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Form **990**

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

Department of the Treasury
Internal Revenue Service

OMB No 1545-0047

2015

Open to Public Inspection

A For the 2015 calendar year, or tax year beginning 01-01-2015 , and ending 12-31-2015

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
see schedule o

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 $ 6,727,590,283

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

Activities & Governance

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	20
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 2015 (Part V, line 2a)	5	17,949
6	Total number of volunteers (estimate if necessary)	6	1,025
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	9,473,272
b	Net unrelated business taxable income from Form 990-T, line 34	7b	404,498

			Prior Year	Current Year
Revenue	8	Contributions and grants (Part VIII, line 1h)	11,896,065	28,593,501
	9	Program service revenue (Part VIII, line 2g)	6,040,819,706	6,555,671,233
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	45,316,188	22,686,531
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	14,109,976	20,990,259
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	6,112,141,935	6,627,941,524
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	686,509	304,816
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	1,123,157,690	1,207,926,009
	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶495,845		
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	4,916,265,026	5,337,779,492
	18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	6,040,109,225	6,546,010,317
	19	Revenue less expenses Subtract line 18 from line 12	72,032,710	81,931,207

			Beginning of Current Year	End of Year
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	1,807,294,721	2,179,873,516
	21	Total liabilities (Part X, line 26)	1,050,612,882	1,391,188,940
	22	Net assets or fund balances Subtract line 21 from line 20	756,681,839	788,684,576

Part II Signature Block

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

Sign Here

Signature of officer | Date 2016-10-24

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 787013653 | 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 $ 5,993,488,774 including grants of $ 252,894) (Revenue $ 6,520,572,537)

Patient Care/Patient Medical Services Ochsner Clinic Foundation consists of four hospitals at six campuses and many clinical locations Served 112,563 inpatients resulting in 562,841 patient days Emergency Room visits totaled 291,354 The number of births totaled 5,586 Outpatient hospital visits totaled 448,107 Physician clinic visits total 1,650,544 509 patients received organ transplants

4b (Code) (Expenses $ 41,987,767 including grants of $ 51,922) (Revenue $ 10,992,778)

Medical Education Since 1944, academics have been an integral component of the mission, visions and strategy of the Ochsner organization The Division of Academics adds emphasis, intellectual capital and focus to Ochsner's mission to educate and innovate, with the primary focus of providing the highest quality care and service to the Ochsner community and patients A large portion of physicians completing the training programs decide to join Ochsner's group practice The academic areas are operating divisions of Ochsner Clinic Foundation (OCF) Residency Training Programs OCF operates one of the nation's largest independent academic medical centers and trains over 280 residents and fellows annually in 25 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 93 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 University of Queensland, Ochsner Clinical School 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 ("OCS") In 2017, this program will graduate 120 medical school students 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 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 OCS 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 years, the maximum term allowed The graduating class of 2018 will be the first class to graduate with the MD degree As of January 2016, there were 458 students enrolled in the University of Queensland, OCS 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, OCS program, Ochsner continues to provide over 500 student months of clinical education to medical students from Tulane and the Louisiana State University School of Medicine and a host of other medical school programs from across the region, country and around the world Approvals and Accreditations OCF's Division of Academics' 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 / Advanced Practice Affiliations OCF has formal affiliations with over 100 institutions of higher learning OCF, through Allied Health and Advanced Practice affiliations, enables students enrolled in over 200 college and university programs throughout the United States to complete formal clinical training degree requirements Through these affiliations, Ochsner provides clinical training and mentoring to over 1,500 students In addition, through a long-standing partnership with the University of Holy Cross, students in radiologic technology train at Ochsner Medical Center and complete an Associate or Bachelor's degree in Health Science

4c (Code) (Expenses $ 15,038,718 including grants of $ 0) (Revenue $ 8,054,622)

Medical Research Currently, Ochsner Clinic Foundation operates five research laboratories within the Institute for Translational Research focusing on multiple medical diseases and problems including cancer, diabetes, transplant rejection, neurological disorders and infectious diseases In addition, Ochsner currently offers to its patients over 500 active clinical trials in 46 clinical areas Approximately 4,000 patients participate in clinical research annually The Ochsner Institutional Review Board provides oversight for all clinical trials to ensure the safety of the human subjects participating in research Ochsner established the Center for Applied Health Services Research (CAHSR) in 2014, the mission of which is to advance knowledge, improve clinical practice, and improve the health and well-being of the community The CAHSR collaborates with Ochsner leaders to identify high priority issues and design key initiatives that would benefit from research expertise and program evaluation including new benefits, system redesign, patient safety and clinical care The center also identifies and influences capacity to conduct health care demonstrations and pragmatic practice-based interventions that are high priority for operational leaders and have high scientific merit 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 CAHSR is a major collaborator on several grants funded by the Patient-Centered Outcomes Research Institute and the National Institutes of Health The Clinical Trial Unit (CTU), located at Ochsner Baptist Medical Center, was established in 2012 to provide the ability to carry out a variety of clinical trials, including complex trials requiring close monitoring, high-volume trials, etc Since inception, over 400 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 1,700 patients have donated their biospecimens and biofluids This has resulted in development of a comprehensive ExpressBank with an inventory of over 27,000 aliquots of biospecimens and biofluids To provide more biospecimen donation opportunities to our patients (especially females), a new Satellite BioBank Unit has been established at Ochsner Baptist Medical Center in 2016

See Additional Data

4d Other program services (Describe in Schedule O)
(Expenses $ 19,484,803 including grants of $) (Revenue $ 16,051,296)

4e **Total program service expenses ▶** 6,070,000,062

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	Yes	
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)*

			Yes	No
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	1,381			
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		No
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	17,949			
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	20			
	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		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?			5		No
6	Did the organization have members or stockholders?			6	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) Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(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
See Additional Data Table										

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: Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(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
See Additional Data Table										

		(D)	(E)	(F)
1b	**Sub-Total** ▶			
c	**Total from continuation sheets to Part VII, Section A** ▶			
d	**Total (add lines 1b and 1c)** ▶	14,542,042	7,948,263	2,907,893

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 ▶ 1,751

			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**	Yes	

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	16,345,624
CLEMENT BUILDING CO LLC 3621 RIDGELAKE DR SUITE 203 METAIRIE, LA 70002	Construction	7,845,530
GJERSET & LORENZ LLP 2801 VIA FORTUNA SUITE 500 AUSTIN, TX 78746	Legal Services	7,087,641
MAYO COLLABORATIVE SERVICES INC dba MAYO MEDICAL LABORATORIES 3050 SUPERIOR DRIVE NW ROCHESTER, MN 55905	Lab Services	4,612,970
ANESTHESIA CONSULTANTS OF THE SOUTH 2820 NAPOLEON AVENUE SUITE 650 New Orleans, LA 70115	Anesthesia Services	3,531,098

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 ▶ 145

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**	494,765				
	b Membership dues **1b**					
	c Fundraising events **1c**	799,602				
	d Related organizations . . . **1d**					
	e Government grants (contributions) **1e**	1,060,443				
	f All other contributions, gifts, grants, and similar amounts not included above **1f**	26,238,691				
	g Noncash contributions included in lines 1a-1f $	335,907				
	h Total. Add lines 1a-1f . . . . ▶		28,593,501			
Program Service Revenue		Business Code				
	2a Patient Service Revenue	621110	6,520,572,537	6,514,477,460	247,241	5,847,836
	b Elmwood Fitness Center	713940	13,598,949	13,598,949		
	c Education Revenue	611600	10,992,778	10,992,778		
	d Research Revenue	900099	8,054,622	8,054,622		
	e Rental From Physical Plant	531120	2,121,694			2,121,694
	f All other program service revenue		330,653	33,314	276,072	21,267
	g Total. Add lines 2a–2f . . . . ▶		6,555,671,233			
Other Revenue	**3** Investment income (including dividends, interest, and other similar amounts) . . . . ▶		16,628,627		93,940	16,534,687
	4 Income from investment of tax-exempt bond proceeds . . ▶					
	5 Royalties . . . . ▶		370,653			370,653

