants now have healthy food options available on their menus) and the City of New Orl

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Group A-Facility 2 -- Ochsner Medical Center-Baton Rouge Part V, Section B, line 11	Significant needs identified and measures taken to address those needs* Access to healthca re and medical services (i e , primary, preventive, and mental) * Access to primary/preven tive care * Lack of health insurance coverage * Access to mental health services Actions/3 year Implementation Plans1 Provided medical services in neighborhoods across region addi ng Sherwood clinic and Denham Springs South clinic, including acceptance of 4 of the LA Me dicaid insurances for OB services 2 Increased available healthcare providers by providin g clinical training opportunities to students from multiple medical education programs acr oss the state (LSUHSC-Social Work, Delgado RN-practical nursing, Livingston Parish Public Schools- CAN, PCT, BR Community college-sonography, LPN, PCT,RN, East BR Dept of EMS-EMT,)3 Offered activities to increase available healthcare providers by engaging and preparin g K-12 students in STEM and health career exploration through Field Trips and Job Shadows 4 Developed and offered High Performance Network to insurers and businesses (providing lo wer cost options through Ochsner only network product- enrollment tripled system wide in 2 014)5 Assisted community members and patients with Medicaid application process and payme nt plans Baton Rouge is an approved Medicaid application center, increased approved appli cations by 74%, number of patients funded increased 33% and amount funded increased 12% 6 Improved access to medical record information across region/providers Utilized Epic Care Everywhere and Care Elsewhere to share records increased # of records sent by 300% and # of records received by 1200% system wide)7 Improved access to critical care expertise ac ross LA utilizing E-ICU project to connect 5 hospitals including Baton Rouge to centralize d monitoring services (access to critical cared specialists 24/7) through telemedicine 8 Improved evaluation and treatment of patients with signs/symptoms of a stroke through Tel e-stroke program adding 33 new sites including Baton Rouge Provide decision support for a cute stroke patients in the ED by Ochsner Neurologists 24/7/365 9 Provided interpretation services at all locations including Language Access Network- online and teleconference ca pability 10 Utilized CMS ACO model to reduce the cost of healthcare and improve outcomes CMS Shared Savings program has demonstrated improved quality metrics system wide11 Facili tated and Supported Implementation of Affordable Insurance Exchanges in our communities by participating as a Champion for Coverage and a Certified Counselor Organization in all re gions including Baton Rouge 1500 patients were enrolled system wide 12 Utilized telemedi cine to assess and improve triage of mental health patients in the ED (partnership with OM C- Jefferson Highway)- started Aug 2014 13 Provided mental health services at Summa Ave s ite* Access to community/support services * Access to prevention education and awareness a nd * Limited number of community services due to fundingActions/3 year Implementation Plan s1 Participated in community events that encourage healthy activity and lifestyles (Adopt a schools, community walks(Heart, Kidney, ADA), school fairs, Mayor's Healthy City commit tee)2 Provided education on chronic health conditions through community education, screen ings and nurse consultations (Ferrara Health Fair, YMCA, Broadmoor Methodist Church, Livin gston Parish Gold Tournament, Iberville Parish Community Information Forum)3 Partnered wi th employers to improve the health and wellness of their employees (LWCC , Gulf Coast Bank)4 Assisted registration for free/reduced cost smoking cessation clinics for adults (fund ed through the Tobacco trust) and educated youth and adults on dangers of tobacco use (thr ough state grant)5 Increased community awareness of outreach programs available to addres s community health needs by educating patients, families and employees through Community O utreach month in the fall at all campuses, including Ochsner Baton Rouge Community Calend ar unique patient views increased system wide to over 21,000 6 Provided multiple forums f or education of community on current health topics including in person sessions and Hello Health on TV 1079 attended in person sessions system wide and 18 sessions were broadcast live on WLAE * Resident health and wellness (specific focus on chronic disease) * Preventi on and Health Education focused on Prevention of Chronic Diseases - Especially Diabetes an d Obesity * Prevention and Health Education focused on HIV/AIDS Actions/3 year Implementat ion Plans1 Provided education on chronic health conditions through community education, s creenings and nurse consultations (Ferrara Health Fair, YMCA, Broadmoor Methodist Church, Livingston Parish Gold Tournament, Iberville Parish Community Information Forum)2 Partner ed with employers to improve the health and wellness of their employees (LWCC , Gulf Coast Bank)3 Improved the health and quality of Ochsne

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Group A - Facility 2 -- Ochsner Medical Center-Baton Rouge Part V, Section B, line 11	r employees and families utilizing Pathway to Wellness and Virgin Health Miles Increased # of employees meeting goals and # of employees participating in program system wide 4 Pa rticipated in efforts to decrease premature birth rates and improve birth outcomes (LA Bir th O utcome project- breastfeeding, no elective deliveries < 39 weeks)5 Assisted registrati on for free/reduced cost smoking cessation clinics for adults (funded through the Tobacco trust) and educated youth and adults on dangers of tobacco use (through state grant)6 Pro vided multiple forums for education of community on current health topics including in per son sessions and Hello Health on TV 1079 attended in person sessions system wide and 18 s essions were broadcast live on WLAE 7 Improved evaluation and treatment of patients with signs/symptoms of a stroke through Tele-stroke program adding 33 new sites including Baton Rouge Provide decision support for acute stroke patients in the ED by Ochsner Neurologis ts 24/7/365 Need not addressed due to limited financial resources and limited availability of specialized clinical resourcesPrevention and Health Education focused on HIV/AIDS serv ices Ochsner Baton Rouge continued to work with the Mayor's Healthy Baton Rouge initiativ e to identify ways that all Baton Rouge hospitals can impact HIV/AIDs rates in the communi ty

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Form and Line Reference	Explanation
Group A- Facility 3 -- Ochsner Medical Center- North Shore Part V, Section B, line 11	Significant needs identified and measures taken to address those needs* Access to healthca re and medical services (i e , primary, specialty, preventive, and mental) * Access to Car e including primary, preventive and specialty * Lack of health insurance coverage * Cultu ral Barriers * Physician Shortage * Access to Mental Health ServicesActions/3 year Impleme ntation Plans1 Provided medical services in neighborhoods across region (Covington, Mande ville, Abita Springs, Slidell,)2 Increased available healthcare providers by providing cl inical training opportunities to students from multiple medical education programs across the state (LSUHSC- PA, OT, PT, Delgado- RN, Rad Tech, practical nursing, Herzing- Surg Tec h, Lenora School of Phlebotomy, Pearl River Community College-LPN, RN)3 Offered activitie s to increase available healthcare providers by engaging and preparing K-12 students in he alth career exploration through Field Trips and Job Shadows 4 Developed and offered High Performance Network to insurers and businesses (providing lower cost options through Ochsn er only network product- enrollment tripled system wide in 2014)5 Assisted community memb ers and patients with Medicaid application process and payment plans Northshore is an app roved Medicaid application center, increased approved applications by 46% 6 Improved acce ss to medical record information across region/providers Utilized Epic Care Everywhere an d Care Elsewhere to share records increased # of records sent by 300% and # of records re ceived by 1200% system wide)7 Improved access to critical care expertise across LA utiliz ing E-ICU project to connect 5 hospitals including Northshore to centralized monitoring se rvices (access to critical cared specialists 24/7) through telemedicine 8 Improved evalu ation and treatment of patients with signs/symptoms of a stroke through Tele-stroke progra m adding 33 new sites including Northshore Provide decision support for acute stroke pati ents in the ED by Ochsner Neurologists 24/7/365 9 Provided interpretation services at all locations including Language Access Network- online and teleconference capability) 10 Ut ilized CMS ACO model to reduce the cost of healthcare and improve outcomes CMS Shared Savi ngs program has demonstrated improved quality metrics system wide11 Facilitated and Suppo rted Implementation of Affordable Insurance Exchanges in our communities by participating as a Champion for Coverage and a Certified Counselor Organization in all regions including Northshore 1500 patients were enrolled system wide 12 Provided outpatient mental health services at Ochsner Slidell and Mandeville clinics13 Utilized telemedicine to assess and improve triage of mental health patients in the ED (partnership with OMC- Jefferson Highw ay)- started April 2014* Access to community/support services to sustain a healthy environ ment * Prevention Education and Awareness * Community Support Infrastructure * Access to p ublic transportation * Economic challengesActions/3 year Implementation Plans1 Provided e ducation on chronic health conditions through community education, screenings and nurse co nsultations (Diabetes Support Group, NAMI, City of Slidell, Prenatal classes, smoking cess ation)2 Provided medical services in neighborhoods across region (Covington, Mandeville, Abita Springs, Slidell,)3 Partnered with employers to improve the health and wellness of their employees (Stennis Space Center, St Tammany Parish)4 Developed and offered High Pe rformance Network to insurers and businesses (providing lower cost options through Ochsner only network product- enrollment tripled system wide in 2014)5 Increased community aware ness of outreach programs available to address community health needs by educating patient s, families and employees through Community Outreach month in the fall at all campuses, in cluding Northshore Community Calendar unique patient views increased system wide to over 21,000 6 Provided multiple forums for education of community on current health topics inc luding in person sessions and Hello Health on TV 1079 attended in person sessions system wide and 18 sessions were broadcast live on WLAE 7 Educated youth and adults on dangers o f tobacco use at numerous local schools across Orleans and Jefferson Parishes 8 Utilized Rouses supermarkets as location for health/wellness education until June 2014 when partner ship ended * Promotion of healthy lifestyles and behaviors (specific focus on chronic dise ase) * Prevention and Health Education focused on Prevention of Chronic Diseases- especial ly diabetes and obesity * Resident AccountabilityActions/3 year Implementation Plans1 Par ticipated in community events that encourage healthy activity and lifestyles (Diabetes Wal k, West Chamber Business Expo, Olde Town Pumpkin Fest)2 Provided education on chronic hea lth conditions through community education, screenings and nurse consultations (Diabetes S upport Group, NAMI, City of Slidell, Prenatal clas

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Group A - Facility 3 -- Ochsner Medical Center-North Shore Part V, Section B, line 11	ses, smoking cessation)3 Partnered with employers to improve the health and wellness of t heir employees (Stennis Space Center, St Tammany Parish)4 Educated youth and adults on d angers of tobacco use (through state grant)5 Improved the health and quality of O chsner e mployees and families utilizing Pathway to Wellness and Virgin Health Miles Increased # o f employees meeting goals and # of employees participating in program system wide 6 Parti cipated in efforts to decrease premature birth rates and improve birth outcomes (LA Birth O utcome project- breastfeeding, no elective deliveries< 39 weeks)7 Offered free/reduced c ost smoking cessation clinics for adults (funded through the Tobacco trust) through clinic at Jefferson Highway location Educated youth and adults on dangers of tobacco use at num erous local schools across Orleans and Jefferson Parishes 8 Provided multiple forums for education of community on current health topics including in person sessions and Hello Hea lth on TV 1079 attended in person sessions system wide and 18 sessions were broadcast liv e on WLAE 9 Utilized Rouses supermarkets as location for health/wellness education until June 2014 when partnership ended Need not addressed due to limited availability of special ized clinical resourcesPrevention and Health Education focused on HIV/AIDS services Ochsn er Medical Center - North Shore does offer clinical HIV/AIDS services on site however they do not provide specific outreach education on this topic

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Form and Line Reference	Explanation
Group A- Facility 4 -- Ochsner Baptist-A Campus of Ochsner Medi Part V, Section B, line 11	Significant needs identified and measures taken to address those needs* Access to healthca re and medical services (i e , primary, specialty, preventive, and mental) * Access to Car e including primary, preventive and specialty * Lack of health insurance coverage * Cultu ral Barriers * Physician Shortage * Access to Mental Health ServicesActions/3 year Impleme ntation Plans1 Medical services provided in neighborhoods across region (St Charles Avenu e, Midcity) Added Ob/Gyn and cardiology services to Mid-city site 2 Provided health educ ation & preventative care, urgent care services to local universities/colleges (Loyola Uni versity Student Health Center)3 Increased available healthcare providers by providing cli nical training opportunities to students from multiple medical education programs -across the state (OLOHC- RN, NP, Delgado- RN-practical nursing, sonography, rad tech, dietetic t ech, Pharm Tech, Nunez community college-practical nursing) 4 Offered activities to increa se available healthcare providers by engaging and preparing K-12 students in STEM and heal th career exploration (Field Trips, Job Shadows, Power Ties)5 Developed and offered High Performance Network to insurers and businesses (providing lower cost options through Ochsn er only network product- enrollment tripled system wide in 2014)6 Assisted community memb ers and patients with Medicaid application process and payment plans Baptist is an approv ed Medicaid application center, increased approved applications by 274%, number of patient s funded increased 45% and amount funded increased 75% 7 Improved access to medical recor d information across region/providers Utilized Epic Care Everywhere and Care Elsewhere to share records increased # of records sent by 300% and # of records received by 1200% sys tem wide)8 Improved access to critical care expertise across LA utilizing E-ICU project t o connect 5 hospitals including Baptist to centralized monitoring services (access to crit ical cared specialists 24/7) through telemedicine 9 Improved evaluation and treatment of patients with signs/symptoms of a stroke through Tele-stroke program adding 33 new sites including Baptist Provide decision support for acute stroke patients in the ED by Ochsner Neurologists 24/7/365 10 Provided interpretation services at all locations including in person, Language Access Network- online and teleconference capability) 11 Utilized CMS AC O model to reduce the cost of healthcare and improve outcomes CMS Shared Savings program h as demonstrated improved quality metrics system wide12 Facilitated and Supported Implemen tation of Affordable Insurance Exchanges in our communities by participating as a Champion for Coverage and a Certified Counselor Organization in all regions including Baptist 150 0 patients were enrolled system wide * Access to community/support services to sustain a h ealthy environment * Prevention Education and Awareness * Community Support Infrastructure * Access to public transportation * Economic challengesActions/3 year Implementation Plan s1 Participated in community events that encourage healthy activity and lifestyles (Heart Walk, Freret Fest, Broadmoor Festival,) Over 3500 participated 2 Provided education on chronic health conditions through community education, screenings and nurse consultations (6 Seminars provided along with full series of Prenatal classes)3 Partnered with communi ty organizations to improve the health and wellness of the community including the Greater New Orleans Immunization Network, EatFit NOLA (over 50 restaurants now have healthy food options available on their menus) and the City of New Orleans Fit NOLA program 4 Educated K-12 students on how to access and prepare healthy food options through a targeted after school hands-on curriculum developed by Ochsner CHOP (Cooking Up Healthy Options and Port ions) McMain Secondary school was new location for classes in 2014 5 Improved physical f itness and activity in the community by providing access to a Mobile Fitness Bus (I Can Do it Bus) through sessions with schools and through partnership with the New Orleans Pelica ns (NBA franchise) 6 Increased community awareness of outreach programs available to addr ess community health needs by educating patients, families and employees through Community Outreach month in the fall at all campuses, including Baptist Community Calendar unique patient views increased system wide to over 21,000 7 Provided multiple forums for educati on of community on current health topics including in person sessions and Hello Health on TV 1079 attended in person sessions system wide and 18 sessions were broadcast live on WL AE 8 Partnered with employers to improve the health and wellness of their employees Prov ided 4 lunch and learns and health fair to Marriott Corporate Wellness provided Hello Hea lth at work, Screenings-Place St Charles 9 Offered free/reduced cost smoking cessation cl inics for adults (funded through the Tobacco trust