	(i) Real	(ii) Personal
6a Gross rents	3,216,555	
b Less rental expenses	2,309,665	
c Rental income or (loss)	906,890	0

	(A)	(B)	(C)	(D)
d Net rental income or (loss) . . . . ▶	906,890			906,890

	(i) Securities	(ii) Other
7a Gross amount from sales of assets other than inventory	81,507,498	1,504,895
b Less cost or other basis and sales expenses	76,546,618	407,871
c Gain or (loss)	4,960,880	1,097,024

		(A)	(B)	(C)	(D)
d Net gain or (loss) . . . . ▶		6,057,904			6,057,904
8a Gross income from fundraising events (not including $ 799,602 of contributions reported on line 1c) See Part IV, line 18 . . **a**	555,988				
b Less direct expenses . . . **b**	927,488				
c Net income or (loss) from fundraising events . . ▶		-371,500			-371,500
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**	31,784,643				
b Less cost of goods sold . . **b**	19,457,117				
c Net income or (loss) from sales of inventory . . ▶		12,327,526		1,621,167	10,706,359
Miscellaneous Revenue	Business Code				
11a Management Services Revenue	541611	1,655,016		1,133,178	521,838
b Administrative Fellows	611430	150,000		150,000	
c Electronic Medical Record System Support	541511	5,951,674		5,951,674	
d All other revenue		0	0	0	0
e Total. Add lines 11a–11d . . . . . . ▶		7,756,690			
12 Total revenue. See Instructions . . . . . ▶		6,627,941,524	6,547,157,123	9,473,272	42,717,628

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	266,602	266,602		
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	38,214	38,214		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	10,217,717	8,670,093	1,547,624	0
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	767,259	767,259		
7 Other salaries and wages	1,046,804,872	907,164,126	139,342,910	297,836
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	39,360,203	36,247,939	3,098,908	13,356
9 Other employee benefits	50,802,255	36,245,413	14,499,130	57,712
10 Payroll taxes	59,973,703	51,622,175	8,332,231	19,297
11 Fees for services (non-employees)				
a Management	43,928,144	3,010,664	40,909,929	7,551
b Legal	7,205,060	106,749	7,098,311	
c Accounting	39,374		39,374	
d Lobbying	873,374		873,374	
e Professional fundraising services See Part IV, line 17				
f Investment management fees	788,538		788,538	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	115,006,898	73,784,313	41,210,097	12,488
12 Advertising and promotion	1,304,652	937,681	366,671	300
13 Office expenses	99,279,835	87,209,676	12,021,865	48,294
14 Information technology	8,018,089	6,235,744	1,782,345	
15 Royalties . .				
16 Occupancy	99,107,718	34,885,939	64,219,240	2,539
17 Travel	2,358,521	1,617,372	734,117	7,032
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	4,360,883	3,079,562	1,280,054	1,267
20 Interest	38,020,503	37,397,997	622,506	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	90,699,948	45,445,238	45,228,707	26,003
23 Insurance	27,956,605	24,997,790	2,958,815	
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	4,024,947,215	4,024,843,034	104,181	
b MEDICAL SUPPLIES	354,721,459	354,545,528	173,776	2,155
c OUTSIDE PROVIDER	152,287,344	152,287,344		
d UNRELATED BUSINESS INCOME TAX	289,487	157,812	131,675	
e All other expenses	266,585,845	178,435,798	88,150,032	15
25 **Total functional expenses.** Add lines 1 through 24e	6,546,010,317	6,070,000,062	475,514,410	495,845
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 . . . . ☐

Section	Line	Description			(A) Beginning of year		(B) End of year
Assets	1	Cash–non-interest-bearing			66,239,173	1	123,664,557
	2	Savings and temporary cash investments			205,849,497	2	326,751,971
	3	Pledges and grants receivable, net			7,404,654	3	24,016,363
	4	Accounts receivable, net			191,664,961	4	155,894,043
	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	0
	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	0
	7	Notes and loans receivable, net			139,869,659	7	169,394,608
	8	Inventories for sale or use			39,753,774	8	47,228,506
	9	Prepaid expenses and deferred charges			23,962,300	9	33,577,459
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	1,520,455,691			
	b	Less accumulated depreciation	10b	975,604,590	539,452,854	10c	544,851,101
	11	Investments—publicly traded securities			387,437,248	11	548,331,960
	12	Investments—other securities See Part IV, line 11			117,688,719	12	133,028,608
	13	Investments—program-related See Part IV, line 11			0	13	
	14	Intangible assets			54,559,286	14	54,560,085
	15	Other assets See Part IV, line 11			33,412,596	15	18,574,255
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)			1,807,294,721	16	2,179,873,516
Liabilities	17	Accounts payable and accrued expenses			220,625,901	17	251,219,507
	18	Grants payable				18	
	19	Deferred revenue			14,514,641	19	12,370,494
	20	Tax-exempt bond liabilities			499,724,235	20	520,594,843
	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			62,429,031	23	364,661,709
	24	Unsecured notes and loans payable to unrelated third parties			52,985,000	24	52,430,000
	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			200,334,074	25	189,912,387
	26	**Total liabilities.** Add lines 17 through 25			1,050,612,882	26	1,391,188,940
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			688,569,069	27	698,578,072
	28	Temporarily restricted net assets			44,715,880	28	66,343,768
	29	Permanently restricted net assets			23,396,890	29	23,762,736
		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			756,681,839	33	788,684,576
	34	Total liabilities and net assets/fund balances			1,807,294,721	34	2,179,873,516

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	6,627,941,524
2	Total expenses (must equal Part IX, column (A), line 25)	2	6,546,010,317
3	Revenue less expenses Subtract line 2 from line 1	3	81,931,207
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	756,681,839
5	Net unrealized gains (losses) on investments	5	-21,662,505
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	-28,265,965
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	788,684,576

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: 15000238
Software Version: 2015v2.1
EIN: 72-0502505
Name: OCHSNER CLINIC FOUNDATION

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

(Code) (Expenses $ 13,070,458 including grants of $ 0) (Revenue $ 13,598,949)

Elmwood Fitness Center Designed to meet the health and fitness goals of its members, Elmwood Fitness Center ("the fitness center") provides fitness services to patients, employees, and other members of the community, including seniors and children The fitness center serves the community as a valuable resource in the prevention of disease The fitness center is integrated with Ochsner's patient care services through its medical fitness referral program and it's physical and occupational therapy services The fitness center also provides outreach to the community, including educational programs, community nutrition outreach, and a youth obesity program

(Code) (Expenses $ 5,155,225 including grants of $ 0) (Revenue $ 2,121,694)

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 - 4 Program Service Accomplishments (See the Instructions)

(Code) (Expenses $ 1,259,120 including grants of $ 0) (Revenue $ 21,267)

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

(Code) (Expenses $ 0 including grants of $ 0) (Revenue $ 309,386)

Program Related Investments Equity Income from Joint Venture providing patient care

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Empl
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			
Suzanne T Mestayer Board Chairman	1 0 4 0	X		X				0	2,886	0
Warner L Thomas CEO / Board Member	1 0 49 0	X		X				0	1,597,643	382,00
Pedro Cazabon MD Board Member/Senior Physician	47 0 3 0	X						353,045	0	46,03
F Ralph Dauterive MD Board Member/Senior Physician (Board Term End 12/31/15)	47 0 3 0	X						418,822	0	81,89
Thomas Duncan Davis Community Director (Began 1/1/15)	1 0 4 0	X						0	1,648	0
Richard Deichmann MD Board Member/Senior Physician	47 0 3 0	X						298,681	0	63,35
William H Hines Community Director	1 0 4 0	X						0	1,548	0
Dennis Kay MD Board Member/Senior Physician	47 0 3 0	X						680,439	0	67,01
R Parker LeCorgne Community Director	1 0 4 0	X						0	35	0
George Loss MD PhD Board Member/Senior Physician	46 0 4 0	X						1,031,358	0	70,24