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Form and Line Reference	Explanation
Group A-Facility 4 -- Ochsner Baptist-A Campus of Ochsner Medi Part V, Section B, line 11	) through clinic at Jefferson Highway location Educated youth and adults on dangers of to bacco use at numerous local schools across Orleans and Jefferson Parishes 10 Utilized Rou ses supermarkets as location for health/wellness education until June 2014 when partnershi p ended 11 Partnered with and supported business organizations to improve the local econo my including membership board participation (GNO Inc) * Promotion of healthy lifestyles an d behaviors (specific focus on chronic disease) * Prevention and Health Education focused on Prevention of Chronic Diseases- especially diabetes and obesity * Resident Accountabili tyActions/3 year Implementation Plans1 Provided education on chronic health conditions th rough community education, screenings and nurse consultations (6 Seminars provided along with full series of Prenatal classes)2 Partnered with employers to improve the health and wellness of their employees Provided 4 lunch and learns and health fair to Marriott Cor porate Wellness provided Hello Health at work, Screenings-Place St Charles 3 Improved the health and quality of Ochsner employees and families utilizing Pathway to Wellness and Vi rgin Health Miles Increased # of employees meeting goals and # of employees participating in program system wide 4 Participated in efforts to decrease premature birth rates and i mprove birth outcomes (LA Birth O utcome project- breastfeeding, no elective deliveries< 39 weeks)5 Offered free/reduced cost smoking cessation clinics for adults (funded through t he Tobacco trust) through clinic at Jefferson Highway location Educated youth and adults on dangers of tobacco use at numerous local schools across Orleans and Jefferson Parishes 6 Provided multiple forums for education of community on current health topics including in person sessions and Hello Health on TV 1079 attended in person sessions system wide an d 18 sessions were broadcast live on WLAE 7 Utilized Rouses supermarkets as location for health/wellness education until June 2014 when partnership ended 8 Improved physical fitn ess and activity in the community by providing access to a Mobile Fitness Bus (I Can Do it Bus) through sessions with schools and through partnership with the New Orleans Pelicans (NBA franchise) 9 Improved evaluation and treatment of patients with signs/symptoms of a stroke through Tele-stroke program adding 33 new sites including Baptist Provide decision support for acute stroke patients in the ED by Ochsner Neurologists 24/7/365 10 Partnere d with community organizations to improve the health and wellness of the community includi ng the Greater New Orleans Immunization Network, EatFit NOLA (over 50 restaurants now have healthy food options available on their menus) and the City of New Orleans Fit NOLA progr am Needs not addressed due to limited financial and limited availability of specialized cl inical resources* Access to Mental Health Services Ochsner Baptist does not have the clini cal resources to offer mental health services in their facility In order to address the m ental health needs of the Greater New Orleans community, Ochsner Health System developed a program to utilize telemedicine technology to allow for assessment of patients in Emergen cy Departments by psychiatry providers at another location This will address long waits f or patients to see providers and be connected with the services that they need The progra m utilized the Ochsner Medical Center - Northshore hospital as the pilot in 2014 and plans to expand to other locations over the next 3 years OMC-Baptist is interested in continuin g to evaluate the need for mental health services in the community and will continue to co nsider the most sustainable methods that it may offer to address the need for mental healt h services * Prevention and Health Education focused on HIV/AIDS services Ochsner Baptist does offer clinical HIV/AIDS services on site, however, they do not provide specific outr each education on this topic

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Form and Line Reference	Explanation
Group A-Facility 5 -- Ochsner Medical Ctr-West Bank Campus Part V, Section B, line 11	Significant needs identified and measures taken to address those needs* Access to healthca re and medical services (i e , primary, specialty, preventive, and mental) * Access to Car e including primary, preventive and specialty * lack of health insurance coverage * Cultu ral Barriers * Physician Shortage * Access to Mental Health ServicesActions/3 year Impleme ntation Plans1 Provided medical services in neighborhoods across region (Algiers, Belle C hasse, Gretna, Marrero)2 Increased available healthcare providers by providing clinical t raining opportunities to students from multiple medical education programs across the stat e (LSUHSC- Social Work, PA, Delgado- PT asst, RT, Pharm Tech, Herzing- RN, surg tech,)3 O ffered activities to increase available healthcare providers by engaging and preparing K-1 2 students in STEM and health career exploration through Field Trips and Job Shadows 4 Pr ovided access to healthcare through School based health centers at local high schools par tnership with Ehret High School to provide NP on site saw 3428 visits, increase of 20% fro m 2013 5 Developed and offered High Performance Network to insurers and businesses (provi ding lower cost options through Ochsner only network product- enrollment tripled system wi de in 2014)6 Assisted community members and patients with Medicaid application process an d payment plans Westbank is an approved Medicaid application center, increased approved a pplications by 22%, number of patients funded increased 12% and amount funded increased 10 % 7 Improved access to medical record information across region/providers Utilized Epic Care Everywhere and Care Elsewhere to share records increased # of records sent by 300% a nd # of records received by 1200% system wide)8 Improved access to critical care expertis e across LA utilizing E-ICU project to connect 5 hospitals including Westbank to centraliz ed monitoring services (access to critical cared specialists 24/7) through telemedicine 9 Improved evaluation and treatment of patients with signs/symptoms of a stroke through Te le-stroke program adding 33 new sites including Westbank Provide decision support for ac ute stroke patients in the ED by Ochsner Neurologists 24/7/365 10 Provided interpretation services at all locations including Language Access Network- online and teleconference ca pability) 11 Utilized CMS ACO model to reduce the cost of healthcare and improve outcomes CMS Shared Savings program has demonstrated improved quality metrics system wide12 Facil itated and Supported Implementation of Affordable Insurance Exchanges in our communities b y participating as a Champion for Coverage and a Certified Counselor Organization in all r egions including Westbank 1500 patients were enrolled system wide 13 Provided outpatient mental health services at Westbank clinic * Access to community/support services to susta in a healthy environment * Prevention Education and Awareness * Community Support Infrastr ucture * Access to public transportation * Economic challengesActions/3 year Implementatio n Plans1 Provided education on chronic health conditions through community education, scr eenings and nurse consultations (ReNew Woodmere community event, Baby and Child Expo, Mare rro/Harvey Senior Center, Estelle Senior Center, Prenatal classes)2 Provided access to he althcare through School based health centers at local high schools partnership with Ehret High School to provide NP on site saw 3428 visits, increase of 20% from 2013 3 Through p artnership with JPPSS encouraged education about healthy lifestyles and improve student an d teacher wellness (JPPSS employee health fair, Ehret teacher health fair, Ehret Student W ellness month activities) 4 Partnered with employers to improve the health and wellness o f their employees (Belle Chasse Academy, Oakwood Corp building, Chevron Ornite-Oakpoint)5 Partnered with community organizations to improve the health and wellness of the communi ty including the Greater New Orleans Immunization Network, EatFit NOLA (over 50 restaurant s now have healthy food options available on their menus) and the City of New Orleans Fit NOLA program 6 Educated K-12 students on how to access and prepare healthy food options t hrough a targeted after school hands-on curriculum developed by Ochsner CHOP (Cooking Up Healthy Options and Portions) Belle Chasse YMCA and Ellender Middle school were 2 locatio ns in 2014 7 Improved physical fitness and activity in the community by providing access to a Mobile Fitness Bus (I Can Do it Bus) through sessions with schools and through partne rship with the New Orleans Pelicans (NBA franchise) 8 Increased community awareness of ou treach programs available to address community health needs by educating patients, familie s and employees through Community Outreach month in the fall at all campuses, including Ba ptist Community Calendar unique patient views increased system wide to over 21,000 9 Pro vided multiple forums for education of community o

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Group A-Facility 5 -- Ochsner Medical Ctr-West Bank Campus Part V, Section B, line 11	n current health topics including in person sessions and Hello Health on TV 1079 attended in person sessions system wide and 18 sessions were broadcast live on WLAE 10 Offered fr ee/reduced cost smoking cessation clinics for adults (funded through the Tobacco trust) th rough clinic at Jefferson Highway location Educated youth and adults on dangers of tobacc o use at numerous local schools across Orleans and Jefferson Parishes 11 Utilized Rouses supermarkets as location for health/wellness education until June 2014 when partnership en ded 12 Assisted in Attaining and Maintaining BLS, ACLS, PALS certification for Community members13 Partnered with and support business organization to improve the local economy (GNO Inc, JEDCO, Jefferson Chamber)*Promotion of healthy lifestyles and behaviors (specific focus on chronic disease) *Prevention and Health Education focused on Prevention of Chron ic Diseases- especially diabetes and obesity *Resident AccountabilityActions/3 year Implem entation Plans1 Provided education on chronic health conditions through community educati on, screenings and nurse consultations (ReNew Woodmere community event, Baby and Child Exp o, Marerro/Harvey Senior Center, Estelle Senior Center, Prenatal classes)2 Partnered with employers to improve the health and wellness of their employees (Belle Chasse Academy, Oa kwood Corp building, Chevron Ornite-Oakpoint)3 Educated K-12 students on how to access a nd prepare healthy food options through a targeted after school hands-on curriculum develo ped by Ochsner CHOP (Cooking Up Healthy Options and Portions) Belle Chasse YMCA and Elle nder Middle school were 2 locations in 2014 4 Through partnership with JPPSS encouraged e ducation about healthy lifestyles and improve student and teacher wellness (JPPSS employee health fair, Ehret teacher health fair, Ehret Student Wellness month activities) 5 Impro ved the health and quality of Ochsner employees and families utilizing Pathway to Wellness and Virgin Health Miles Increased # of employees meeting goals and # of employees partic ipating in program system wide 6 Participated in efforts to decrease premature birth rate s and improve birth outcomes (LA Birth Outcome project- breastfeeding, no elective deliver ies< 39 weeks)7 Offered free/reduced cost smoking cessation clinics for adults (funded th rough the Tobacco trust) through clinic at Jefferson Highway location Educated youth and adults on dangers of tobacco use at numerous local schools across Orleans and Jefferson Pa rishes 8 Provided multiple forums for education of community on current health topics inc luding in person sessions and Hello Health on TV 1079 attended in person sessions system wide and 18 sessions were broadcast live on WLAE 9 Utilized Rouses supermarkets as locati on for health/wellness education until June 2014 when partnership ended 10 Improved physi cal fitness and activity in the community by providing access to a Mobile Fitness Bus (I C an Do it Bus) through sessions with schools and through partnership with the New Orleans P elicans (NBA franchise) 11 Partnered with community organizations to improve the health a nd wellness of the community including the Greater New Orleans Immunization Network, EatFi t NOLA (over 50 restaurants now have healthy food options available on their menus) and th e City of New Orleans Fit NOLA program Need not addressed due to limited financial resourc es and limited availability of specialized clinical resourcesPrevention and Health Educati on focused on HIV/AIDS services Ochsner Medical Center Westbank does offer clinical HIV/A IDS services on site They do provide outreach education on this topic to high school stud ents at Ehret High School's School Based Health Center through their partnership with the Jefferson Parish school system

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Form and Line Reference	Explanation
Group A-Facility 6 -- Ochsner St Anne General Hospital Part V, Section B, line 11	Significant needs identified and measures taken to address those needs* Access to healthca re and medical services (i e , primary, preventive, and specialty) * Access to Care inclu ding primary, preventive and specialty * Lack of health insurance coverageActions/3 year I mplementation Plans1 Provided medical services in neighborhoods across region (Raceland, Lockport, Galliano) and specialty clinics at St Anne 2 Ensured continuation of medical se rvices at Chabert Hospital by providing management services- provides safety net services for uninsured and underinsured in the region Partnerships developed to share services 3 Increased available healthcare providers by providing clinical training opportunities to s tudents from multiple medical education programs across the state (Univ of So Alabama- RN -BSN, RN-MSN, PA, South Central Technical College-Surg tech, Delgado- dietetic tech, Fletc her Technical Community College- LPN, RN, phlebotomy, Herzing College-surg tech)4 Offered activities to increase available healthcare providers by engaging and preparing K-12 stud ents in STEM and health career exploration through Field Trips and Job Shadows 5 Develope d and offered High Performance Network to insurers and businesses (providing lower cost op tions through Ochsner only network product-enrollment tripled system wide in 2014)6 Assi sted community members and patients with Medicaid application process and payment plans S t Anne is an approved Medicaid application center 90% increase in applications approved 7 Improved access to medical record information across region/providers Utilized Epic Ca re Everywhere and Care Elsewhere to share records increased # of records sent by 300% and # of records received by 1200% system wide)8 Improved evaluation and treatment of patien ts with signs/symptoms of a stroke through Tele-stroke program adding 33 new sites includi ng St Anne Provide decision support for acute stroke patients in the ED by Ochsner Neuro logists 24/7/365 9 Provided interpretation services at all locations including, Language Access Network- online and teleconference capability) 10 Utilized CMS ACO model to reduce the cost of healthcare and improve outcomes CMS Shared Savings program has demonstrated i mproved quality metrics system wide11 Facilitated and Supported Implementation of Afforda ble Insurance Exchanges in our communities by participating as a Champion for Coverage and a Certified Counselor Organization in all regions including St Anne 1500 patients were enrolled system wide 12 Provided inpatient and outpatient mental health services at Ochsn er St Anne * Access to community/support services to sustain a healthy environment * Acces s to public transportation * Economic challengesActions/3 year Implementation Plans1 Ensu red continuation of medical services at Chabert Hospital by providing management services- provides safety net services for uninsured and underinsured in the region, preserving 700 jobs2 Provided education on chronic health conditions through community education, scree nings and nurse consultations (Senior Citizens centers (Grand Isle, LaRose, Bayou Blue, Ra celand), Community Health Fair, Women's Expo, diabetes support groups, prenatal classes)3 Increased community awareness of outreach programs available to address community health needs by educating patients, families and employees through Community Outreach month in th e fall at all campuses, including St Anne Community Calendar unique patient views increa sed system wide to over 21,000 4 Provided multiple forums for education of community on c urrent health topics including in person sessions and Hello Health on TV 1079 attended in person sessions system wide and 18 sessions were broadcast live on WLAE 5 Partnered with employers to improve the health and wellness of their employees (OxyChem, Lafourche paris h government, Lafourche Council on Aging, Bollinger)6 Utilized CMS ACO model to reduce th e cost of healthcare and improve outcomes CMS Shared Savings program has demonstrated impr oved quality metrics system wide7 Provided medical services in neighborhoods across regio n (Raceland, Lockport, Galliano) and specialty clinics at St Anne *Residents Health and We llness (specific to chronic disease) * Prevention and Health Education and Resident Accoun tabilityActions/3 year Implementation Plans1 Provided education on chronic health conditi ons through community education, screenings and nurse consultations (Senior Citizens cente rs (Grand Isle, LaRose, Bayou Blue, Raceland), Community Health Fair, Women's Expo, Breast Health grant program, CPR classes, prenatal classes)2 Participated in community events t hat encourage healthy activity and lifestyles (Race for the Cure,)3 Partnered with employ ers to improve the health and wellness of their employees (OxyChem, Lafourche parish gover nment, Lafourche Council on Aging, Bollinger)4 Assisted registration for free/reduced cos t smoking cessation clinics for adults (funded thr