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Empl 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: Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(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
James E Maurin Past Chair	1 0 4 0	X						0	563	(
Richard V Milani MD Board Member/Senior Physician (BOARD TERM END 12/31/15)	46 0 4 0	X						756,851	0	113,628
Jefferson G Parker Community Director	1 0 4 0	X						0	4,629	(
Robert J Patrick Community Director	1 0 4 0	X						0	186	(
Patrick J Quinlan MD Board Member Ex Officio	1 0 49 0	X						0	1,228,179	69,874
Dana Smetherman MD Board Member/Senior Physician	46 0 4 0	X						579,175	0	55,915
Stephen F Stumpf Community Director	1 0 4 0	X						0	1,378	(
Jose S Suquet Community Director	1 0 4 0	X						0	1,783	(
David E Taylor MD Board Member/Senior Physician	47 0 3 0	X						408,073	0	71,939
Andrew B Wisdom Community Director	1 0 4 0	X						0	909	(

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Empl 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: Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(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
Bobby C Brannon EVP & Treasurer	43 0 7 0			X				682,754	0	47,740
Michael F Hulefeld EVP & COO	1 0 49 0			X				0	847,957	175,356
Peter C November Secretary, Exec VP, & CAO	1 0 49 0			X				0	737,958	213,076
Scott J Posecai EVP & CFO	1 0 49 0			X				0	912,610	259,742
Joseph E Bisordi MD Exec VP Chief Medical Officer	1 0 49 0				X			0	797,610	135,889
Steven B Deitelzweig MD Sr Physician, Svc Line Ldr, Hospital Med	50 0 0 0				X			397,996	0	57,516
Bradley Goodson CEO NORTHSHORE REGION	50 0 0 0				X			355,557	37,473	55,840
Richard D Guthrie Jr MD Chief Quality Officer	48 0 2 0				X			518,932	0	93,463
Robert Hart MD Reg Med Dir, B R Reg	50 0 0 0				X			45,979	495,559	61,168
Yvens G Laborde MD Reg Med Dir, WB Reg	50 0 0 0				X			412,444	0	73,278

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Emp 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) Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(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
E Edward Martin Jr MD Reg Med Dir - N S Reg	50 0 0 0				X			457,310	0	72,127
J Eric McMIllen CEO, Baton Rouge Region	50 0 0				X			378,519	0	35,957
William W Pinsky MD Exec VP/Chief Academic Officer	49 0 1 0				X			570,537	0	94,029
Dawn Puente MD Reg Med Dir, NO Comm Hosp	25 0 25 0				X			179,561	264,084	56,081
Armin Schubert MD VPMA-OMC-Jeff Hwy	50 0 0				X			499,902	0	67,397
Robert Wolterman CEO OMC-Jeff Hwy	50 0 0 0				X			0	483,122	66,269
Cuong Bui MD Sr Physician	50 0 0					X		1,266,424	0	40,931
Deryk G Jones MD Sr Physician, Section Head, Sports Medicine	50 0 0					X		1,017,290	0	68,860
Jose Mena MD Sr Physician	50 0 0					X		944,127	0	56,770
Scott Montgomery MD Sr Physician	50 0 0					X		1,028,356	0	54,770

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Em 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: Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(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
Benjamin Peeler MD Physician	50 0 0					X		1,000,000	0	0
Scott Boudreaux Former Key Employee	0 0 0 0						X	0	137,635	10,012
Mark French Former Key Employee	0 0 50 0						X	0	237,707	42,292
Patrick Shannon Former Key Employee	0 0 50 0						X	0	155,161	15,528
Beth E Walker Former Key Employee	50 0 0 0						X	259,913	0	31,895

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

2015

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 (Form 990 or 990-EZ))

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

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

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

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

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

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

9 ☐ An organization that normally receives (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See**section 509(a)(2).** (Complete Part III)

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

11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box 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 (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990EZ. Cat No 11285F

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) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(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) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(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 2015 (line 6, column (f) divided by line 11, column (f)) **14**

15 Public support percentage for 2014 Schedule A, Part II, line 14 **15**

16a **33 1/3% support test—2015.** 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—2014.** 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—2015.** 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—2014.** 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) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(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) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(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 2015 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2014 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2015** (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from **2014** Schedule A, Part III, line 17	18	

19a **33 1/3% support tests—2015.** 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—2014.** 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) ☐

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI) See instructions	
7 **Total annual distributions.** Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
9 Distributable amount for 2015 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-2015	(iii) Distributable Amount for 2015
1 Distributable amount for 2015 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2015 (reasonable cause required--see instructions)			
3 Excess distributions carryover, if any, to 2015			
a			
b			
c			
d From 2013. . . . . ______			
e From 2014. . . . . ______			
f **Total** of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2015 distributable amount			
i Carryover from 2010 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2015 from Section D, line 7 $ ______			
a Applied to underdistributions of prior years			
b Applied to 2015 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2015, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2015 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 **Excess distributions carryover to 2016.** Add lines 3j and 4c			
8 Breakdown of line 7			
a			
b			
c Excess from 2013. . . . . . . ______			
d From 2014. . . . . ______			
e From 2015. . . . . ______			

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

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

2015

Open to Public Inspection

If the organization answered "Yes" on 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" on 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" on 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-
2				
3				
4				
5				
6				

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)	0	
b	Total lobbying expenditures to influence a legislative body (direct lobbying)	826,008	
c	Total lobbying expenditures (add lines 1a and 1b)	826,008	
d	Other exempt purpose expenditures	6,069,174,054	
e	Total exempt purpose expenditures (add lines 1c and 1d)	6,070,000,062	
f	Lobbying nontaxable amount Enter the amount from the following table in both columns	1,000,000	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

		(a)	(b)
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	

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)**2012	**(b)**2013	**(c)**2014	**(d)**2015	**(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	698,827	739,626	766,727	826,008	3,031,188
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			0	0	0

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 on 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

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493314020326

SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

OMB No 1545-0047
2015
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" on Form 990, Part IV, line 6.

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

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

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

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

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

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

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

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

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

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

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

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year
▶________

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

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

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

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

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

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

(i) Revenue included on Form 990, Part VIII, line 1 ▶ $ ________

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

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

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

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

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

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

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

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

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

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

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

			Amount
b	If "Yes," explain the arrangement in Part XIII and complete the following table		
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	(c) Two years back	(d) Three years back	(e) Four years back
1a	Beginning of year balance	33,633,473	30,504,804	28,003,991	26,449,386	29,000,762
b	Contributions	340,496	138,247	594,194	112,431	113,975
c	Net investment earnings, gains, and losses	27,886	3,916,658	3,696,563	1,850,353	-1,274,665
d	Grants or scholarships					
e	Other expenditures for facilities and programs	231,799	926,236	1,789,944	408,179	1,390,686
f	Administrative expenses					
g	End of year balance	33,770,056	33,633,473	30,504,804	28,003,991	26,449,386

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

a Board designated or quasi-endowment ▶ 3 96 %

b Permanent endowment ▶ 70 37 %

c Temporarily restricted endowment ▶ 25 67 %

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

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

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

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

Part VI Land, Buildings, and Equipment.
Complete if the organization answered 'Yes' 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	4,517,929	30,370,868		34,888,797
b Buildings	1,853,445	699,104,718	434,286,831	266,671,332
c Leasehold improvements		75,624,360	43,455,438	32,168,922
d Equipment		657,842,856	471,979,357	185,863,499
e Other		51,141,515	25,882,964	25,258,551
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c))* ▶				544,851,101

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other See Additional Data Table		
Total. *(Column (b) must equal Form 990, Part X, col (B) line 12)* ▶	133,028,608	

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

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

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

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

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

1. (a) Description of liability	(b) Book value
Federal income taxes	60,243
See Additional Data Table	
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25)* ▶	189,912,387

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

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

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

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

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

Part XIII **Supplemental Information**

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

Return Reference	Explanation
Schedule D, Part V, Line 4 Intended uses of endowment funds	IN GENERAL, THE ORGANIZATION'S ENDOWMENT FUNDS SUPPORT THE FOLLOWING INITIATIVES MEDICAL RESEARCH, GRADUATE MEDICAL EDUCATION PROGRAM, MEDICAL LECTURESHIPS, FELLOWSHIP AWARDS, ANTI-SMOKING INITIATIVE, PASTORAL CARE, ALZHEIMER'S CARE, NURSING EDUCATION, AND ADVANCEMENT IN ANESTHESIA

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

Additional Data

Software ID: 15000238
Software Version: 2015v2.1
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) COMMONFUND CAPITAL INTERNATIONAL PARTNERS VI	847,510	F
(B) COMMONFUND CAPITAL INTERNATIONAL PARTNERS VII	1,462,345	F
(C) COMMONFUND CAPITAL NATURAL RESOURCES VI	517,622	F
(D) COMMONFUND CAPITAL NATURAL RESOURCES VII	2,122,039	F
(E) COMMONFUND CAPITAL NATURAL RESOURCES VIII	2,062,292	F
(F) COMMONFUND CAPITAL PRIVATE EQUITY PARTNERS VI	482,044	F
(G) COMMONFUND CAPITAL PRIVATE EQUITY PARTNERS VII	824,358	F
(H) COMMONFUND CAPITAL VENTURES PARTNERS VII	385,132	F
(I) COMMONFUND CAPITAL VENTURES PARTNERS VIII	1,868,877	F
(J) COMMONFUND CAPITAL VENTURES PARTNERS IX	4,515,037	F
(K) J O HAMBRO GLOBAL SELECT FUND	25,575,043	F
(L) LEXINGTON CAPITAL PARTNERS VII (OFFSHORE)	1,668,324	F
(M) OVERSTONE GLOBAL EQUITY FUND		
(N) CLIFTON DEFENSE EQUITY FUND		
(O) PARK STREET PRIVATE EQUITY FUND VI	1,081,307	F
(P) COMMONFUND CAPITAL INTERNATIONAL PARTNERS V	439,404	F
(Q) Brevan Howard Credit Catalysts Fund		
(R) Millennium International LTD	25,250,955	F
(S) Parametric Defensive Equity Fund	21,578,584	F
(T) Polunin Developing Countries Fund	9,952,056	F
(U) Wellington Durable Companies	18,685,213	F
(V) DW Catalyst Offshore Fund LTD	13,710,466	F

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

1 **(a)** Description of Liability	**(b)** Book Value
PENSION OBLIGATIONS	154,911,035
INVESTMENT IN BRENT HOUSE HOTEL (EQUITY BASIS)	
LEASE LIABILITY	3,975,237
LIABILITY TRUST FUND	13,118,802
WORKER'S COMPENSATION LIABILITY	9,225,117
CONTRACT RETENTIONS	1,005,251
SPLIT INTEREST LIABILITY	662,996
RESERVE FOR RECOUPMENTS	4,224,679
Interest Rate Swap Liability	510,192
MISCELLANEOUS	2,218,835

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

2015

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		38,268,487
(2)	Europe (Including Iceland and Greenland)	0	0	Investments		62,314,874
(3)	Central America and the Caribbean	0	0	Grantmaking		38,214
(4)						
(5)						
3a	Sub-total	0	0			100,621,575
b	Total from continuation sheets to Part I	0	0			0
c	**Totals** (add lines 3a and 3b)	0	0			100,621,575

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	Clinic Construction	8,220	Wire/Cash			
(2)		Central America and the Caribbean	Water Project	4,675	Wire			
(3)								
(4)								

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 . . . . ▶ 1

3 Enter total number of other organizations or entities . . . . ▶ 0

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)	EDUCATION PROGRAM SUPPORT	Central America and the Caribbean	350			8,113	Uniforms/supplies	FMV
(2)	Food & Nutrition	Central America and the Caribbean	350			6,950	Food for students and parents	FMV
(3)	Medical Equipment/Treatment	Central America and the Caribbean	2,000			10,256	Medical equipment/treatment	FMV
(4)								
(5)								
(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
Schedule F, Part I, Line 2 Procedures for monitoring use of grant funds	All international grants obtain an additional layer of approval from the Internal Audit an d Compliance department The Director of Internal Audit ensures compliance w ith donor rest rictions, review s payment procedures and tracks the use of proceeds

990 Schedule F, Supplemental Information

Return Reference	Explanation
Schedule F, Part I, Line 3 Investments Amounts	This section reflects the book value of foreign investments made in 2015 and prior years Investments and values are as follows Central America and the Caribbean * DW Catalyst Of fshore Fund LTD, Cayman Islands, $15,187,688 * Lexington Capital Partners VII (Offshore), Cayman Islands, $1,580,799 * Millennium International, LTD, C/o Globeop Financial Services (Cayman) Limited, Grand Cayman $21,500,000 EUROPE * Comgest Growth Emerging Markets, c/ o RBC Dexia Investor Services, Ireland $14,672,876 * J O Hambro Capital Management, c/o RBC Dexia Investor Services, Ireland $21,500,618 * Overstone Fund PLC, c/o Northern Trust Int'l Fund Admin Services, Ireland $26,141,380

990 Schedule F, Supplemental Information

Return Reference	Explanation
Schedule F, Part III(c) Estimated Number of Recipients	The Educational, Food & Nutritional Programs provided nutritional support, potable w ater, uniforms, school supplies, etc to over 350 students and children Care & support (medical) w as also provided through various programs to over 1,500 patients in need, and on the w e ek that the medical students w ere available, care w as provided to close to 500 patients

990 Schedule F, Supplemental Information

Return Reference	Explanation
Schedule F, Part I, Line 2 PROCEDURES FOR MONITORING USE OF GRANT FUNDS	All international grants obtain an additional layer of approval from the Internal Audit an d Compliance department The Director of Internal Audit ensures compliance w ith donor rest rictions, review s payment procedures and tracks the use of proceeds

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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" on 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

2015

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" on 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	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" on 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	1,145,041	155,763	54,786	1,355,590
	2 Less Contributions	694,443	61,404	43,755	799,602
	3 Gross income (line 1 minus line 2)	450,598	94,359	11,031	555,988
Direct Expenses	4 Cash prizes				
	5 Noncash prizes	88,200	12,097		100,297
	6 Rent/facility costs	288,044	108,080	7,440	403,564
	7 Food and beverages	220,427	18,271	13,137	251,835
	8 Entertainment	24,200	6,800		31,000
	9 Other direct expenses	70,239	56,126	14,427	140,792
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				927,488
	11 Net income summary Subtract line 10 from line 3, column (d) ▶				-371,500

Part III **Gaming.**
Complete if the organization answered "Yes" on 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 Noncash 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 activity 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 complete this part to 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" on 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

2015

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	3a	Yes	
	☐ 100% ☐ 150% ☑ 200% ☐ Other _____ %			
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	3b	Yes	
	☐ 200% ☐ 250% ☐ 300% ☐ 350% ☐ 400% ☑ Other 38000 %			
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		No
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		
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)			47,981,343		47,981,343	0 74 %
b Medicaid (from Worksheet 3, column a)					0	0 %
c Costs of other means-tested government programs (from Worksheet 3, column b)					0	0 %
d **Total** Financial Assistance and Means-Tested Government Programs	0	0	47,981,343	0	47,981,343	0 74 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			1,770,862	980,686	790,176	0 01 %
f Health professions education (from Worksheet 5)			42,021,812	30,662,588	11,359,224	0 18 %
g Subsidized health services (from Worksheet 6)					0	0 %
h Research (from Worksheet 7)			15,716,902	8,545,701	7,171,201	0 11 %
i Cash and in-kind contributions for community benefit (from Worksheet 8)			272,918		272,918	0 %
j **Total.** Other Benefits	0	0	59,782,494	40,188,975	19,593,519	0 30 %
k **Total.** Add lines 7d and 7j	0	0	107,763,837	40,188,975	67,574,862	1 05 %

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			6,364		6,364	0 %
2	Economic development			24,894		24,894	0 %
3	Community support			68,132		68,132	0 %
4	Environmental improvements			236		236	0 %
5	Leadership development and training for community members			7,147		7,147	0 %
6	Coalition building					0	0 %
7	Community health improvement advocacy			21,753		21,753	0 %
8	Workforce development			50,150		50,150	0 %
9	Other					0	0 %
10	**Total**	0	0	178,676	0	178,676	0 %