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Group A-Facility 6 -- Ochsner St Anne General Hospital Part V, Section B, line 11	ough the Tobacco trust) and educated youth and adults on dangers of tobacco use (through s tate grant)5 Improved the health and quality of Ochsner employees and families utilizing Pathway to Wellness and Virgin Health Miles Increased # of employees meeting goals and # of employees participating in program system wide 6 Participated in efforts to decrease p remature birth rates and improve birth outcomes (LA Birth Outcome project- breastfeeding, no elective deliveries< 39 weeks)7 Provided multiple forums for education of community on current health topics including in person sessions and Hello Health on TV 1079 attended in person sessions system wide and 18 sessions were broadcast live on WLAE 8 Utilized Rou ses supermarkets as location for health/wellness education until June 2014 when partnershi p ended

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Group A-Facility 7 -- Ochsner Medical Ctr-Elmwood Campus Part V, Section B, line 11	The CHNA for Ochsner Medical Center-Elmwood Campus was done in conjunction with that of Ochsner Medical Center Please see Part V, Section B, Line 11 for Ochsner Medical Center

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Part V, Section B, Line 16a	http //www ochsner org/patients_visitors/financial_services_and_billing_financial_assistance/

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Part V, Section B	Facility Reporting Group A

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Facility Reporting Group A consists of	- Facility 1 Ochsner Medical Center, - Facility 5 Ochsner Medical Ctr-West Bank Campus, - Facility 6 Ochsner St Anne General Hospital, - Facility 2 Ochsner Medical Center-Baton Rouge, - Facility 3 Ochsner Medical Center-North Shore, - Facility 4 Ochsner Baptist-A Campus of Ochsner Medical Ce, - Facility 7 Ochsner Medical Ctr-Elmwood Campus

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Ochsner Clinic Foundation Hospitals Part V, Section B, line 5	The hospital identified leaders from organizations that have special knowledge and or expertise in public health, agencies with information relative to the health needs of the community and representatives of medically underserved, low-income, minority populations and populations with chronic disease needs in the community Such persons were interviewed as part of the needs assessment planning process

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Ochsner Clinic Foundation Hospitals Part V, Section B, line 6a	Children's Hospital New Orleans, East Jefferson General Hospital, Ochsner Medical Center, Ochsner Medical Center-Westbank, Ochsner Medical Center-Kenner, Ochsner Baptist Medical Center, Ochsner Medical Center Northshore, Slidell Memorial Hospital, St Tammany Parish Hospital, Touro Infirmary, Tulane Medical Center, West Jefferson Medical Center

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Ochsner Clinic Foundation Hospitals Part V, Section B, line 15e	The FAP application is provided to the patient or their representative immediately upon request

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Ochsner Clinic Foundation Hospitals Part V, Section B, line 16i	The policy is included in patient billing statements

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Ochsner Clinic Foundation Hospitals Part V, Section B, line 18d	Until March 2014, the agreement with a third-party collections agency allowed the collections agency to file garnishments prior to determining if the patient was eligible for financial assistance In March 2014, the agreement was amended such that the collections agency cannot take any legal actions until it has obtained prior approval from Ochsner, and such approval will not be given unless the individual is not eligible for financial assistance No such actions were taken to individuals that were ineligible under the organization's FAP Additionally, the financial assistance policy and guidelines were printed on all billing statements and available on the Ochsner website

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Ochsner Clinic Foundation Hospitals Part V, Section B, line 22d	A discount is applied to gross charges and represents the average payor yield by reviewing Medicare and the majority of commercial actual and expected payments (including the patient portion) over a year period In no event are gross charges billed to a patient approved for financial assistance

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Group A- Facility 1 -- Ochsner Medical Center Part V, Section B, line 11	Significant needs identified and measures taken to address those needs* Access to healthca re and medical services (i e , primary, specialty, preventive, and mental) * Access to Car e including primary, preventive and specialty * Lack of health insurance coverage * Cultu ral Barriers * Physician Shortage * Access to Mental Health ServicesActions/3 year Impleme ntation Plans1 Medical services provided in neighborhoods across region (Jefferson Highwa y, Metairie, Lakeview, Destrehan, Elmwood,) including Inf Disease (HIV/AIDs) at Jefferson Highway, increased number of medical providers in primary care and specialty services at J efferson Highway location2 Increased available healthcare providers by providing clinical training opportunities to students from multiple medical education programs across the st ate (University of Q ueenland medical students, Delgado- RN, Surg Tech, Nuclear Med, Phlebo tomy)3 Offered activities to increase available healthcare providers by engaging and prep aring K-12 students in STEM and health career exploration (Field Trips, Job Shadows, STAR summer program, SEPA)4 Provided access to healthcare through School based health centers at 2 high schools (Ehret HS and Bonnabel HS)5 Identified ways Ochsner can partner to supp ort community based health organization to provide access to healthcare (PACE, Access Heal th)6 Developed and offered High Performance Network to insurers and businesses (providing lower cost options through Ochsner only network product- enrollment tripled system wide i n 2014)7 Assisted community members and patients with Medicaid application process and pa yment plans OMC is an approved Medicaid application center number of patients funded inc reased 35% and amount funded increased 37% 8 Improved access to medical record informatio n across region/providers Utilized Epic Care Everywhere and Care Elsewhere to share recor ds increased # of records sent by 300% and # of records received by 1200% system wide)9 Improved access to critical care expertise across LA utilizing E-ICU project to connect 5 hospitals to OMC through centralized monitoring services (access to critical cared special ists 24/7) using telemedicine 10 Improved evaluation and treatment of patients with sign s/symptoms of a stroke through Tele-stroke program adding 33 new sites with OMC as the hub Provided decision support for acute stroke patients in the ED by Ochsner Neurologists 24 /7/365 11 Provided interpretation services at all locations including in person, Language Access Network- online and teleconference capability) 12 Utilized CMS ACO model to reduc e the cost of healthcare and improve outcomes CMS Shared Savings program has demonstrated improved quality metrics system wide13 Facilitated and Supported Implementation of Afford able Insurance Exchanges in our communities by participating as a Champion for Coverage an d a Certified Counselor Organization in all regions including 1500 patients were enrolled system wide 14 Provided inpatient psychiatric services at Ochsner Medical Center and out patient mental health services at Lakeview, Metairie, Jefferson Highway clinics 15 Utiliz ed telemedicine to assess and improve triage of mental health patients in the ED linking N orthshore and Baton Rouge to providers at OMC (Northshore started April 2014, Baton Rouge Aug 2014)* Access to community/support services to sustain a healthy environment * Prevent ion Education and Awareness * Community Support Infrastructure * Access to public transpor tation * Economic challengesActions/3 year Implementation Plans1 Participated in communit y events that encourage healthy activity and lifestyles (Fit NOLA, Zurich Classis, Jeffers on Parish Senior Citizens Expo, Xavier University's TobacNO conference)2 Provided educati on on chronic health conditions through community education, screenings and nurse consulta tions (Lakeside Mall, Cancer Expo, Second Baptist Church)3 Medical services provided in n eighborhoods across region (Jefferson Highway, Metairie, Lakeview, Destrehan, Elmwood,) in cluding Inf Disease (HIV/AIDs) at Jefferson Highway, increased number of medical providers in primary care and specialty services at Jefferson Highway location4 Provided access to healthcare through School based health centers at 2 high schools (Ehret HS and Bonnabel H S)5 Through partnership with JPPSS encouraged education about healthy lifestyles and impr ove student and teacher wellness (JPPSS employee health fair, Bonnabel and Ehret teacher h ealth fair, Bonnabel and Ehret Student Wellness activities) 6 Partnered with employers to improve the health and wellness of their employees (Laitram, Morial Convention Center)7 Partnered with community organizations to improve the health and wellness of the community including the Greater New Orleans Immunization Network, EatFit NOLA (over 50 restaurants now have healthy food options available on their menus) and the City of New Orleans Fit NO LA program 8 Educated K-12 students on how to acc

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Group A-Facility 1 -- Ochsner Medical Center Part V, Section B, line 11	ess and prepare healthy food options through a targeted after school hands-on curriculum d eveloped by Ochsner CHOP (Cooking Up Healthy Options and Portions) Offered in multiple l ocations in Orleans and Jefferson Parish in 2014 9 Improved physical fitness and activity in the community by providing access to a Mobile Fitness Bus (I Can Do it Bus) through se ssions with schools and through partnership with the New Orleans Pelicans (NBA franchise) 10 Increased community awareness of outreach programs available to address community heal th needs by educating patients, families and employees through Community Outreach month in the fall at all campuses, including OMC Community Calendar unique patient views increase d system wide to over 21,000 11 Provided multiple forums for education of community on cu rrent health topics including in person sessions and Hello Health on TV 1079 attended in person sessions system wide and 18 sessions were broadcast live on WLAE 12 Offered free/r educed cost smoking cessation clinics for adults (funded through the Tobacco trust) throug h clinic at Jefferson Highway location Educated youth and adults on dangers of tobacco us e at numerous local schools across Orleans and Jefferson Parishes 13 Utilized Rouses supe rmarkets as location for health/wellness education until June 2014 when partnership ended 14 Partnered with and support business organization to improve the local economy (GNO Inc , JEDCO, Jefferson Chamber)* Promotion of healthy lifestyles and behaviors (specific focus on chronic disease) * Prevention and Health Education focused on Prevention of Chronic Di seases- especially diabetes and obesity * Resident AccountabilityActions/3 year Implementa tion Plans1 Participated in community events that encourages healthy activity and lifesty les (Fit NOLA, Zurich Classic, Jefferson Parish Senior Citizens Expo, Xavier University's TobacNO conference)2 Provided education on chronic health conditions through community ed ucation, screenings and nurse consultations (Lakeside Mall, Cancer Expo, Second Baptist Ch urch)3 Partnered with employers to improve the health and wellness of their employees (La itram, Morial Convention Center)4 Improved the health and quality of Ochsner employees an d families utilizing Pathway to Wellness and Virgin Health Miles Increased # of employees meeting goals and # of employees participating in program system wide 5 Offered free/red uced cost smoking cessation clinics for adults (funded through the Tobacco trust) through clinic at Jefferson Highway location Educated youth and adults on dangers of tobacco use at numerous local schools across Orleans and Jefferson Parishes 6 Provided multiple forum s for education of community on current health topics including in person sessions and Hel lo Health on TV 1079 attended in person sessions system wide and 18 sessions were broadca st live on WLAE 7 Utilized Rouses supermarkets as location for health/wellness education until June 2014 when partnership ended 8 Educated K-12 students on how to access and prep are healthy food options through a targeted after school hands-on curriculum developed by Ochsner CHOP (Cooking Up Healthy Options and Portions) Offered in multiple locations in Orleans and Jefferson Parish in 2014 9 Improved physical fitness and activity in the comm unity by providing access to a Mobile Fitness Bus (I Can Do it Bus) through sessions with schools and through partnership with the New Orleans Pelicans (NBA franchise) 10 Through partnership with JPPSS encouraged education about healthy lifestyles and improve student a nd teacher wellness (JPPSS employee health fair, Bonnabel and Ehret teacher health fair, B onnabel and Ehret Student Wellness activities) 11 Partnered with community organizations to improve the health and wellness of the community including the Greater New Orleans Immu nization Network, EatFit NOLA (over 50 restaurants now have healthy food options available on their menus) and the City of New Orl

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Group A-Facility 2 -- Ochsner Medical Center-Baton Rouge Part V, Section B, line 11	Significant needs identified and measures taken to address those needs* Access to healthca re and medical services (i e , primary, preventive, and mental) * Access to primary/preven tive care * Lack of health insurance coverage * Access to mental health services Actions/3 year Implementation Plans1 Provided medical services in neighborhoods across region addi ng Sherwood clinic and Denham Springs South clinic, including acceptance of 4 of the LA Me dicaid insurances for OB services 2 Increased available healthcare providers by providin g clinical training opportunities to students from multiple medical education programs acr oss the state (LSUHSC-Social Work, Delgado RN-practical nursing, Livingston Parish Public Schools- CAN, PCT, BR Community college-sonography, LPN, PCT,RN, East BR Dept of EMS-EMT,)3 Offered activities to increase available healthcare providers by engaging and preparin g K-12 students in STEM and health career exploration through Field Trips and Job Shadows 4 Developed and offered High Performance Network to insurers and businesses (providing lo wer cost options through Ochsner only network product- enrollment tripled system wide in 2 014)5 Assisted community members and patients with Medicaid application process and payme nt plans Baton Rouge is an approved Medicaid application center, increased approved appli cations by 74%, number of patients funded increased 33% and amount funded increased 12% 6 Improved access to medical record information across region/providers Utilized Epic Care Everywhere and Care Elsewhere to share records increased # of records sent by 300% and # of records received by 1200% system wide)7 Improved access to critical care expertise ac ross LA utilizing E-ICU project to connect 5 hospitals including Baton Rouge to centralize d monitoring services (access to critical cared specialists 24/7) through telemedicine 8 Improved evaluation and treatment of patients with signs/symptoms of a stroke through Tel e-stroke program adding 33 new sites including Baton Rouge Provide decision support for a cute stroke patients in the ED by Ochsner Neurologists 24/7/365 9 Provided interpretation services at all locations including Language Access Network- online and teleconference ca pability 10 Utilized CMS ACO model to reduce the cost of healthcare and improve outcomes CMS Shared Savings program has demonstrated improved quality metrics system wide11 Facili tated and Supported Implementation of Affordable Insurance Exchanges in our communities by participating as a Champion for Coverage and a Certified Counselor Organization in all re gions including Baton Rouge 1500 patients were enrolled system wide 12 Utilized telemedi cine to assess and improve triage of mental health patients in the ED (partnership with OM C- Jefferson Highway)- started Aug 2014 13 Provided mental health services at Summa Ave s ite* Access to community/support services * Access to prevention education and awareness a nd * Limited number of community services due to fundingActions/3 year Implementation Plan s1 Participated in community events that encourage healthy activity and lifestyles (Adopt a schools, community walks(Heart, Kidney, ADA), school fairs, Mayor's Healthy City commit tee)2 Provided education on chronic health conditions through community education, screen ings and nurse consultations (Ferrara Health Fair, YMCA, Broadmoor Methodist Church, Livin gston Parish Gold Tournament, Iberville Parish Community Information Forum)3 Partnered wi th employers to improve the health and wellness of their employees (LWCC , Gulf Coast Bank)4 Assisted registration for free/reduced cost smoking cessation clinics for adults (fund ed through the Tobacco trust) and educated youth and adults on dangers of tobacco use (thr ough state grant)5 Increased community awareness of outreach programs available to addres s community health needs by educating patients, families and employees through Community O utreach month in the fall at all campuses, including Ochsner Baton Rouge Community Calend ar unique patient views increased system wide to over 21,000 6 Provided multiple forums f or education of community on current health topics including in person sessions and Hello Health on TV 1079 attended in person sessions system wide and 18 sessions were broadcast live on WLAE * Resident health and wellness (specific focus on chronic disease) * Preventi on and Health Education focused on Prevention of Chronic Diseases - Especially Diabetes an d Obesity * Prevention and Health Education focused on HIV/AIDS Actions/3 year Implementat ion Plans1 Provided education on chronic health conditions through community education, s creenings and nurse consultations (Ferrara Health Fair, YMCA, Broadmoor Methodist Church, Livingston Parish Gold Tournament, Iberville Parish Community Information Forum)2 Partner ed with employers to improve the health and wellness of their employees (LWCC , Gulf Coast Bank)3 Improved the health and quality of Ochsne