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	30,737,234		
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	0		
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	294,204,994		
6	Enter Medicare allowable costs of care relating to payments on line 5	6	292,294,530		
7	Subtract line 6 from line 5 This is the surplus (or shortfall)	7	1,910,464		
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

			Yes	No
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? **4** 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 A

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 20 15			
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) https //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 20 15			
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" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	12b		
c	If "Yes" on 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)*

Financial Assistance Policy (FAP)

Name of hospital facility or letter of facility reporting group: A

			Yes	No
	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 0 % and FPG family income limit for eligibility for discounted care of 380 0 %			
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) https //www ochsner org/patients-visitors/billing-and-financial-services/financial-assistance/			
b	☐ The FAP application form was widely available on a website (list url) https //www ochsner org/patients-visitors/billing-and-financial-services/financial-assistance/			
c	☐ A plain language summary of the FAP was widely available on a website (list url) https //www ochsner org/patients-visitors/billing-and-financial-services/financial-assistance/			
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

			Yes	No
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 A

			Yes	No
19	Did the hospital facility or other authorized 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 19 (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

			Yes	No
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)

			Yes	No
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? **78**

	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
Schedule H, Part I, Line 3c Factors other than FPG for eligibility determination	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
Schedule H, Part VI, Line 7 State filing of community benefit report	The organization does not file a community benefit report with any state

Form and Line Reference	Explanation
Schedule H, Part V, Section A Ochsner Medical Center Campuses - Facility Reporting Group A	Ochnser Medical Center is a multi-campus hospital facility The satellite locations were listed separately on the 2014 Form 990, Sch H, Part V, Facility Information As they operate under the same license, they have been combined on this form in compliance with the instructions and the section 501(r) regulations In addition to the campus on 1514 Jefferson Hwy , Ochsner Medical Center has the following satellite locations * Ochsner Baptist-A Campus of Ochsner Medical Center, 2700 Napoleon Ave , New Orleans, LA 70115, https //www ochsner org/locations/ochsner-baptist/ * Ochsner Medical Center-West Bank Campus, 2500 Belle Chasse Hwy , Gretna, LA 70056, https //www ochsner org/locations/ochsner-medical-center-west-bank-campus/ * Ochsner Medical Ctr-Elmwood Campus, 1221 S Clearview Parkway, Jefferson, LA 70121, https //www ochsner org/locations/ochsner-health-center-elmwood/

Form and Line Reference	Explanation
Schedule H, Part I, Line 6a Community benefit report prepared by related organization	The community benefit report prepared by Ochsner Health System 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 Related organizations are Ochsner Health System (EIN 20-5296918) and Ochsner Community Hospitals (EIN 20-5297040)

Form and Line Reference	Explanation
Schedule H, Part I, Line 7 Bad Debt Expense excluded from financial assistance calculation	85144144

Form and Line Reference	Explanation
Schedule H, Part I, Line 7 Costing Methodology used to calculate financial assistance	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 forgone 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 forgone 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
Schedule H, 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, and local neighborhood associations and child development programs like the Girl Scouts of America and the Greater New Orleans Immunization Network 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 One of the guiding principles of Ochsner community outreach is to partner with others for success As the largest private employer in the region, Ochsner maintains strong relationships with the business and government sector as well as state and local community agencies Its strong partnerships help address issues such as the high unemployment and underemployment rates in New Orleans Ochsner is working with the City of New Orleans and Delgado Community College to train employees for the many positions needed in our industry and give residents a career path to stable employment The MA Now (Medical assistant training) program and the Impact (Immediate Post Concussion Assessment and Cognitive Testing) program also include life skills lessons that prepare participants for success in their field Ochsner provides programs to the communities we serve to increase their knowledge of healthy foods, through our CHOP (Cooking Healthy Options and Portions) after school cooking program at local schools and community centers and through Eat Fit NOLA, a free program which assists local restaurants to develop healthy menu items

Form and Line Reference	Explanation
Schedule H, Part III, Line 2 Bad debt expense - methodology used to estimate amount	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 following methodology OHS recognizes revenue on the basis of its standard rates of services provided (or on the basis of discounted rates, if negotiated or provided by policy) Based on historical experience, a significant portion of OHS's uninsured and underinsured patients will be incapable or reluctant to pay for the services provided Therefore, OHS records a significant provision for bad debts in the period services are provided related to patient receivables and deductibles, copayments, or other amounts due from individual patients that have been deemed unwilling to pay

Form and Line Reference	Explanation
Schedule H, Part III, Line 3 Bad Debt Expense Methodology	Ochsner does not classify or consider any of its bad debt expense as a community benefit Bad debt expense does not include patients who are found to be eligible under the FAP

Form and Line Reference	Explanation
Schedule H, Part III, Line 4 Bad debt expense - financial statement footnote	The footnote in the organization's financial statement that describes bad debt expense is described in the section entitled "Managed Care", beginning on page 27 of the attached Financial Statements "OCF recognizes net patient service revenue associated with services provided to patients who have third-party payor coverage on the basis of contractual rates for the services rendered For uninsured patients who are not eligible for charity care, OCF recognizes revenue on the basis of its standard rates for services provided (or on the basis of discounted rates, if negotiated or provided by policy) Based on historical experience, a significant portion of OCF's uninsured and underinsured patients will be incapable or reluctant to pay for the services provided Therefore, OCF records a significant provision for bad debts in the period the services are provided related to patient receivables and deductibles, co-payments, or other amounts due from individual patients who have been deemed unwilling to pay "

Form and Line Reference	Explanation
Schedule H, Part III, Line 8 Community benefit & methodology for determining medicare costs	Total revenue from Medicare and Medicare Allowable Costs were aggregated from the fiscal year cost reports filed with the Centers for Medicare and Medicaid Services for all hospitals They do not include Medicare Advantage or payments related to Education or Research, in compliance with the instructions Total revenue from Medicare has been taken from the E Series in the Medicare Cost Reports For Medicare Allowable Costs, 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 1/1/2015 - 12/31/2015 The cost report for Ochsner Medical Center - Baton Rouge (Provider No 19-0202) covers the period 10/1/2014 - 9/30/2015 The cost report for Ochsner Medical Center - North Shore (Provider No 19-0204) covers the period 4/1/2015 - 3/31/2016

Form and Line Reference	Explanation
Schedule H, Part III, Line 9b Collection practices for patients eligible for financial assistance	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
Schedule H, Part V, Section B, Line 16a FAP website	A - OCHSNER MEDICAL CENTER Line 16a URL https //www ochsner org/patients-visitors/billing-and-financial-services/financial-assistance/,

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 16b FAP Application website	A - OCHSNER MEDICAL CENTER Line 16b URL https //www ochsner org/patients-visitors/billing-and-financial-services/financial-assistance/,

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 16c FAP plain language summary website	A - OCHSNER MEDICAL CENTER Line 16c URL https //www ochsner org/patients-visitors/billing-and-financial-services/financial-assistance/,

Form and Line Reference	Explanation
Schedule H, Part VI, Line 2 Needs assessment	Ochsner serves the needs of the various communities throughout Southeast Louisiana through its commitment 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 60 health centers throughout Southeast Louisiana Ochsner Health System is Louisiana's largest non-profit, academic, healthcare system 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

Form and Line Reference	Explanation
Schedule H, Part VI, Line 3 Patient education of eligibility for assistance	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 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
Schedule H, Part VI, Line 4 Community information	Ochsner Clinic Foundation is a multi-specialty healthcare delivery system consisting of seven hospitals (including three satellite locations) and approximately 60 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 60 health centers Ochsner employs approximately 1,000 physicians in over 90 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 2015, Ochsner Clinic Foundation's service area includes 2 5 million of Louisiana's 4 7 million people At 19 6%, Louisiana has the third highest poverty level in the nation and about 35% of the population receives Medicaid or is uninsured Approximately 965,000 or 20 7% receive Medicaid and approximately 593,000 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 564 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 102-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 3 million and about 38% of the population receives Medicaid or is uninsured The poverty rate in the New Orleans Metro area is 18%, 27 7% in New Orleans itself Approximately 316,000 or 25% receive Medicaid and approximately 158,000 or 12 5% are uninsured Ochsner Medical Center-Baton Rouge is a 150-bed hospital located in the city of Baton Rouge within East Baton Rouge parish East Baton Rouge parish has a population of about 819,000 people, of which about 92,000 were uninsured and about 155,000 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 526,000 people of which about 60,000 were uninsured and about 100,000 received Medicaid Ochsner St Anne General Hospital is a 35-bed acute care hospital that serves Lafourche parish, where it is located, and the surrounding parishes The bayou region has a population of about 262,000 people, of which about 30,000 were uninsured and about 53,000 received Medicaid

Form and Line Reference	Explanation
Schedule H, Part VI, Line 5 Promotion of community health	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 Since 19 44, academics have been an integral component of the mission, vision and strategy of the O chsner organization Operating one of the nation's largest independent academic medical ce nters, OCF trains over 275 residents and fellows annually in 23 independent OCF-sponsored accredited residency training programs Ochsner partners with the Louisiana State Universi ty and Tulane University Medical Schools, in addition to a consortium relationship with Ou r Lady of Holy Cross College for allied health and nursing programs In 2009, Ochsner open ed the Ochsner Clinical School through an international partnership with the University of Queensland, Australia which allows US citizens to complete the first two years of Medical School in Australia and the second two years of Medical School at Ochsner Ochsner's focu s on research includes approximately 500 open clinical research trials in almost every spe cialty Ochsner operates six basic science/transitional research laboratories and Ochsner scientists publish over 300 journal articles and book chapters each year Donations and gr ants do not cover all of the research related costs In addition to supplying the communit y's future healthcare providers and providing research to improve medical outcomes, Ochsne r is also focused on improving the lifestyle of the patients it serves Research has prove n that many chronic health problems, such as diabetes, obesity and hypertension, are prima rily caused by lifestyle choices In order to reduce chronic disease in the community, Och sner needs to change the choices and behaviors through exercise, nutrition and promotion o f preventative health behaviors Ochsner's community outreach strategy, led by the commitm ent of our board of directors and executive team, deploys institutional resources of time, expertise and funding to encourage and support individual and community wellness, focusin g on root causes of preventable deaths and chronic disease Ochsner has been at the forefr ont of population health management, developing strategies and providing support and educa tion where people live, work, learn and play Recognizing that good health happens outside our hospitals and clinics, Ochsner has developed partnerships with schools, churches, loc al sports teams, community centers and restaurants to encourage healthy behaviors Ochsner has embarked on an ambitious project to transform the health and wellness of its communit y, using schools as the focal point Change the Kids, Change the Future(TM) is an overarch ing philosophy to alleviate the cause instead of the symptom The goal is to teach childre n how to make good lifestyle choices to affect meaningful, lasting change for the health a nd wellness of the community Ochsner currently provides for two nurse practitioners at lo cal high schools that staff fully functional clinics that see students through scheduled a ppointments and walk in visits They also work with the schools to help educate the studen ts about healthy choices Ochsner 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 fitness in a non-competitive environment via Elmwood Fitness C enter's Mobile Fitness Unit The mobile unit provides fitness classes and weight training equipment Licensed dieticians provide healthy nutrition information and the staff perform s pre- and post-program measurements and exercise performance assessments In 2013, Ochsn er implemented an after school cooking program (CHOP) for middle school students in Jeffer son parish public schools Knowledge and behavioral improvement has been promising and the program will be expanded to other venues Ochsner is also an advocate for the health and wellness of adults Ochsner provided various free health screenings, such as glucose, bloo d pressure and total cholesterol, and health information to over 2,000 people at public he alth fairs Ochsner's community outreach programs directly impacted over 105,000 individua ls across our regions and reached over 374,000 people through our participation in communi ty events Ochsner educates people about the benefits of smart food and lifestyle choices through health fairs and cooking demonstrations O

Form and Line Reference	Explanation
Schedule H, Part VI, Line 5 Promotion of community health	chsner also helps people stop smoking with its Tobacco Control & Prevention Program by att ending corporate wellness events and partnering with area schools to provide educational m aterials and support Ochsner offers 20 cessation clinic sites that provide free smoking c essation services to patients who are eligible for the Tobacco Trust program Ochsner's nu tritionists developed and implemented Eat Fit NOLA which offers a free service to local re staurants to offer healthy menu items, either by evaluating existing recipes or assisting in the development of new ones Over 85 restaurants have signed up to participate in the p rogram The team developed a smartphone app for Eat Fit NOLA so that community members can find restaurants nearby that offer these items and see nutrition information Ochsner wor ks locally to improve the health of communities Ochsner is an active participant with Hea lthy BR, Baton Rouge's mayor's initiative to improve the health of Baton Rouge residents Ochsner is a key participant in the City of New Orleans Fit NOLA program which has develop ed partnerships aimed at improving the quality of life for all New Orleans residents Ochs ner and four other health care providers have formed 14 nonprofit organizations with the p urpose to create a vehicle to provide services to low-income and needy patients Ochsner c ontributed over $50 million to fund the organizations in 2015

Form and Line Reference	Explanation
Schedule H, Part VI, Line 6 Affiliated health care system	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 within 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

Additional Data

Software ID: 15000238
Software Version: 2015v2.1
EIN: 72-0502505
Name: OCHSNER CLINIC FOUNDATION

Form 990 Schedule H, Part V Section A. Hospital Facilities

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?
4

	Name, address, primary website address, and state license number	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
1	OCHSNER MEDICAL CENTER 1516 JEFFERSON HIGHWAY NEW ORLEANS, LA 70121 https //www ochsner org/locations/ochsner-medical-center/ 163	X	X		X		X	X			A
2	OCHSNER MEDICAL CENTER-BATON ROUGE 17000 MEDICAL CENTER BLVD BATON ROUGE, LA 70816 https //www ochsner org/locations/ochsner-medical-center-baton-rouge/ 555	X	X					X			A
3	OCHSNER MEDICAL CENTER-NORTH SHORE 100 MEDICAL CENTER DR SLIDELL, LA 70461 https //www ochsner org/locations/ochsner-medical-center-north-shore/ 678	X	X		X			X			A
4	OCHSNER ST ANNE GENERAL HOSPITAL 4608 HIGHWAY 1 RACELAND, LA 70394 https //www ochsner org/locations/ochsner-st-anne/ 594	X				X		X			A