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Group A - Facility 2 -- Ochsner Medical Center-Baton Rouge Part V, Section B, line 11	r employees and families utilizing Pathway to Wellness and Virgin Health Miles Increased # of employees meeting goals and # of employees participating in program system wide 4 Pa rticipated in efforts to decrease premature birth rates and improve birth outcomes (LA Bir th O utcome project- breastfeeding, no elective deliveries < 39 weeks)5 Assisted registrati on for free/reduced cost smoking cessation clinics for adults (funded through the Tobacco trust) and educated youth and adults on dangers of tobacco use (through state grant)6 Pro vided multiple forums for education of community on current health topics including in per son sessions and Hello Health on TV 1079 attended in person sessions system wide and 18 s essions were broadcast live on WLAE 7 Improved evaluation and treatment of patients with signs/symptoms of a stroke through Tele-stroke program adding 33 new sites including Baton Rouge Provide decision support for acute stroke patients in the ED by Ochsner Neurologis ts 24/7/365 Need not addressed due to limited financial resources and limited availability of specialized clinical resourcesPrevention and Health Education focused on HIV/AIDS serv ices Ochsner Baton Rouge continued to work with the Mayor's Healthy Baton Rouge initiativ e to identify ways that all Baton Rouge hospitals can impact HIV/AIDs rates in the communi ty

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Group A- Facility 3 -- Ochsner Medical Center- North Shore Part V, Section B, line 11	Significant needs identified and measures taken to address those needs* Access to healthca re and medical services (i e , primary, specialty, preventive, and mental) * Access to Car e including primary, preventive and specialty * Lack of health insurance coverage * Cultu ral Barriers * Physician Shortage * Access to Mental Health ServicesActions/3 year Impleme ntation Plans1 Provided medical services in neighborhoods across region (Covington, Mande ville, Abita Springs, Slidell,)2 Increased available healthcare providers by providing cl inical training opportunities to students from multiple medical education programs across the state (LSUHSC- PA, OT, PT, Delgado- RN, Rad Tech, practical nursing, Herzing- Surg Tec h, Lenora School of Phlebotomy, Pearl River Community College-LPN, RN)3 Offered activitie s to increase available healthcare providers by engaging and preparing K-12 students in he alth career exploration through Field Trips and Job Shadows 4 Developed and offered High Performance Network to insurers and businesses (providing lower cost options through Ochsn er only network product- enrollment tripled system wide in 2014)5 Assisted community memb ers and patients with Medicaid application process and payment plans Northshore is an app roved Medicaid application center, increased approved applications by 46% 6 Improved acce ss to medical record information across region/providers Utilized Epic Care Everywhere an d Care Elsewhere to share records increased # of records sent by 300% and # of records re ceived by 1200% system wide)7 Improved access to critical care expertise across LA utiliz ing E-ICU project to connect 5 hospitals including Northshore to centralized monitoring se rvices (access to critical cared specialists 24/7) through telemedicine 8 Improved evalu ation and treatment of patients with signs/symptoms of a stroke through Tele-stroke progra m adding 33 new sites including Northshore Provide decision support for acute stroke pati ents in the ED by Ochsner Neurologists 24/7/365 9 Provided interpretation services at all locations including Language Access Network- online and teleconference capability) 10 Ut ilized CMS ACO model to reduce the cost of healthcare and improve outcomes CMS Shared Savi ngs program has demonstrated improved quality metrics system wide11 Facilitated and Suppo rted Implementation of Affordable Insurance Exchanges in our communities by participating as a Champion for Coverage and a Certified Counselor Organization in all regions including Northshore 1500 patients were enrolled system wide 12 Provided outpatient mental health services at Ochsner Slidell and Mandeville clinics13 Utilized telemedicine to assess and improve triage of mental health patients in the ED (partnership with OMC- Jefferson Highw ay)- started April 2014* Access to community/support services to sustain a healthy environ ment * Prevention Education and Awareness * Community Support Infrastructure * Access to p ublic transportation * Economic challengesActions/3 year Implementation Plans1 Provided e ducation on chronic health conditions through community education, screenings and nurse co nsultations (Diabetes Support Group, NAMI, City of Slidell, Prenatal classes, smoking cess ation)2 Provided medical services in neighborhoods across region (Covington, Mandeville, Abita Springs, Slidell,)3 Partnered with employers to improve the health and wellness of their employees (Stennis Space Center, St Tammany Parish)4 Developed and offered High Pe rformance Network to insurers and businesses (providing lower cost options through Ochsner only network product- enrollment tripled system wide in 2014)5 Increased community aware ness of outreach programs available to address community health needs by educating patient s, families and employees through Community Outreach month in the fall at all campuses, in cluding Northshore Community Calendar unique patient views increased system wide to over 21,000 6 Provided multiple forums for education of community on current health topics inc luding in person sessions and Hello Health on TV 1079 attended in person sessions system wide and 18 sessions were broadcast live on WLAE 7 Educated youth and adults on dangers o f tobacco use at numerous local schools across Orleans and Jefferson Parishes 8 Utilized Rouses supermarkets as location for health/wellness education until June 2014 when partner ship ended * Promotion of healthy lifestyles and behaviors (specific focus on chronic dise ase) * Prevention and Health Education focused on Prevention of Chronic Diseases- especial ly diabetes and obesity * Resident AccountabilityActions/3 year Implementation Plans1 Par ticipated in community events that encourage healthy activity and lifestyles (Diabetes Wal k, West Chamber Business Expo, Olde Town Pumpkin Fest)2 Provided education on chronic hea lth conditions through community education, screenings and nurse consultations (Diabetes S upport Group, NAMI, City of Slidell, Prenatal clas

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Group A - Facility 3 -- Ochsner Medical Center-North Shore Part V, Section B, line 11	ses, smoking cessation)3 Partnered with employers to improve the health and wellness of t heir employees (Stennis Space Center, St Tammany Parish)4 Educated youth and adults on d angers of tobacco use (through state grant)5 Improved the health and quality of O chsner e mployees and families utilizing Pathway to Wellness and Virgin Health Miles Increased # o f employees meeting goals and # of employees participating in program system wide 6 Parti cipated in efforts to decrease premature birth rates and improve birth outcomes (LA Birth O utcome project- breastfeeding, no elective deliveries< 39 weeks)7 Offered free/reduced c ost smoking cessation clinics for adults (funded through the Tobacco trust) through clinic at Jefferson Highway location Educated youth and adults on dangers of tobacco use at num erous local schools across Orleans and Jefferson Parishes 8 Provided multiple forums for education of community on current health topics including in person sessions and Hello Hea lth on TV 1079 attended in person sessions system wide and 18 sessions were broadcast liv e on WLAE 9 Utilized Rouses supermarkets as location for health/wellness education until June 2014 when partnership ended Need not addressed due to limited availability of special ized clinical resourcesPrevention and Health Education focused on HIV/AIDS services Ochsn er Medical Center - North Shore does offer clinical HIV/AIDS services on site however they do not provide specific outreach education on this topic

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Group A- Facility 4 -- Ochsner Baptist-A Campus of Ochsner Medi Part V, Section B, line 11	Significant needs identified and measures taken to address those needs* Access to healthca re and medical services (i e , primary, specialty, preventive, and mental) * Access to Car e including primary, preventive and specialty * Lack of health insurance coverage * Cultu ral Barriers * Physician Shortage * Access to Mental Health ServicesActions/3 year Impleme ntation Plans1 Medical services provided in neighborhoods across region (St Charles Avenu e, Midcity) Added Ob/Gyn and cardiology services to Mid-city site 2 Provided health educ ation & preventative care, urgent care services to local universities/colleges (Loyola Uni versity Student Health Center)3 Increased available healthcare providers by providing cli nical training opportunities to students from multiple medical education programs -across the state (OLOHC- RN, NP, Delgado- RN-practical nursing, sonography, rad tech, dietetic t ech, Pharm Tech, Nunez community college-practical nursing) 4 Offered activities to increa se available healthcare providers by engaging and preparing K-12 students in STEM and heal th career exploration (Field Trips, Job Shadows, Power Ties)5 Developed and offered High Performance Network to insurers and businesses (providing lower cost options through Ochsn er only network product- enrollment tripled system wide in 2014)6 Assisted community memb ers and patients with Medicaid application process and payment plans Baptist is an approv ed Medicaid application center, increased approved applications by 274%, number of patient s funded increased 45% and amount funded increased 75% 7 Improved access to medical recor d information across region/providers Utilized Epic Care Everywhere and Care Elsewhere to share records increased # of records sent by 300% and # of records received by 1200% sys tem wide)8 Improved access to critical care expertise across LA utilizing E-ICU project t o connect 5 hospitals including Baptist to centralized monitoring services (access to crit ical cared specialists 24/7) through telemedicine 9 Improved evaluation and treatment of patients with signs/symptoms of a stroke through Tele-stroke program adding 33 new sites including Baptist Provide decision support for acute stroke patients in the ED by Ochsner Neurologists 24/7/365 10 Provided interpretation services at all locations including in person, Language Access Network- online and teleconference capability) 11 Utilized CMS AC O model to reduce the cost of healthcare and improve outcomes CMS Shared Savings program h as demonstrated improved quality metrics system wide12 Facilitated and Supported Implemen tation of Affordable Insurance Exchanges in our communities by participating as a Champion for Coverage and a Certified Counselor Organization in all regions including Baptist 150 0 patients were enrolled system wide * Access to community/support services to sustain a h ealthy environment * Prevention Education and Awareness * Community Support Infrastructure * Access to public transportation * Economic challengesActions/3 year Implementation Plan s1 Participated in community events that encourage healthy activity and lifestyles (Heart Walk, Freret Fest, Broadmoor Festival,) Over 3500 participated 2 Provided education on chronic health conditions through community education, screenings and nurse consultations (6 Seminars provided along with full series of Prenatal classes)3 Partnered with communi ty organizations to improve the health and wellness of the community including the Greater New Orleans Immunization Network, EatFit NOLA (over 50 restaurants now have healthy food options available on their menus) and the City of New Orleans Fit NOLA program 4 Educated K-12 students on how to access and prepare healthy food options through a targeted after school hands-on curriculum developed by Ochsner CHOP (Cooking Up Healthy Options and Port ions) McMain Secondary school was new location for classes in 2014 5 Improved physical f itness and activity in the community by providing access to a Mobile Fitness Bus (I Can Do it Bus) through sessions with schools and through partnership with the New Orleans Pelica ns (NBA franchise) 6 Increased community awareness of outreach programs available to addr ess community health needs by educating patients, families and employees through Community Outreach month in the fall at all campuses, including Baptist Community Calendar unique patient views increased system wide to over 21,000 7 Provided multiple forums for educati on of community on current health topics including in person sessions and Hello Health on TV 1079 attended in person sessions system wide and 18 sessions were broadcast live on WL AE 8 Partnered with employers to improve the health and wellness of their employees Prov ided 4 lunch and learns and health fair to Marriott Corporate Wellness provided Hello Hea lth at work, Screenings-Place St Charles 9 Offered free/reduced cost smoking cessation cl inics for adults (funded through the Tobacco trust

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Group A-Facility 4 -- Ochsner Baptist-A Campus of Ochsner Medi Part V, Section B, line 11	) through clinic at Jefferson Highway location Educated youth and adults on dangers of to bacco use at numerous local schools across Orleans and Jefferson Parishes 10 Utilized Rou ses supermarkets as location for health/wellness education until June 2014 when partnershi p ended 11 Partnered with and supported business organizations to improve the local econo my including membership board participation (GNO Inc) * Promotion of healthy lifestyles an d behaviors (specific focus on chronic disease) * Prevention and Health Education focused on Prevention of Chronic Diseases- especially diabetes and obesity * Resident Accountabili tyActions/3 year Implementation Plans1 Provided education on chronic health conditions th rough community education, screenings and nurse consultations (6 Seminars provided along with full series of Prenatal classes)2 Partnered with employers to improve the health and wellness of their employees Provided 4 lunch and learns and health fair to Marriott Cor porate Wellness provided Hello Health at work, Screenings-Place St Charles 3 Improved the health and quality of Ochsner employees and families utilizing Pathway to Wellness and Vi rgin Health Miles Increased # of employees meeting goals and # of employees participating in program system wide 4 Participated in efforts to decrease premature birth rates and i mprove birth outcomes (LA Birth O utcome project- breastfeeding, no elective deliveries< 39 weeks)5 Offered free/reduced cost smoking cessation clinics for adults (funded through t he Tobacco trust) through clinic at Jefferson Highway location Educated youth and adults on dangers of tobacco use at numerous local schools across Orleans and Jefferson Parishes 6 Provided multiple forums for education of community on current health topics including in person sessions and Hello Health on TV 1079 attended in person sessions system wide an d 18 sessions were broadcast live on WLAE 7 Utilized Rouses supermarkets as location for health/wellness education until June 2014 when partnership ended 8 Improved physical fitn ess and activity in the community by providing access to a Mobile Fitness Bus (I Can Do it Bus) through sessions with schools and through partnership with the New Orleans Pelicans (NBA franchise) 9 Improved evaluation and treatment of patients with signs/symptoms of a stroke through Tele-stroke program adding 33 new sites including Baptist Provide decision support for acute stroke patients in the ED by Ochsner Neurologists 24/7/365 10 Partnere d with community organizations to improve the health and wellness of the community includi ng the Greater New Orleans Immunization Network, EatFit NOLA (over 50 restaurants now have healthy food options available on their menus) and the City of New Orleans Fit NOLA progr am Needs not addressed due to limited financial and limited availability of specialized cl inical resources* Access to Mental Health Services Ochsner Baptist does not have the clini cal resources to offer mental health services in their facility In order to address the m ental health needs of the Greater New Orleans community, Ochsner Health System developed a program to utilize telemedicine technology to allow for assessment of patients in Emergen cy Departments by psychiatry providers at another location This will address long waits f or patients to see providers and be connected with the services that they need The progra m utilized the Ochsner Medical Center - Northshore hospital as the pilot in 2014 and plans to expand to other locations over the next 3 years OMC-Baptist is interested in continuin g to evaluate the need for mental health services in the community and will continue to co nsider the most sustainable methods that it may offer to address the need for mental healt h services * Prevention and Health Education focused on HIV/AIDS services Ochsner Baptist does offer clinical HIV/AIDS services on site, however, they do not provide specific outr each education on this topic

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Group A-Facility 5 -- Ochsner Medical Ctr-West Bank Campus Part V, Section B, line 11	Significant needs identified and measures taken to address those needs* Access to healthca re and medical services (i e , primary, specialty, preventive, and mental) * Access to Car e including primary, preventive and specialty * lack of health insurance coverage * Cultu ral Barriers * Physician Shortage * Access to Mental Health ServicesActions/3 year Impleme ntation Plans1 Provided medical services in neighborhoods across region (Algiers, Belle C hasse, Gretna, Marrero)2 Increased available healthcare providers by providing clinical t raining opportunities to students from multiple medical education programs across the stat e (LSUHSC- Social Work, PA, Delgado- PT asst, RT, Pharm Tech, Herzing- RN, surg tech,)3 O ffered activities to increase available healthcare providers by engaging and preparing K-1 2 students in STEM and health career exploration through Field Trips and Job Shadows 4 Pr ovided access to healthcare through School based health centers at local high schools par tnership with Ehret High School to provide NP on site saw 3428 visits, increase of 20% fro m 2013 5 Developed and offered High Performance Network to insurers and businesses (provi ding lower cost options through Ochsner only network product- enrollment tripled system wi de in 2014)6 Assisted community members and patients with Medicaid application process an d payment plans Westbank is an approved Medicaid application center, increased approved a pplications by 22%, number of patients funded increased 12% and amount funded increased 10 % 7 Improved access to medical record information across region/providers Utilized Epic Care Everywhere and Care Elsewhere to share records increased # of records sent by 300% a nd # of records received by 1200% system wide)8 Improved access to critical care expertis e across LA utilizing E-ICU project to connect 5 hospitals including Westbank to centraliz ed monitoring services (access to critical cared specialists 24/7) through telemedicine 9 Improved evaluation and treatment of patients with signs/symptoms of a stroke through Te le-stroke program adding 33 new sites including Westbank Provide decision support for ac ute stroke patients in the ED by Ochsner Neurologists 24/7/365 10 Provided interpretation services at all locations including Language Access Network- online and teleconference ca pability) 11 Utilized CMS ACO model to reduce the cost of healthcare and improve outcomes CMS Shared Savings program has demonstrated improved quality metrics system wide12 Facil itated and Supported Implementation of Affordable Insurance Exchanges in our communities b y participating as a Champion for Coverage and a Certified Counselor Organization in all r egions including Westbank 1500 patients were enrolled system wide 13 Provided outpatient mental health services at Westbank clinic * Access to community/support services to susta in a healthy environment * Prevention Education and Awareness * Community Support Infrastr ucture * Access to public transportation * Economic challengesActions/3 year Implementatio n Plans1 Provided education on chronic health conditions through community education, scr eenings and nurse consultations (ReNew Woodmere community event, Baby and Child Expo, Mare rro/Harvey Senior Center, Estelle Senior Center, Prenatal classes)2 Provided access to he althcare through School based health centers at local high schools partnership with Ehret High School to provide NP on site saw 3428 visits, increase of 20% from 2013 3 Through p artnership with JPPSS encouraged education about healthy lifestyles and improve student an d teacher wellness (JPPSS employee health fair, Ehret teacher health fair, Ehret Student W ellness month activities) 4 Partnered with employers to improve the health and wellness o f their employees (Belle Chasse Academy, Oakwood Corp building, Chevron Ornite-Oakpoint)5 Partnered with community organizations to improve the health and wellness of the communi ty including the Greater New Orleans Immunization Network, EatFit NOLA (over 50 restaurant s now have healthy food options available on their menus) and the City of New Orleans Fit NOLA program 6 Educated K-12 students on how to access and prepare healthy food options t hrough a targeted after school hands-on curriculum developed by Ochsner CHOP (Cooking Up Healthy Options and Portions) Belle Chasse YMCA and Ellender Middle school were 2 locatio ns in 2014 7 Improved physical fitness and activity in the community by providing access to a Mobile Fitness Bus (I Can Do it Bus) through sessions with schools and through partne rship with the New Orleans Pelicans (NBA franchise) 8 Increased community awareness of ou treach programs available to address community health needs by educating patients, familie s and employees through Community Outreach month in the fall at all campuses, including Ba ptist Community Calendar unique patient views increased system wide to over 21,000 9 Pro vided multiple forums for education of community o

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Group A-Facility 5 -- Ochsner Medical Ctr-West Bank Campus Part V, Section B, line 11	n current health topics including in person sessions and Hello Health on TV 1079 attended in person sessions system wide and 18 sessions were broadcast live on WLAE 10 Offered fr ee/reduced cost smoking cessation clinics for adults (funded through the Tobacco trust) th rough clinic at Jefferson Highway location Educated youth and adults on dangers of tobacc o use at numerous local schools across Orleans and Jefferson Parishes 11 Utilized Rouses supermarkets as location for health/wellness education until June 2014 when partnership en ded 12 Assisted in Attaining and Maintaining BLS, ACLS, PALS certification for Community members13 Partnered with and support business organization to improve the local economy (GNO Inc, JEDCO, Jefferson Chamber)*Promotion of healthy lifestyles and behaviors (specific focus on chronic disease) *Prevention and Health Education focused on Prevention of Chron ic Diseases- especially diabetes and obesity *Resident AccountabilityActions/3 year Implem entation Plans1 Provided education on chronic health conditions through community educati on, screenings and nurse consultations (ReNew Woodmere community event, Baby and Child Exp o, Marerro/Harvey Senior Center, Estelle Senior Center, Prenatal classes)2 Partnered with employers to improve the health and wellness of their employees (Belle Chasse Academy, Oa kwood Corp building, Chevron Ornite-Oakpoint)3 Educated K-12 students on how to access a nd prepare healthy food options through a targeted after school hands-on curriculum develo ped by Ochsner CHOP (Cooking Up Healthy Options and Portions) Belle Chasse YMCA and Elle nder Middle school were 2 locations in 2014 4 Through partnership with JPPSS encouraged e ducation about healthy lifestyles and improve student and teacher wellness (JPPSS employee health fair, Ehret teacher health fair, Ehret Student Wellness month activities) 5 Impro ved the health and quality of Ochsner employees and families utilizing Pathway to Wellness and Virgin Health Miles Increased # of employees meeting goals and # of employees partic ipating in program system wide 6 Participated in efforts to decrease premature birth rate s and improve birth outcomes (LA Birth Outcome project- breastfeeding, no elective deliver ies< 39 weeks)7 Offered free/reduced cost smoking cessation clinics for adults (funded th rough the Tobacco trust) through clinic at Jefferson Highway location Educated youth and adults on dangers of tobacco use at numerous local schools across Orleans and Jefferson Pa rishes 8 Provided multiple forums for education of community on current health topics inc luding in person sessions and Hello Health on TV 1079 attended in person sessions system wide and 18 sessions were broadcast live on WLAE 9 Utilized Rouses supermarkets as locati on for health/wellness education until June 2014 when partnership ended 10 Improved physi cal fitness and activity in the community by providing access to a Mobile Fitness Bus (I C an Do it Bus) through sessions with schools and through partnership with the New Orleans P elicans (NBA franchise) 11 Partnered with community organizations to improve the health a nd wellness of the community including the Greater New Orleans Immunization Network, EatFi t NOLA (over 50 restaurants now have healthy food options available on their menus) and th e City of New Orleans Fit NOLA program Need not addressed due to limited financial resourc es and limited availability of specialized clinical resourcesPrevention and Health Educati on focused on HIV/AIDS services Ochsner Medical Center Westbank does offer clinical HIV/A IDS services on site They do provide outreach education on this topic to high school stud ents at Ehret High School's School Based Health Center through their partnership with the Jefferson Parish school system

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Group A-Facility 6 -- Ochsner St Anne General Hospital Part V, Section B, line 11	Significant needs identified and measures taken to address those needs* Access to healthca re and medical services (i e , primary, preventive, and specialty) * Access to Care inclu ding primary, preventive and specialty * Lack of health insurance coverageActions/3 year I mplementation Plans1 Provided medical services in neighborhoods across region (Raceland, Lockport, Galliano) and specialty clinics at St Anne 2 Ensured continuation of medical se rvices at Chabert Hospital by providing management services- provides safety net services for uninsured and underinsured in the region Partnerships developed to share services 3 Increased available healthcare providers by providing clinical training opportunities to s tudents from multiple medical education programs across the state (Univ of So Alabama- RN -BSN, RN-MSN, PA, South Central Technical College-Surg tech, Delgado- dietetic tech, Fletc her Technical Community College- LPN, RN, phlebotomy, Herzing College-surg tech)4 Offered activities to increase available healthcare providers by engaging and preparing K-12 stud ents in STEM and health career exploration through Field Trips and Job Shadows 5 Develope d and offered High Performance Network to insurers and businesses (providing lower cost op tions through Ochsner only network product-enrollment tripled system wide in 2014)6 Assi sted community members and patients with Medicaid application process and payment plans S t Anne is an approved Medicaid application center 90% increase in applications approved 7 Improved access to medical record information across region/providers Utilized Epic Ca re Everywhere and Care Elsewhere to share records increased # of records sent by 300% and # of records received by 1200% system wide)8 Improved evaluation and treatment of patien ts with signs/symptoms of a stroke through Tele-stroke program adding 33 new sites includi ng St Anne Provide decision support for acute stroke patients in the ED by Ochsner Neuro logists 24/7/365 9 Provided interpretation services at all locations including, Language Access Network- online and teleconference capability) 10 Utilized CMS ACO model to reduce the cost of healthcare and improve outcomes CMS Shared Savings program has demonstrated i mproved quality metrics system wide11 Facilitated and Supported Implementation of Afforda ble Insurance Exchanges in our communities by participating as a Champion for Coverage and a Certified Counselor Organization in all regions including St Anne 1500 patients were enrolled system wide 12 Provided inpatient and outpatient mental health services at Ochsn er St Anne * Access to community/support services to sustain a healthy environment * Acces s to public transportation * Economic challengesActions/3 year Implementation Plans1 Ensu red continuation of medical services at Chabert Hospital by providing management services- provides safety net services for uninsured and underinsured in the region, preserving 700 jobs2 Provided education on chronic health conditions through community education, scree nings and nurse consultations (Senior Citizens centers (Grand Isle, LaRose, Bayou Blue, Ra celand), Community Health Fair, Women's Expo, diabetes support groups, prenatal classes)3 Increased community awareness of outreach programs available to address community health needs by educating patients, families and employees through Community Outreach month in th e fall at all campuses, including St Anne Community Calendar unique patient views increa sed system wide to over 21,000 4 Provided multiple forums for education of community on c urrent health topics including in person sessions and Hello Health on TV 1079 attended in person sessions system wide and 18 sessions were broadcast live on WLAE 5 Partnered with employers to improve the health and wellness of their employees (OxyChem, Lafourche paris h government, Lafourche Council on Aging, Bollinger)6 Utilized CMS ACO model to reduce th e cost of healthcare and improve outcomes CMS Shared Savings program has demonstrated impr oved quality metrics system wide7 Provided medical services in neighborhoods across regio n (Raceland, Lockport, Galliano) and specialty clinics at St Anne *Residents Health and We llness (specific to chronic disease) * Prevention and Health Education and Resident Accoun tabilityActions/3 year Implementation Plans1 Provided education on chronic health conditi ons through community education, screenings and nurse consultations (Senior Citizens cente rs (Grand Isle, LaRose, Bayou Blue, Raceland), Community Health Fair, Women's Expo, Breast Health grant program, CPR classes, prenatal classes)2 Participated in community events t hat encourage healthy activity and lifestyles (Race for the Cure,)3 Partnered with employ ers to improve the health and wellness of their employees (OxyChem, Lafourche parish gover nment, Lafourche Council on Aging, Bollinger)4 Assisted registration for free/reduced cos t smoking cessation clinics for adults (funded thr

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Group A-Facility 6 -- Ochsner St Anne General Hospital Part V, Section B, line 11	ough the Tobacco trust) and educated youth and adults on dangers of tobacco use (through s tate grant)5 Improved the health and quality of Ochsner employees and families utilizing Pathway to Wellness and Virgin Health Miles Increased # of employees meeting goals and # of employees participating in program system wide 6 Participated in efforts to decrease p remature birth rates and improve birth outcomes (LA Birth Outcome project- breastfeeding, no elective deliveries< 39 weeks)7 Provided multiple forums for education of community on current health topics including in person sessions and Hello Health on TV 1079 attended in person sessions system wide and 18 sessions were broadcast live on WLAE 8 Utilized Rou ses supermarkets as location for health/wellness education until June 2014 when partnershi p ended

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Group A-Facility 7 -- Ochsner Medical Ctr-Elmwood Campus Part V, Section B, line 11	The CHNA for Ochsner Medical Center-Elmwood Campus was done in conjunction with that of Ochsner Medical Center Please see Part V, Section B, Line 11 for Ochsner Medical Center

Form 990 Schedule H, Part V Section D. Other Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility
(list in order of size, from largest to smallest)

How many non-hospital health care facilities did the organization operate during the tax year?
_____

Name and address	Type of Facility (describe)
Ochsner Medical Center-Main Campus 1514-16 Jefferson Highway New Orleans, LA 70121	Clinic
Ochsner Medical Center - Kenner 180 West Esplanade Ave Kenner, LA 70065	Clinic
Ochsner Health Center-Ochsner Baptist 2626-2820 Napoleon Ave New Orleans, LA 70115	Clinic
Ochsner Health Center-Baton Rouge Summa 9001 Summa Ave Baton Rouge, LA 70809	Clinic
Ochsner Baptist Medical Center (Clara) 2700 Napoleon Ave New Orleans, LA 70115	Clinic
Ochsner Health Center-Covington 1000 Ochsner Boulevard Covington, LA 70433	Clinic
Ochsner Health Ctr-Baton Rouge (Summa) 9001 Summa Ave Baton Rouge, LA 70809	Clinic
Ochsner Health Ctr-Baton Rouge 16777 17000 17050 Medical Center Dr Baton Rouge, LA 70816	Clinic
Ochsner Health Ctr For Children 1315 Jefferson Highway New Orleans, LA 70121	Clinic
Elmwood Medical Office Building 1201 S Clearview Pkwy New Orleans, LA 70121	Clinic
Ochsner Health Center-Metairie 2005 Veterans Blvd Metairie, LA 70002	Clinic
Ochsner Orthopedic Health Center-Slidell 104 Medical Center Drive Slidell, LA 70461	Clinic
Ochsner Kenner Medical Office Building 200 West Esplanade Ave Kenner, LA 70065	Clinic
Ochsner Health Center-Baptist Napoleon 4429 Clara Street New Orleans, LA 70115	Clinic
Ochsner Health Ctr-Kenner (W Esplanade) 200 West Esplanade Ave Kenner, LA 70065	Clinic

Form 990 Schedule H, Part V Section D. Other Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility
(list in order of size, from largest to smallest)

How many non-hospital health care facilities did the organization operate during the tax year?
_____

Name and address	Type of Facility (describe)
Ochsner Health Ctr-Primary CareWellness 1401 Jefferson Hwy Rear Bldg New Orleans, LA 70121	Clinic
Ochsner Health Center-Lapalco 4225 Lapalco Blvd Marrero, LA 70072	Clinic
Ochsner Health Center-Driftwood 2120 Driftwood Blvd Kenner, LA 70065	Clinic
Ochsner Lieselotte Tansey Breast Center 1319 Jefferson Highway New Orleans, LA 70121	Clinic
Ochsner Health Center-Slidell 2750 E Gause Blvd Slidell, LA 70461	Clinic
Elmwood Fitness Center-Elmwood 1200 S Clearview Pkwy New Orleans, LA 70123	Clinic
Ochsner Health Center-Central 11424-2 Sullivan Rd Central, LA 70818	Clinic
Ochsner Health Center-Hammond 41676 Veterans Ave Hammond, LA 70403	Clinic
Ochsner Womens and Children's Health Ctr 101 East Fairway Dr Suites 301 302 Covington, LA 70433	Clinic
Ochsner Children's Health Center 4901 Veterans Memorial Blvd Metairie, LA 70001	Clinic
Outpatient Surgery Suite 103 Medical Center Drive Slidell, LA 70461	Clinic
Baptist McFarland Medical Office Bldg 4429 Clara Street New Orleans, LA 70115	Clinic
Ochsner St Anne Fmly Dr Clinic-Matthews 111 Acadia Dr Raceland, LA 70394	Clinic
Ochsner Health Center-Prairieville 16222 Airline Hwy Ste A Prairieville, LA 70769	Clinic
Ochsner Physical Therapy-Metairie 850 Veterans Blvd Metairie, LA 70005	Clinic

Form 990 Schedule H, Part V Section D. Other Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility
(list in order of size, from largest to smallest)