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)
1	Ochsner Medical Center-Clinic 1512-16 Jefferson Highway New Orleans, LA 70121	Clinic
1	Ochsner Baptist Medical Center (Magnolia Building) (formerly NOSHI) 2626 Napoleon Ave New Orleans, LA 70115	Clinic
2	Ochsner Health Center-Covington 1000 Ochsner Boulevard Covington, LA 70433	Clinic
3	Ochsner Health Center - Baton Rouge (Summa Ave) 9001 Summa Ave Baton Rouge, LA 70809	Clinic
4	The Gayle and Tom Benson Cancer Center 1514 Jefferson Highway New Orleans, LA 70121	Clinic
5	Ochsner Health Center - Baptist McFarland Medical Plaza 4429 Clara Street New Orleans, LA 70115	Clinic
6	Ochsner Health Center-Slidell 2750 E Gause Blvd Slidell, LA 70461	Clinic
7	Ochsner Orthopedic Health Center - Slidell (Neuroscience Institute) 104 Medical Center Drive Slidell, LA 70461	Clinic
8	Ochsner Health Center-Slidell (Medical Center Dr) 103 Medical Center Drive Slidell, LA 70461	Clinic
9	Ochsner Health Center For Children - New Orleans 1315 Jefferson Highway New Orleans, LA 70121	Clinic
10	Ochsner Health Center - Baton Rouge (Medical Center Dr) 16777 17000 17050 Medical Center Dr 1759 1770 Physicians Park Dr Baton Rouge, LA 70816	Clinic
11	Ochsner Health Center-Metairie 2005 Veterans Blvd Metairie, LA 70002	Clinic
12	Elmwood Fitness Center-Elmwood 1200 S Clearview Pkwy New Orleans, LA 70123	Fitness Center
13	Leonard J Chabert Medical Center (Clinics) 1978 Industrial Blvd Houma, LA 70363	Clinic
14	Ochsner Health Center-Kenner (West Esplanade) 180-200 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)
16	Ochsner Health Center for Primary Care and Wellness 1401 Jefferson Hwy Rear Bldg New Orleans, LA 70121	Clinic
1	Ochsner Health Center-Lapalco 4225 Lapalco Blvd Marrero, LA 70072	Clinic
2	Ochsner Health Center-Driftwood 2120 Driftwood Blvd Kenner, LA 70065	Clinic
3	Ochsner Lieselotte Tansey Breast Center 1319 Jefferson Highway New Orleans, LA 70121	Clinic
4	Ochsner Health Center - Baptist Napoleon Medical Plaza & Imaging Center 2800-2820 Napoleon Ave New Orleans, LA 70115	Clinic
5	Ochsner Therapy & Wellness - Veterans 850 Veterans Memorial Blvd Metairie, LA 70005	Clinic
6	Ochsner Speciality Health Center-Slidell 1850 E Gause Blvd Slidell, LA 70458	Clinic
7	Ochsner Womens & Children's Health Center - Covington 101 E Judge Tanner Blvd Covington, LA 70433	Clinic
8	Ochsner Health Center-Central 11424-2 Sullivan Rd Central, LA 70818	Clinic
9	Ochsner Children's Health Center-Metairie 4901 Veterans Memorial Blvd Metairie, LA 70001	Clinic
10	Ochsner Health Center - Tangipahoa 41676 Veterans Ave Hammond, LA 70403	Clinic
11	Ochsner Health Center For Children-Slidell 2370 E Gause Blvd Slidell, LA 70461	Clinic
12	Ochsner Health Center-Prairieville 16222 Airline Hwy Ste A Prairieville, LA 70769	Clinic
13	Ochsner Family Doctor Clinic - Mathews 111 Acadia Dr Raceland, LA 70394	Clinic
14	Ochsner Health Center-West Bank (Meadowcrest) 120 Meadowcrest St Gretna, LA 70056	Clinic

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)
31	Ochsner Womens Health Center - Raceland 104 Acadia Park Dr Raceland, LA 70394	Clinic
1	Ochsner Health Center-Denham Springs 30819 LA Hwy 16 Denham Springs, LA 70726	Clinic
2	Ochsner Health Center-Baton Rouge Jefferson Place 8150 Jefferson Hwy Baton Rouge, LA 70809	Clinic
3	Ochsner Specialty Health Center - Raceland 141 Twin Oaks Raceland, LA 70394	Clinic
4	Ochsner Health Center-Luling 1057 Paul Maillard Rd Luling, LA 70070	Clinic
5	Ochsner Health Center-Belle Chasse 7772 Belle Chasse Hwy Belle Chasse, LA 70037	Clinic
6	Ochsner Health Center - Lakeview 101 West Robert E Lee Suite 201 New Orleans, LA 70124	Clinic
7	Ochsner Health Center-Algiers 3401 Behrman Place Algiers, LA 70114	Clinic
8	Ochsner Health Center-Raceland 106 Cypress St Raceland, LA 70394	Clinic
9	Ochsner Health Center-Mandeville 2810 East Causeway Approach Mandeville, LA 70448	Clinic
10	Ochsner Health Center - Laplace Medical 735 W 5th St LaPlace, LA 70068	Clinic
11	Ochsner Children's Health Center-Destrehan 1970 Ormond Boulevard Destrehan, LA 70047	Clinic
12	Ochsner St Anne General Behavioral Health Center 4608 Hwy 1 Raceland, LA 70394	Clinic
13	Ochsner Health Center-Mid-City 411 N Carrollton Ave Ste 4 New Orleans, LA 70119	Clinic
14	Ochsner Health Center-Abita Springs 22070 Highway 59 Suite C Abita Springs, LA 70420	Clinic

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)
46	Ochsner Health Center - Baptist Napoleon Medical Building 2633 Napoleon Ave New Orleans, LA 70115	Clinic
1	Ochsner Total Health Solutions 3211 N Causeway Blvd Metairie, LA 70002	Home Medical Equipment
2	Ochsner Health Center-Gretna 441 Wall Blvd Gretna, LA 70056	Clinic
3	Ochsner Health Center - Sherwood 170 McGehee Baton Rouge, LA 70815	Clinic
4	Ochsner Health Center - Lockport 1015 Crescent Ave Lockport, LA 70374	Clinic
5	Ochsner Medical Complex - Iberville 25455 LA Hwy 1 Plaquemine, LA 70764	Clinic
6	Elmwood Fitness Center-Metairie (at Heritage Plaza) 111 Veterans Blvd Metairie, LA 70005	Fitness Center
7	Ochsner Health Center - West Bank (Medical Center) 111 Medical Center Blvd Marrero, LA 70072	Clinic
8	Ochsner Heart and Vascular Health Center-Hammond 16045 Doctors Blvd Hammond, LA 70403	Clinic
9	Destrehan Family Clinic 159 Longview Dr Destrehan, LA 70047	Clinic
10	Elmwood Fitness Center-Downtown 701 Poydras Street Annex New Orleans, LA 70139	Fitness Center
11	Ochsner Health Center - Pearl River 64629 LA 41 Pearl River, LA 70452	Clinic
12	Elmwood Gymnastics Academy Elmwood Fitness Center 700 Elmwood Park Blvd New Orleans, LA 70123	Fitness Center
13	Ochsner Health Center - St James 1731 Lutcher Ave Lutcher, LA 70071	Clinic
14	Ochsner Womens Children's and Specialty Health Center - Slidell 105 Medical Center Drive Slidell, LA 70461	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)
61	Ochsner Health Center - River Parishes 502 Rue de Sante LaPlace, LA 70068	Clinic
1	Ochsner Specialty Health Center - Cedar Lake 1721 Medical Park Dr Biloxi, MS 39532	Clinic
2	Elmwood Fitness Center-Kenner 200 West Esplanade Suite 112 Kenner, LA 70065	Fitness Center
3	Ochsner Health Center - Elmwood 1201 1221 S Clearview Pkwy New Orleans, LA 70121	Clinic
4	Ochsner Health Center - Uptown 3423 St Charles Ave New Orleans, LA 70115	Clinic
5	Ochsner Health Center-Harding 7855 Howell Place Blvd Baton Rouge, LA 70807	Clinic
6	Elmwood Fitness Center-West Bank 2220 Constitution St New Orleans, LA 70114	Fitness Center
7	Ochsner Specialty Health Center - Hancock Medical Center 149 Drinkwater Blvd Bay St Louis, MS 39520	Clinic
8	Ochsner Health Center-Denham Springs South 139 Veterans Denham Springs, LA 70726	Clinic
9	Elmwood Fitness Center-Brent House 1512 Jefferson Hwy New Orleans, LA 70121	Fitness Center
10	St Tammany Parish Hospital 1202 S Tyler St Covington, LA 70433	Clinic
11	Ochsner Specialty Health Center - Cut Off 102 West 112th St Cut Off, LA 70345	Clinic
12	Ochsner Research and Academics 1401 Jefferson Hwy Front Bldg New Orleans, LA 70121	Clinic
13	Ochsner Health Center-Slidell West 2104 Gause Blvd West Slidell, LA 70460	Clinic
14	Physical Therapy Building 506 Rue de Sante LaPlace, LA 70068	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," on Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990.
▶ Information about Schedule I (Form 990) and its instructions is at *www.irs.gov/form990*.