How many non-hospital health care facilities did the organization operate during the tax year?
_____

Name and address	Type of Facility (describe)
Ochsner Hlth Cntr-Baton Rouge Jefferson 8150 Jefferson Hwy Baton Rouge, LA 70809	Clinic
Ochsner St Anne General Women's Health 104 Acadia Park Dr Raceland, LA 70394	Clinic
Ochsner Health Center - Lakeview 101 West Robert E Lee Suite 201 New Orleans, LA 70124	Clinic
Ochsner Research and Academics 1401 Jefferson Hwy Front Bldg New Orleans, LA 70121	Clinic
Ochsner Outpatient Rehabilitation-Harvey 3820 Lapalco Blvd Harvey, LA 70058	Clinic
Ochsner Health Center-Denham Springs 30819 LA Hwy 16 Denham Springs, LA 70726	Clinic
Ochsner Health Center-Algiers 3401 Behrman Place Algiers, LA 70114	Clinic
Ochsner Specialty Health Center-Slidell 1850 Gause Blvd East Ste 101 102 Slidell, LA 70458	Clinic
Ochsner Health Center-Mandeville 2810 East Causeway Approach Mandeville, LA 70448	Clinic
Ochsner Health Cntr For Children-Slidell 2370 E Gause Blvd Slidell, LA 70461	Clinic
Ochsner Heart and Vascular Health Center 16045 Doctors Blvd Hammond, LA 70403	Clinic
Ochsner Health Center-Gretna 441 Wall Blvd Gretna, LA 70056	Clinic
Ochsner Children's Health Cntr-Destrehan 1970 Ormond Boulevard Destrehan, LA 70047	Clinic
Ochsner Health Center-Mid-City 411 N Carrollton Ave Ste 4 New Orleans, LA 70119	Clinic
Ochsner Health Center-Luling 1057 Paul Maillard Rd Luling, LA 70070	Clinic

Form 990 Schedule H, Part V Section D. Other Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility
(list in order of size, from largest to smallest)

How many non-hospital health care facilities did the organization operate during the tax year?
_____

Name and address	Type of Facility (describe)
Ochsner Health Center-Abita Springs 22070 Highway 59 Suite C Abita Springs, LA 70420	Clinic
Ochsner St Anne General Hlth Cntr 1015 Crescent Ave Lockport, LA 70374	Clinic
Ochsner Hlth Cntr-W Bank (Meadowcrest) 120 Meadowcrest St Gretna, LA 70056	Clinic
Ochsner Health Center-Belle Chasse 7772 Belle Chasse Hwy Belle Chasse, LA 70037	Clinic
Ochsner Health Center - Sherwood 170 McGehee Baton Rouge, LA 70815	Clinic
Elmwood Fitness Center (Heritage Plza) 111 Veterans Blvd Metairie, LA 70005	Clinic
Ochsner Health Center-Harding 7855 Howell Place Blvd Baton Rouge, LA 70807	Clinic
Ochsner St Anne Gnrl Behavioral Health 4608 Hwy 1 Raceland, LA 70394	Clinic
Elmwood Fitness Center-Downtown 701 Poydras Street Annex New Orleans, LA 70139	Clinic
Ochsner Health Center-Denham Springs S 139 Veterans Denham Springs, LA 70726	Clinic
Kidsports-Elmwood Fitness Center 1200 S Clearview Pkwy New Orleans, LA 70123	Clinic
Ochsner Health Center - St James 1731 Lutcher Ave Lutcher, LA 70071	Clinic
Ochsner Health Center-Slidell West 2104 Gause Blvd West Slidell, LA 70460	Clinic
Elmwood Gymnastics Academy 700 Elmwood Park Blvd New Orleans, LA 70123	Clinic
Ochsner Health Center-Plaquemine 24730 Plaza Dr Plaquemine, LA 70764	Clinic

Form 990 Schedule H, Part V Section D. Other Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility
(list in order of size, from largest to smallest)

How many non-hospital health care facilities did the organization operate during the tax year? _____

Name and address	Type of Facility (describe)
Ochsner Health Cntr-Slidell (Northshore) 105 Medical Center Dr Slidell, LA 70461	Clinic
Elmwood Fitness Center-Kenner 200 West Esplanade Suite 112 Kenner, LA 70065	Clinic
Ochsner St Anne General Women's Health 195 West 134th St Cut Off, LA 70345	Clinic
Elmwood Fitness Center-Brent House 1512 Jefferson Hwy New Orleans, LA 70121	Clinic
Ochsner St Anne General Health Cntr 106 Cypress St Raceland, LA 70394	Clinic
Ochsner Health Center-Eyecare Iberville 25420 LA Hwy 1 Plaquemine, LA 70764	Clinic
Leonard J Chabert Medical Center 1978 Industrial Blvd Houma, LA 70363	Clinic
Ochsner Specialty Health Cntr-Children 107 Smart Pl Slidell, LA 70458	Clinic

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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.**

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

OMB No 1545-0047

2014

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 Domestic Organizations and Domestic Governments.

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

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

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . ▶ 16

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

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

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

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

Return Reference	Explanation
Part I, Line 2	The organization maintains records to substantiate the amount of grants and assistance through a grant application process Grantees' ability to perform is vouched 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

Additional Data

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

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC 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
Louisiana State University 433 Bolivar New Orleans, LA 70112	72-6087770	501(c)(3)	20,248				General Grant Support

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC 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
Louisiana Academy of Family Physicians Foundation919 Tara Blvd Baton Rouge, LA 70806	72-0474962	501(c)(3)	40,000				Donation

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC 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
Jefferson Dollars for Scholars 3330 N Causeway Blvd Suite 429 Metairie, LA 70002	41-1756360	501(c)(3)	10,000				Workforce Development

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC 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
Algiers Economic Development Foundation 3520 General DeGaulle Dr Ste 3110 New Orleans, LA 70114	72-1275640	501(c)(3)	6,250				Economic Development

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC 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
American Cancer Society 250 Williams Street Atlanta, GA 30303	13-1788491	501(c)(3)	16,750				Sponsored fundraising events

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC 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
American Heart Association 110 Veterans Memorial Blvd 160 Metairie, LA 70005	13-5613797	501(c)(3)	26,400				Sponsored fundraising events

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC 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
Committee of 100257 Park Avenue South 19th Fl New York, NY 10010	13-3627542	501(c)(3)	10,000				Advocacy

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC 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
Great 100 Nurses Foundation2748 Metairie Lawn Drive Metairie, LA 70002	46-5606080	501(c)(3)	6,000				Sponsored fundraising events

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC 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
Hospice Foundation of the South501 Robert Blvd 304 Slidell, LA 70458	72-1484313	501(c)(3)	10,000				Sponsored fundraising events

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC 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
Jazz on the Bayou Easter Seals1010 Common St Suite 2440 New Orleans, LA 70112	72-0968026	501(c)(3)	10,000				Sponsored fundraising events

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC 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
Junior League of Greater Covington1256 Bluewater Dr Mandeville,LA 70471	72-0838764	501(c)(3)	10,000				Sponsored fundraising events

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC 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
Legacy Donor Foundation 1440 Canal St New Orleans, LA 70112	72-1454097	501(c)(3)	7,500				Sponsored fundraising events

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC 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
Mayor's Healthy City Initiative222 Saint Louis Street 3rd Floor Baton Rouge, LA 70802	27-2515190	501(c)(3)	6,667				Sponsored fundraising events

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC 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
National Kidney Foundation of Louisiana8200 Hampton St Ste 425 New Orleans, LA 70118	72-0649707	501(c)(3)	5,500				Sponsored fundraising events

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC 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
Northshore Community Foundation610 Hollycrest Boulevard Covington, LA 70433	61-1517784	501(c)(3)	12,500				Sponsored fundraising events

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC 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
St Tammany West Chamber of Commerce610 Hollycrest Blvd Covington, LA 70433	72-0573742	501(c)(6)	10,145				Economic Development

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
United Way of St Tammany 800 N Causeway Blvd Mandeville,LA 70448	72-0471369	501(c)(3)	5,500				Sponsored fundraising events

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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, line 23.**

▶ **Attach to Form 990.**

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

OMB No 1545-0047

2014

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 or provision of all of the expenses described above? If "No," complete Part III to explain	**1b**		No
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?	**2**		No
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III			
	☑ Compensation committee	☑ Written employment contract		
	☑ Independent compensation consultant	☑ Compensation survey or study		
	☐ Form 990 of other organizations	☑ Approval by the board or compensation committee		
4	During the year, did any person listed 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), 501(c)(4), and 501(c)(29) organizations 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**	Yes	
b	Any related organization?	**6b**	Yes	
	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 Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III	**8**		No
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	**9**		

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

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

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

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

Part III Supplemental Information

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

Return Reference	Explanation
Part I, Line 1a	Ochsner's travel policy allows employees to fly first-class under certain circumstances, such as when other seating is not available or for trans-oceanic flights Ochsner hosts an annual retreat for its Board of Directors, and the Directors' spouses are invited Ochsner provided travel and accommodations for some of the Board members' spouses Such benefits were reported as compensation to the recipients
Part I, Lines 4a-b	Part I, Line 4a Joan K Mollohan received a severance payment in the amount of $116,223 68 from Ochsner Health System Part I, Line 4b The following people participate in a Supplemental Executive Retirement Plan (SERP) which is part of the terms and conditions of their employment contracts with Ochsner Health System and Ochsner Clinic Foundation 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 This benefit is funded in a Trust Account with Capital One Bank Following is a list of participants, any distributions made in 2014 and the increase in actuarial value during 2014, which is included within Schedule J, Part II, Column C * Warner Thomas, President and Chief Executive, no distribution, increase in actuarial value of $44,608 * Patrick Quinlan, M D , Former Chief Executive Officer, distribution in the amount of $2,071,693, increase in actuarial value of $296 * Michael Hulefeld, Executive Vice President and Chief Operating Officer, no distribution, increase in actuarial value of $73,118 * Scott Posecai, Executive Vice President and Chief Financial Officer, no distribution, no increase in actuarial value * Bobby Brannon, Executive Vice President and Treasurer, no distribution, no increase in actuarial value Joseph Bisordi, M D , Executive Vice President and Chief Medical Officer, participates in a Non-Qualified supplemental plan which is part of the terms and conditions of his employment contract with Ochsner Health System The retirement calculation is a defined amount as a percent of base pay, calculated annually, and is earned in two vesting periods, one on March 31, 2013, age 63, and one following age 67 on September 18, 2016 This benefit is funded in a Trust Account with Capital One Bank Dr Bisordi received a distribution of $86,103 in 2014 The increase in actuarial value was $75,000 The following people participate in a 457(f) non-qualified, unfunded, deferred compensation plan, which was established in 2010 The Plan allows for discretionary initial contributions, vesting begins at age 55 The most recent three years are subject to forfeiture until the attainment of age 65 Annual fixed contributions are individually based and are targeted to replace the benefit that would have been received from the frozen Ochsner Clinic Retirement Plan had the plan continued until the participant attained age 65 The contribution is offset by actual retirement benefit and benefit received in the OCF 401(k) Plan Following is a list of participants, any distributions made in 2014 and the increase in actuarial value during 2014, which is included within Schedule J, Part II, Column C * Pedro Cazabon, M D , AMD-N O Reg, no distribution, increase in actuarial value of $5,304 * Ralph Dauterive, M D , VPMA, distribution in the amount of $20,709, increase in actuarial value of $17,890 * Steven Deitelzweig, M D , Service Line Leader, no distribution, increase in actuarial value of $5,855 * Richard Guthrie, Jr , M D , Chief Quality Officer, no distribution, increase in actuarial value of $5,872 * Deryk Jones, M D , Section Head, no distribution, increase in actuarial value of $3,315 * Dennis Kay, M D , Service Line Leader, distribution in the amount of $24,139, increase in actuarial value of $20,852 * George Loss, M D , AMD-N O Reg, no distribution, increase in actuarial value of $3,415 * Ernest E Martin, Jr , M D , Reg Med Dir - N S Reg, distribution in the amount of $15,323, increase in actuarial value of $13,236 * Jose Mena, M D , Senior Physician, distribution in the amount of $8,511, increase in actuarial value of $7,352 * Richard Milani, M D -Chief Clinical Transformation, distribution in the amount of $24,744, increase in actuarial value of $21,375 * Dawn Puente, Reg Med Dir-Kenner Reg, distribution in the amount of $18,887, increase in actuarial value of $7,959 * Dana Smetherman, M D , Vice Chair, no distribution, increase in actuarial value of $6,518 * David E Taylor, M D , Chair, no distribution, increase in actuarial value of $4,542 The following people participate in a 457(f) non-qualified, unfunded, deferred compensation plan, which was adopted in 2013 The Plan allows for discretionary initial contributions, subject to a two-year vesting requirement, annual fixed contributions based on a percent of base pay and subject to a three-year vesting requirement, and annual discretionary contributions based on a percent of base pay or a flat-dollar amount and subject to a three-year vesting requirement Following is a list of participants, any distributions made in 2014 and the increase in actuarial value during 2014, which is included within Schedule J, Part II, Column C * Polly Davenport, CEO-NS Region, no distribution, increase in actuarial value of $15,000 * Richard Guthrie, Jr , M D , Chief Quality Officer, no distribution, increase in actuarial value of $19,875 * Robert Hart, M D , Reg Med Dir - N O Reg, no distribution, increase in actuarial value of $41,500 * Ernest E Martin, Jr , M D , Reg Med Dir - N S Reg, no distribution, increase in actuarial value of $16,000 * Eric McMillen, CEO- BR Region, no distribution, increase in actuarial value of $13,500 * Richard Milani, M D -Chief Clinical Transformation, no distribution, increase in actuarial value of $24,250 * Peter November, EVP & Chief Admin Officer, no distribution, increase in actuarial value of $60,800 * William W Pinsky, M D , EVP/Chief Academic Officer, distribution in the amount of $32,161, increase in actuarial value of $32,161 * Dawn Puente, Reg Med Dir-Kenner Reg, no distribution, increase in actuarial value of $15,750 * Robert Wolterman, CEO OMC-Jeff Hwy, no distribution, increase in actuarial value of $19,750
Part I, Line 6	The Physician and Executive Compensation Committee of the Ochsner Clinic Foundation Board of Directors reviews and approves all officer executive incentive plans, which include those for the Officers the President and CEO, COO, CFO, Treasurer, Regional Medical Directors, and Executive Vice Presidents All the incentive payouts are audited by the Board Internal Audit Committee For the 2013 incentive plan, which was paid in 2014, there were seven weighted components a System Financial Metric which consists of Operating Margin, a Human Capital Metric consisting of turnover results, a Patient Satisfaction Metric, three Quality Metrics based on the provision of all recommended care and mortality and complication indexes, and a subjective metric based on their personal performance targets Annually, the officers of Ochsner Health System review and approve executive incentive plans for the executive and physician leadership group The plans are developed similar to the officer incentive plans with weighted components, including a subjective metric The subjective metric is assigned by the officer responsible for the executive or physician leader as their direct report and the CEO approves all bonuses for this group of management All bonus amounts are provided in Schedule J Part II in Column B(ii)
Part I, Line 7	Subjective components of incentive plan are described in description of Part I, Line 6 In addition, several non-fixed payments were made in 2014 The following were included in Schedule J Part II in Column B(ii) retention bonus, Academic productivity allocation, and the Cardiology compensation plan

Additional Data

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 and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred in prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 Pedro Cazabon MD, Board Member Sr Phys	(I)	281,031	32,959	3,958	28,575	15,596	362,119	0
	(II)	0	0	0	0	0	0	0
1 F Ralph Dauterive MD, Board Member Sr Phys	(I)	321,087	42,906	22,947	50,095	16,849	453,884	20,709
	(II)	0	0	0	0	0	0	0
2 Richard Deichmann MD, Board Member Sr Phys	(I)	229,076	11,251	11,664	47,300	11,985	311,276	3,400
	(II)	0	0	0	0	0	0	0
3 Dennis Kay MD, Board Member Sr Phys	(I)	616,927	12,500	27,960	45,152	15,176	717,715	24,139
	(II)	0	0	0	0	0	0	0
4 George Loss MD PhD, Board Member Sr Phys	(I)	845,682	22,000	1,731	50,715	19,642	939,770	0
	(II)	0	0	0	0	0	0	0
5 Richard Milani MD, Board Member Sr Phys	(I)	497,625	107,631	37,205	92,093	18,174	752,728	24,744
	(II)	0	0	0	0	0	0	0
6 Patrick J Quinlan MD, Board Member Ex Officio	(I)	0	0	0	0	0	0	0
	(II)	912,700	340,000	2,110,474	47,596	16,179	3,426,949	2,071,693
7 Dana Smetherman MD, Board Member Sr Phys	(I)	542,399	0	2,028	34,225	18,409	597,061	0
	(II)	0	0	0	0	0	0	0
8 David E Taylor MD, Board Member Sr Phys	(I)	343,328	21,000	1,731	51,842	18,409	436,310	0
	(II)	0	0	0	0	0	0	0
9 Warner L Thomas, CEO / Board Member	(I)	0	0	0	0	0	0	0
	(II)	947,117	525,000	25,319	86,408	21,856	1,605,700	0
10 Michael F Hulefeld, EVP & COO	(I)	0	0	0	0	0	0	0
	(II)	533,823	225,014	12,098	97,418	25,158	893,511	0
11 Scott J Posecai, EVP & CFO	(I)	0	0	0	0	0	0	0
	(II)	556,864	253,708	26,441	47,300	12,177	896,490	0
12 Peter November, Secretary Exec VP CAO	(I)	0	0	0	0	0	0	0
	(II)	381,486	90,129	4,068	87,183	16,747	579,613	0
13 Bobby C Brannon, EVP & Treasurer	(I)	436,853	198,179	42,059	29,800	16,687	723,578	0
	(II)	0	0	0	0	0	0	0
14 Joseph E Bisordi MD, Exec VP Chief Medical Officer	(I)	0	0	0	0	0	0	0
	(II)	572,861	200,906	22,718	133,403	11,965	941,853	0
15 Polly Davenport, CEO-North Shore Region	(I)	294,717	72,501	4,474	43,460	12,765	427,917	0
	(II)	0	0	0	0	0	0	0
16 Steven B Deitelzweig MD, Sr Physician, Svc Line Ldr, Hospital	(I)	362,063	36,612	1,950	35,655	20,674	456,954	0
	(II)	0	0	0	0	0	0	0
17 Richard D Guthrie Jr MD, Reg Med Dir, N O Reg	(I)	392,180	47,580	4,501	73,047	13,207	530,515	0
	(II)	0	0	0	0	0	0	0
18 Robert Hart MD, Reg Med Dir, B R Reg	(I)	0	0	0	0	0	0	0
	(II)	327,189	78,750	3,270	88,800	6,952	504,961	0
19 Ernest E Martin Jr MD, Reg Med Dir - N S Reg	(I)	317,215	76,875	20,411	53,721	12,050	480,272	15,323
	(II)	0	0	0	0	0	0	0

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred in prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
21 J Eric McMillen, CEO, Baton Rouge Region	(I)	260,940	86,253	3,310	37,800	10,828	399,131	0
	(II)	0	0	0	0	0	0	0
1 William W Pinsky MD, Exec VP/Chief Academic Officer	(I)	399,859	82,413	50,346	70,371	12,943	615,932	32,161
	(II)	0	0	0	0	0	0	0
2 Dawn Puente MD, Reg Med Dir, NO Comm Hosp	(I)	0	0	0	0	0	0	0
	(II)	306,762	43,613	22,892	53,509	15,064	441,840	18,887
3 Armin Schubert MD, VPMA-OMC-Jeff Hwy	(I)	490,171	22,000	2,776	47,300	15,360	577,607	0
	(II)	0	0	0	0	0	0	0
4 Robert Wolterman, CEO OMC-Jeff Hwy	(I)	0	0	0	0	0	0	0
	(II)	384,696	44,717	4,006	44,050	15,163	492,632	0
5 Cuong Bui MD, Sr Physician	(I)	865,310	10,000	893	13,369	12,895	902,467	0
	(II)	0	0	0	0	0	0	0
6 Benjamin Guevara MD, Physician Vice Lead, Sports Med	(I)	579,932	285,727	1,135	26,847	15,628	909,269	0
	(II)	0	0	0	0	0	0	0
7 Deryk G Jones MD, Sr Physician, Section Head, Sports M	(I)	920,675	0	2,236	50,615	14,809	988,335	0
	(II)	0	0	0	0	0	0	0
8 Jose Mena MD, Sr Physician	(I)	596,789	68,462	274,306	37,152	18,174	994,883	8,511
	(II)	0	0	0	0	0	0	0
9 Olawale Sulaiman MD, Sr Physician, Chair, Neurosurgery	(I)	866,371	13,500	476	15,729	15,831	911,907	0
	(II)	0	0	0	0	0	0	0
10 Scott Boudreaux, Former Key Employee	(I)	0	0	0	0	0	0	0
	(II)	279,623	0	4,923	26,882	15,909	327,337	0
11 Lisa S Colletti, Former Key Employee	(I)	208,330	22,404	2,228	15,875	1,520	250,357	0
	(II)	0	0	0	0	0	0	0
12 Mark French, Former Key Employee	(I)	211,897	22,365	1,553	21,614	18,421	275,850	0
	(II)	0	0	0	0	0	0	0
13 Patrick Shannon, Former Key Employee	(I)	0	0	0	0	0	0	0
	(II)	188,297	18,958	978	24,300	1,601	234,134	0
14 Beth E Walker, Former Key Employee	(I)	210,946	22,000	1,394	24,300	6,637	265,277	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 Part VI.
▶ Attach to Form 990.
▶ Information about Schedule K (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2014

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		(h) On behalf of issuer		(i) Pool financing	
							Yes	No	Yes	No	Yes	No
A	Louisiana Public Facilities Authority Series 2007A	72-0895871	546398VQ8	09-12-2007	371,062,406	RETIRE 2002 BONDS, FACILITY IMPROVEMENTS		X		X		X
B	Louisiana Public Facilities Authority Series 2011	72-0895871	546398L48	05-11-2011	148,728,038	FACILITIES ACQUISITION, CONSTRUCTION & RENOVATION		X		X		X

Part II Proceeds

		A	B	C	D
1	Amount of bonds retired	21,870,000			
2	Amount of bonds legally defeased				
3	Total proceeds of issue	372,254,297	148,746,238		
4	Gross proceeds in reserve funds	24,574,170	15,000,000		
5	Capitalized interest from proceeds		9,212,238		
6	Proceeds in refunding escrows	227,094,692			
7	Issuance costs from proceeds	4,054,068	2,365,800		
8	Credit enhancement from proceeds				
9	Working capital expenditures from proceeds		7,436,402		
10	Capital expenditures from proceeds	48,449,703	114,713,598		
11	Other spent proceeds	453,969	18,200		
12	Other unspent proceeds				
13	Year of substantial completion	2010	2013		

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

Part III Private Business Use

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	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		X				
2	Are there any lease arrangements that may result in private business use of bond-financed property?		X		X				

Part III Private Business Use *(Continued)*

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use of bond-financed property?	X		X					
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?	X		X					
c	Are there any research agreements that may result in private business use of bond-financed property?	X		X					
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?	X		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 ▶								
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 ▶								
6	Total of lines 4 and 5								
7	Does the bond issue meet the private security or payment test?		X		X				
8a	Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		X		X				
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of								
c	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1 141-12 and 1 145-2?								
9	Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1 141-12 and 1 145-2?	X			X				

Part IV Arbitrage

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?		X		X				
2	If "No" to line 1, did the following apply?								
a	Rebate not due yet?		X	X					
b	Exception to rebate?	X		X					
c	No rebate due?	X			X				
	If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed								
3	Is the bond issue a variable rate issue?		X		X				
4a	Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X		X				
b	Name of provider								
c	Term of hedge								
d	Was the hedge superintegrated?								
e	Was the hedge terminated?								

Part IV Arbitrage *(Continued)*

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
5a	Were gross proceeds invested in a guaranteed investment contract (GIC)?		X		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?								
6	Were any gross proceeds invested beyond an available temporary period?		X		X				
7	Has the organization established written procedures to monitor the requirements of section 148?	X		X					

Part V Procedures To Undertake Corrective Action

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations?	X		X					

Part VI Supplemental Information. Provide additional information for responses to questions on Schedule K (see instructions).

Return Reference	Explanation
Schedule K, Part I, Line A	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)

Return Reference	Explanation
Schedule K, Part II, Line 7	100% of line 7 relates to issuance cost

Return Reference	Explanation
Schedule K, Part III, Line 3A	All contracts meet IRS safe harbor rules per 97-13

Return Reference	Explanation
Schedule K, Part IV, Line 2c	Issuer Name Louisiana Public Facilities Authority Series 2007A Date the rebate computation was performed Completed 7/10/2012, for the period 9/12/2007 to 5/15/2012

Return Reference	Explanation
Schedule K, Part II, Line 3	The amount includes $1,191,891 of investment income on Series 2007A Bonds and $18,200 of investment income on Series 2011 Bonds related to the Debt Service Reserve Fund and the Construction Fund

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Schedule L (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions with Interested Persons

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

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization
Ochsner Clinic Foundation

Employer identification number
72-0502505

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

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

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

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

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

Part II Loans to and/or From Interested Persons.

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

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

Part III Grants or Assistance Benefiting Interested Persons.

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

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

Part IV Business Transactions Involving Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
See Additional Data Table					

Part V Supplemental Information

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

Return Reference	Explanation

Additional Data

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

Form 990, Schedule L, Part IV - Business Transactions Involving Interested Persons

(a) Name of interested person	**(b)** Relationship between interested person and the organization	**(c)** Amount of transaction	**(d)** Description of transaction	**(e)** Sharing of organization's revenues?	
				Yes	**No**
(1) Catholic Charities-PACE Program	Mr Hulefeld, a Key Employee, is a Director of Catholic Charities	1,330,092	PACE contracts with Ochsner to provide hospitalization and specialty care for its patients		No
(2) Tulane University	Independent Contractor	2,345,178	Mr Wisdom, a Director of OCF, is also a Board Member of Tulane University		No
(3) Jill Dalovisio Fitzpatrick	Daughter of Dr Dalovisio, a Sr Physician Board Member of OCF	78,731	Compensation as a Physician Assistant		No
(4) Erin Dauterive Dipalma MD	Daughter of Dr Dauterive, a Sr Physician Board Member of OCF	209,901	Compensation as a Physician		No
(5) Richard D Guthrie III	Son of Dr Guthrie, a Key Employee of OCF	68,671	Compensation as a RN		No
(6) Elizabeth Guthrie Tucker	Daughter of Dr Guthrie, a Key Employee of OCF	39,316	Compensation as a RN		No
(7) Alexis Guthrie	Daughter-in-Law of Dr Guthrie, a Key Employee of OCF	21,558	Compensation as a RN		No
(8) Renee Reymond MD	Wife of Mr Hulefeld, a Key Employee of OCF	95,084	Compensation as a Physician		No
(9) Kay Belmont	Sister of Mr Posecai, an Officer of OCF	14,325	Compensation as an RN		No
(10) Nga Quinlan	Wife of Dr Quinlan, an Officer of OCF	148,877	Compensation as Chief Operating Officer of Ochsner Medical Center-West Bank hospital		No
(11) Erin Biro MD	Daughter of Dr Bui, a Highest Compensated Employee of OCF	627,784	Compensation as a Physician		No
(12) William A Oliver Enterprises LLC	William Oliver, a former board member, is the President of this org	32,917	Provides consulting services to Ochsner		No
(13) South Louisiana Medical Associates PC	Dr Pinsky & Dr Guthrie are Key Employees of OCF & board mbrs of this org	1,001,101	Co-management agreement		No

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SCHEDULE M (Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

►Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
► Attach to Form 990.
►Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2014

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 or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications	X		100	Fair Market Value
5 Clothing and household goods	X		1,070	Fair Market Value
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded	X	5	570,994	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	X	1	1,050,000	Fair Market Value
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles	X	1	13,400	Fair Market Value
19 Food inventory	X	4	10,186	Fair Market Value
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ► (Miscellaneous)	X	45	106,442	Fair Market Value
26 Other ► (Miscellaneous)	X	10	9,920	Cost
27 Other ►(_____)				
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 through 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 noncash contributions?	**32a**	Yes	
b If "Yes," describe in Part II			
33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II			

Part II **Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Return Reference	Explanation
Part I, Line 32b	If the organization receives a noncash contribution greater than $5,000, the donor or the organization will hire a third party to complete an appraisal

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SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

2014

Open to Public Inspection

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

Return Reference	Explanation
Form 990, Part I, Item C	DBA Ochsner Health Center DBA Ochsner St Anne General Hospital DBA Ochsner Medical Center - Baton Rouge DBA Elmwood Fitness Center (a Service of Ochsner) DBA Ochsner DBA Alton Ochsner Medical Foundation DBA Ochsner Outpatient Surgery Suite

Return Reference	Explanation
Form 990, Part VI, Section A, line 1	Part VI, Section A, Line 1b The Articles of Incorporation provide that no action of the Board may be resolved unless a majority of independent Directors present 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 Health System's activities

Return Reference	Explanation
Form 990, Part VI, Section A, line 2	Dr Quinlan and Mr Suquet have a business relationship

Return Reference	Explanation
Form 990, Part VI, Section A, line 4	The Board of Directors made changes to the Articles of Incorporation and Bylaws of the organization in 2014 The change to the Bylaws eliminated the requirement that the board meet a minimum of six times per year The change to the Articles eliminated the requirement that the board meet a minimum of six times per year, removed the requirement that the CEO be a physician holding the degree of doctor of medicine, and appointed the new CEO, Warner Thomas

Return Reference	Explanation
Form 990, Part VI, Section A, line 6	Ochsner Clinic Foundation is a wholly-owned subsidiary of Ochsner Health System, a related 501(c)(3) organization Ochsner Health System is the sole member of Ochsner Clinic Foundation Ochsner Clinic Foundation has no capital stock and only one class of membership

Return Reference	Explanation
Form 990, Part VI, Section A, line 7a	The Community Directors shall be nominated exclusively by the nominating committee of the board of directors of the Member The nominating committee shall also nominate two of the eight Senior Physician directors of the Board The Senior Physician class has the right to nominate and elect six of the eight physician directors of the Board

Return Reference	Explanation
Form 990, Part VI, Section A, line 7b	The following actions require the majority approval of total members of the Senior Physician class, regardless of the number of Senior Physician class members actually voting 1) amendments to the Articles which affect the rights of Sr Physicians, 2) any change in the total numbers of Directors, Community Directors, or Sr Physician Directors, 3) the status of the CEO as a member of the Board, and 4) changes to the supermajority requirements, which call for approval by two-third of the entire Board for certain actions to be considered approved

Return Reference	Explanation
Form 990, Part VI, Section B, line 11	One or more members of senior management review the return The return is also reviewed by Ernst & Young 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 return with management/staff The meeting to review the 2014 return was held on October 26, 2015 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

Return Reference	Explanation
Form 990, Part VI, Section B, line 12c	Officers, directors, trustees, and key employees of Ochsner Health System and its subsidiaries are required to complete a conflict of interest disclosure form annually, or within 40 days of becoming an employee, or if a current employee has a change in business circumstances not previously disclosed The Conflict of Interest Program Administrator reviews disclosures and determines whether action is necessary or if the disclosure needs to be reviewed by the Conflict of Interest Steering Committee Ochsner Health System requires annual certification that the relationships disclosed during a preceding calendar year are complete and accurate In addition, employees that do not fall within the scope of the Conflict of Interest Disclosure policy annually complete Conflict of Interest training in compliance with the Conflict of Interest policy The Conflict of Interest Steering Committee will make mitigation recommendations, including, but not limited to, divestiture and termination of employment

Return Reference	Explanation
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) of Ochsner Health System and Ochsner Clinic Foundation 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 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 national survey data is also obtained periodically Compensation for other non-physician key employees is reviewed by senior executives who take market value research into consideration when determining compensation levels

Return Reference	Explanation
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

Return Reference	Explanation
Form 990, Part VI, Section B, Line 16b	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

Return Reference	Explanation
Form 990, Part VII, Section A, Line 1a	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 their 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

Return Reference	Explanation
Form 990, Part VII, Section A, Line 1a	ADDITIONAL COMPENSATION EXPLANATION COMPENSATION OF OFFICERS AND SYSTEM-LEVEL KEY EMPLOYEES AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION Compensation and average hours worked for Bobby Brannon, EVP, & Treasurer, include all compensation 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 each of the remaining officers 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 integrated health system 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

Return Reference	Explanation
Form 990, Part VII, Section A, Line 1a	ADDITIONAL COMPENSATION EXPLANATION KEY EMPLOYEES COMPENSATED BY RELATED ORGANIZATIONS Dr Joseph Bisordi, Dr Robert Hart, Dr Dawn Puente, and Mr Robert Wolterman are employed and compensated by Ochsner Health System, 20-5296918, 501(c)(3), a related organization In their duties as leaders of the integrated health system, they all 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

Return Reference	Explanation
Form 990, Part XI, line 9	Grants/Contributions included in Restricted Net Assets -11,712,075 Fundraising included in Restricted Net Assets -516,486 Net Assets released for Operations 6,908,854 Unrestricted Impairments Recovery -211,775 Additional Minimum Pension Liability -63,579,579 Investment Net Income included in Restricted Net Assets 2,992,965 Change in Net Assets for Brent House 308,255 Change in Net Assets for OSPC 2,430 Change in Net Assets related to Property Sold to EIN # 46-4381058 in 2013 35,657,931 Change in Net Assets related to Property Sold to EIN # 47-1267935 in 2014 58,167,597 Change in Net Assets related to Property Sold to EIN # 47-2642764 in 2014 -653,040 Other Change in Net Assets related to EIN # 46-4381058 1,299,187 Other Change in Net Assets related to EIN # 47-1267935 300,924

Return Reference	Explanation
Form 990, Part XII, 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

Return Reference	Explanation
Form 990, Part VI, Section B Line 12a, and Line 13	Ochsner Clinic Foundation, as part of Ochsner Health System, is required to follow all policies and procedures adopted by Ochsner Health System including the written Conflict of Interest Policy and the written Whistleblower Protecttion Policy All affiliates are subject to the same System-Wide requirements

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SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
▶ Attach to Form 990.
▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2014

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 (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
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	(g) Section 512(b)(13) controlled entity? Yes	(g) Section 512(b)(13) controlled entity? No
(1) Ochsner Health System 1514 Jefferson Highway New Orleans, LA 70121 20-5296918	Health Care support	LA	501(c)(3)	Line 11b, II	N/A		No
(2) Ochsner Community Hospitals 1514 Jefferson Highway New Orleans, LA 70121 20-5297040	Patient Care	LA	501(c)(3)	Line 3	Ochsner Health System	Yes	
(3) Ochsner System Protection Company 1514 Jefferson Highway New Orleans, LA 70121 27-1170999	Captive Insurance	LA	501(c)(3)	Line 11a, I	Ochsner Clinic Foundation	Yes	
(4) Brent House Corporation 1514 Jefferson Highway New Orleans, LA 70121 72-0872457	Rents hotel rooms to patients/guests of Ochsner facilities	LA	501(c)(3)	Line 11b, II	Ochsner Clinic Foundation	Yes	
(5) OMCNS Medical Facilities Inc 1514 Jefferson Highway New Orleans, LA 70121 47-2642764	Real Estate Title Holding Company	LA	501(c)(2)		Ochsner Clinic Foundation	Yes	
(6) EBR Medical Facilities Inc 1514 Jefferson Highway New Orleans, LA 70121 47-1267935	Real Estate Title Holding Company	DE	501(c)(2)		Ochsner Clinic Foundation	Yes	
(7) OCF Medical Facilities Inc 1514 Jefferson Highway New Orleans, LA 70121 46-4381058	Real Estate Title Holding Company	DE	501(c)(2)		Ochsner Clinic Foundation	Yes	

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity? Yes	(i) No
(1) Satyr Clinical Services Inc 1514 Jefferson Highway New Orleans, LA 70121 46-4147298	Medical Services-Indigent Care	LA	Ochsner Clinic Foundation	C	1,292,000	10,330	100 000 %	Yes	
(2) Community Medical Group-St Charles Inc 320 Somerulos St Baton Rouge, LA 708026129 46-3447107	Clinical Services	LA	Satyr Clinical Services Inc	C	178,418	155,948	100 000 %	Yes	

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

		Yes	No
Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule			
1 During the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a Receipt of **(i)** interest, **(ii)** annuities, **(iii)** royalties, or **(iv)** rent from a controlled entity	1a	Yes	
b Gift, grant, or capital contribution to related organization(s)	1b	Yes	
c Gift, grant, or capital contribution from related organization(s)	1c		No
d Loans or loan guarantees to or for related organization(s)	1d	Yes	
e Loans or loan guarantees by related organization(s)	1e		No
f Dividends from related organization(s)	1f		No
g Sale of assets to related organization(s)	1g	Yes	
h Purchase of assets from related organization(s)	1h		No
i Exchange of assets with related organization(s)	1i		No
j Lease of facilities, equipment, or other assets to related organization(s)	1j		No
k Lease of facilities, equipment, or other assets from related organization(s)	1k	Yes	
l Performance of services or membership or fundraising solicitations for related organization(s)	1l	Yes	
m Performance of services or membership or fundraising solicitations by related organization(s)	1m	Yes	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		No
o Sharing of paid employees with related organization(s)	1o		No
p Reimbursement paid to related organization(s) for expenses	1p	Yes	
q Reimbursement paid by related organization(s) for expenses	1q	Yes	
r Other transfer of cash or property to related organization(s)	1r		No
s Other transfer of cash or property from related organization(s)	1s		No

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
See Additional Data Table			

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	

Part VII Supplemental Information

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

Return Reference	Explanation
Sch R Part IV	Satyr Clinical Services, Inc , a Louisiana non-profit corporation, has, as its sole member, Ochsner Clinic Foundation Community Medical Group-St Charles, Inc , a Louisiana non-profit corporation, is a non-member, non-stock corporation that is controlled by Satyr Clinical Services Satyr Clinical Services and Community Medical Group-St Charles, Inc , in conjunction with several other non-profit entities owned by other hospitals in the region, contract with providers to deliver physician and other healthcare services to low income and needy residents

Additional Data

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 (if applicable) of disregarded entity	(b) Primary Activity	(c) Legal Domicile (State or Foreign Country)	(d) Total income	(e) End-of-year assets	(f) Direct Controlling Entity
1201 Dickory LLC 1514 Jefferson Highway New Orleans, LA 70121 72-0502505	Real Estate Title-Holding Company	LA	0	0	N/A
Chabert Operational Management Company LLC 1514 Jefferson Highway New Orleans, LA 70121 46-2840691	Performs Hospital Management Services	LA	22,700,469	26,710,948	N/A
Deuteron Realty 1514 Jefferson Highway New Orleans, LA 70121 72-1079347	Nominee Real Estate Corporation	LA	0	1,000	N/A
East Baton Rouge Medical Center LLC 17000 Medical Center Dr Baton Rouge, LA 70816 20-1729674	Patient Care	DE	197,222,333	47,478,349	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	283,156	855,104	N/A
Gulf Coast Outpatient Centers -- Mandeville LLC 1514 Jefferson Highway New Orleans, LA 70121 20-8242348	Patient Care	LA	0	0	Gulf Coast Outpatient Centers LLC
Gulf Coast Outpatient Centers -- Uptown LLC 1514 Jefferson Highway New Orleans, LA 70121 20-8242525	Patient Care	LA	0	0	Gulf Coast Outpatient Centers LLC
Gulf Coast Outpatient Centers -- Westbank LLC 1514 Jefferson Highway New Orleans, LA 70121 20-8241691	Patient Care	LA	0	0	Gulf Coast Outpatient Centers LLC
Gulf Coast Outpatient Centers LLC 1514 Jefferson Highway New Orleans, LA 70121 20-8241553	Holding of Gulf Coast Outpatient Centers companies	LA	0	0	Ochsner Urgent Care LLC
Gulf Coast Physician Network LLC 6341 Lakeland East Dr Flowood, MS 39208 75-3009725	provides healthcare svcs to employees of MS coast casinos	LA	130,832	-1,105	N/A
Ochsner Accountable Care Network 1514 Jefferson Highway New Orleans, LA 70121 45-5446191	Accountable Care Organization	LA	0	0	N/A
Ochsner Bayou LLC 4608 Highway 1 Raceland, LA 70394 20-4670876	Operation of Ochsner St Anne General Hospital	LA	35,012,105	18,620,070	N/A
Ochsner Center for Molecular Imaging LLC 1514 Jefferson Highway New Orleans, LA 70121 47-1743566	produce imaging agents for clinical and research applications	LA	0	0	N/A
Ochsner Clinic LLC 1514 Jefferson Highway New Orleans, LA 70121 72-0276883	Physician Services	LA	611,087,248	29,884,322	N/A
Ochsner Health Network LLC 1514 Jefferson Highway New Orleans, LA 70121 47-2540787	Operates a Network of healthcare organaizations	LA	0	0	N/A
Ochsner Home Medical Equipment LLC 1514 Jefferson Highway New Orleans, LA 70121 72-0502505	Sales of Durable Medical Equipment to Patients	LA	6,877,610	4,682,810	N/A
Ochsner Medical Center - Northshore LLC 1514 Jefferson Highway New Orleans, LA 70121 27-1770321	Patient Care	LA	99,537,553	21,609,761	N/A
Ochsner Pharmacy and Wellness LLC 1514 Jefferson Highway New Orleans, LA 70121 46-5235153	Sale and distribution of health care products	LA	7,899,168	18,190,852	N/A
Ochsner Physician Partners LLC 1514 Jefferson Highway New Orleans, LA 70121 45-4962130	Operates a Clinically Integrated Network of Physicians and Hospitals	LA	2,145,839	1,894,048	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

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary Activity	(c) Legal Domicile (State or Foreign Country)	(d) Total income	(e) End-of-year assets	(f) Direct Controlling Entity
OMCNS MOBS LLC 1514 Jefferson Highway New Orleans, LA 70121 72-0502505	Holding of Medical Office Buildings	LA	0	0	N/A
St Charles Operational Management Company 1514 Jefferson Highway New Orleans, LA 70121 47-1714076	Performs Hospital Management Services	LA	1,141,464	1,854,793	N/A
Southern Strategic Sourcing Partners LLC 1514 Jefferson Highway New Orleans, LA 70121 47-2552418	reduce supply costs for members	LA	93,972	5,474	N/A

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity? Yes	(g) Section 512(b)(13) controlled entity? No
(1) Ochsner Health System 1514 Jefferson Highway New Orleans, LA 70121 20-5296918	Health Care support	LA	501(c)(3)	Line 11b, II	N/A		No
(1) Ochsner Community Hospitals 1514 Jefferson Highway New Orleans, LA 70121 20-5297040	Patient Care	LA	501(c)(3)	Line 3	Ochsner Health System	Yes	
(2) Ochsner System Protection Company 1514 Jefferson Highway New Orleans, LA 70121 27-1170999	Captive Insurance	LA	501(c)(3)	Line 11a, I	Ochsner Clinic Foundation	Yes	
(3) Brent House Corporation 1514 Jefferson Highway New Orleans, LA 70121 72-0872457	Rents hotel rooms to patients/guests of Ochsner facilities	LA	501(c)(3)	Line 11b, II	Ochsner Clinic Foundation	Yes	
(4) OMCNS Medical Facilities Inc 1514 Jefferson Highway New Orleans, LA 70121 47-2642764	Real Estate Title Holding Company	LA	501(c)(2)		Ochsner Clinic Foundation	Yes	
(5) EBR Medical Facilities Inc 1514 Jefferson Highway New Orleans, LA 70121 47-1267935	Real Estate Title Holding Company	DE	501(c)(2)		Ochsner Clinic Foundation	Yes	
(6) OCF Medical Facilities Inc 1514 Jefferson Highway New Orleans, LA 70121 46-4381058	Real Estate Title Holding Company	DE	501(c)(2)		Ochsner Clinic Foundation	Yes	

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

(a) Name of related organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
Brent House Corporation	A	2,047,230	Intercompany Billings - Mkt Value
Ochsner Health System	A	1,240,760	Intercompany Billings - Mkt Value
Satyr Clinical Services Inc	B	3,957,183	Cash transferred
Ochsner Community Hospitals	D	72,747,900	Loan Balance
EBR Medical Facilities Inc	G	80,000,000	Appraised Value
Brent House Corporation	K	1,046,412	Intercompany Billings - Mkt Value
EBR Medical Facilities Inc	K	2,662,251	Market Value
OCF Medical Facilities Inc	K	6,057,780	Market Value
Ochsner Community Hospitals	K	12,722,308	Intercompany Billings - Mkt Value
OMCNS Medical Facilities Inc	K	5,010	Market Value
Brent House Corporation	L	38,875	Intercompany Billings - Mkt Value
Ochsner Community Hospitals	L	737,247	Intercompany Billings - Mkt Value
Ochsner Health System	L	595,660	Intercompany Billings - Mkt Value
Brent House Corporation	M	860,744	Intercompany Billings - Mkt Value
Ochsner Community Hospitals	M	9,368,003	Intercompany Billings - Mkt Value
Ochsner System Protection Company	M	1,993,333	Intercompany Billings - Mkt Value
Brent House Corporation	P	39,480	Intercompany Billings - Mkt Value
Ochsner Community Hospitals	P	9,749	Intercompany Billings - Mkt Value
Ochsner Health System	P	165,695,355	Intercompany Billings - Mkt Value
Brent House Corporation	Q	157,217	Intercompany Billings - Mkt Value
Ochsner Community Hospitals	Q	6,433,615	Intercompany Billings - Mkt Value
Ochsner Health System	Q	1,906,654	Intercompany Billings - Mkt Value