OMB No 1545-0047

2015

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

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

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

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

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

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

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
Schedule I, Part II, Line 1(c) Louisiana State University Health Sciences Center	The LSU Health Sciences Center is part of the Louisiana State University System, a Louisiana governmental entity
Schedule I, Part I, Line 2 Procedures for monitoring use of grant funds	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: 15000238
Software Version: 2015v2.1
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 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 Health Sciences Center 433 Bolivar New Orleans, LA 70112	72-6087770	See Part IV	51,922				General Grant Support
Baton Rouge Area Chamber 564 Laurel St Baton Rouge, LA 70801	72-0126959	501(c)(6)	50,000				Contribution
American Heart Association 110 Veterans Memorial Blvd 160 Metairie, LA 70005	13-5613797	501(c)(3)	16,500				Contribution

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Susan G Komen Breast Cancer Foundation 4141 Veterans Blvd 202 Metairie,LA 70002	72-1222127	501(c)(3)	12,500				Contribution
American Cancer Society 250 Williams Street Atlanta,GA 30303	13-1788491	501(c)(3)	12,000				Contribution
Jazz on the Bayou Easter Seals Louisiana 1010 Common St Suite 2440 New Orleans,LA 70112	72-0694376	501(c)(3)	10,000				Contribution

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Hospice Foundation of the South 501 Robert Blvd 304 Slidell, LA 70458	72-1484313	501(c)(3)	10,000				Contribution
Junior League of New Orleans 4319 Carondelet Street New Orleans, LA 70115	72-6000609	501(c)(3)	7,500				Contribution
Mayor's Healthy City Initiative 222 Saint Louis Street 3rd Floor Baton Rouge, LA 70802	27-2515190	501(c)(3)	6,668				Contribution

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Donate Life America 701 E Byrd Street 16th Floor Richmond,VA 23219	54-1626038	501(c)(3)	6,000				Contribution
National Kidney Foundation of Louisiana 8200 Hampton St Ste 425 New Orleans,LA 70118	72-0649707	501(c)(3)	5,500				Contribution

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Schedule J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
▶ Attach to Form 990.
▶ Information about Schedule J (Form 990) and its instructions is at *www.irs.gov/form990*.

OMB No 1545-0047

2015

Open to Public Inspection

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

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

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

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

(A) Name and Title	**(B)** Breakdown of W-2 and/or 1099-MISC compensation			**(C)** Retirement and other deferred compensation	**(D)** Nontaxable benefits	**(E)** Total of columns (B)(i)-(D)	**(F)** Compensation in column(B) reported as deferred on prior Form 990
	(i) Base compensation	**(ii)** Bonus & incentive compensation	**(iii)** Other reportable compensation				
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
Schedule J, Part I, Line 1a First-class or charter travel	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 In addition, Ochsner hosts an annual retreat for its Board of Directors Most of the attendees flew in a chartered aircraft, which was provided to Ochsner at no charge for the event
Schedule J, Part I, Line 1a Travel for companions	One Senior Physician Board Member received reimbursement for his wife's airfare for a conference In addition, Ochsner hosts an annual retreat for its Board of Directors and Senior Management The retreat is a relationship building event, as well as to provide the Directors and Managers with information and training as it relates to their governance at Ochsner, and the attendees' spouses are encouraged to attend Ochsner provided travel, accommodations, and entertainment for some of the spouses of officers, key employees, and board members Travel for companions were reported as taxable compensation to the employees or Board Members
Schedule J, Part I, Line 1a Tax indemnification and gross-up payments	The Board Members are typically reimbursed for any expenses that they incur on behalf of Ochsner Occasionally, the reimbursement is taxable to the Board Members for income tax purposes, and Ochsner provides a gross-up payment in order to cover taxes related to such expenses Three Board Members received gross-up payments in 2015
Schedule J, Part I, Line 4b Supplemental nonqualified retirement plan	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 2015 and the increase in actuarial value during 2015, which is included within Schedule J, Part II, Column C * Warner Thomas, President and Chief Executive Officer, no distribution, increase in actuarial value of $311,126 * Patrick Quinlan, M D , Former Chief Executive Officer, no distribution, no increase in actuarial value * Michael Hulefeld, Executive Vice President and Chief Operating Officer, no distribution, increase in actuarial value of $125,221 * Peter November, Secretary, Executive Vice President, and Chief Administrative Officer, no distribution, increase in actuarial value of $116,441 * Scott Posecai, Executive Vice President and Chief Financial Officer, no distribution, increase in actuarial value of $198,697 * 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 There was no distribution in 2015 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, MD, Board Member/Senior Physician & Assoc Medical Director-N O Reg, no distribution, increase in actuarial value $5,304 * F Ralph Dauterive, MD, Board Member/Senior Physician & VPMA, Distribution $20,709, increase in actuarial value $17,890 * Steven B Deitelzweig, MD, Sr Physician, Svc Line Ldr, Hospital Med, no distribution, increase in actuarial value $5,855 * Richard D Guthrie, Jr, MD, Chief Quality Officer, no distribution, increase in actuarial value $5,872 * Deryk G Jones, MD, Sr Physician, Section Head, Sports Medicine, no distribution, increase in actuarial value $3,315 * Dennis Kay, MD, Board Member/Senior Physician & Service Line Leader, Distribution $24,139, increase in actuarial value $20,852 * Yvens G Laborde, MD, Reg Med Dir, WB Reg, no distribution, increase in actuarial value $7,049 * George Loss, MD, PhD, Board Member/Senior Physician & Assoc Medical Director-N O Reg, no distribution, increase in actuarial value $3,415 * Jose Mena, MD, Sr Physician, Distribution $8,511, increase in actuarial value $7,352 * Richard V Milani, MD, Board Member/Senior Physician & Chief Clinical Transformation Officer, Distribution $24,744, increase in actuarial value $21,375 * Dawn Puente, MD, RMD, NO Comm Hosp, Distribution $9,213, increase in actuarial value $7,959 * Dana Smetherman, MD, Board Member/Senior Physician & Vice Chair, no distribution, increase in actuarial value $6,518 * David E Taylor, MD, Board Member/Senior Physician & Chair, no distribution, increase in actuarial value $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 2015 and the increase in actuarial value during 2015, which is included within Schedule J, Part II, Column C * Bradley Goodson, CEO Northshore Region, no distribution, no increase in actuarial value * Richard D Guthrie, Jr, MD, Chief Quality Officer, Distribution $25,450, increase in actuarial value $25,450 * Robert Hart, MD, Reg Med Dir, B R Reg, Distribution $25,450, increase in actuarial value $25,450 * Yvens G Laborde, MD, Reg Med Dir, WB Reg, no distribution, no increase in actuarial value * J Eric McMillen, CEO, Baton Rouge Region, no distribution, no increase in actuarial value * Richard V Milani, MD, Board Member/Senior Physician & Chief Clinical Transformation Officer, Distribution $25,450, increase in actuarial value $25,450 * Peter November, Secretary Exec VP CAO, Distribution $50,900, increase in actuarial value $50,900 * William W Pinsky, MD, Exec VP/Chief Academic Officer, Distribution $32,161, increase in actuarial value $32,161 * Dawn Puente, MD, RMD, NO Comm Hosp, no distribution, no increase in actuarial value * Beth E Walker, COO OMC-Jeff Hwy, no distribution, no increase in actuarial value * Robert Wolterman, CEO OMC-Jeff Hwy, Distribution $25,450, increase in actuarial value $25,450
Schedule J, Part I, Line 6a Compensation contingent on net earnings of the organization	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, Chief Medical Officer, and Executive Vice Presidents All the incentive payouts are audited by the Board Internal Audit Committee For the 2014 incentive plan, which was paid in 2015, there were multiple weighted components which included System Financial & Growth Metrics, a Human Capital Metric, Quality Metrics and a Subjective metric based on their personal performance targets Annually, the officers of Ochsner Health System review and approve incentive plans for the strategic and physician leadership groups The plans are developed similar to the officer incentive plans with weighted components, including a subjective component based on personal performance The CEO approves all bonuses for this group of management All bonus amounts are provided in Schedule J Part II in Column B (ii)
Schedule J, Part I, Line 6b Compensation contingent on net earnings of a related organization	SEE THE DISCLOSURE FOR SCH J, PART I, LINE 6A FOR A DESCRIPTION OF THE INCENTIVE PLAN THE SYSTEM FINANCIAL & GROWTH METRICS CAN RELATE TO NET EARNINGS OF THE RELATED ENTITIES IN THE HEALTH SYSTEM
Schedule J, Part I, Line 7 Non-fixed payments	Subjective components of the incentive plans are described in description of Part I, Line 6 In addition, several non-fixed payments were made in 2015 The following were included in Schedule J Part II in Column B(ii) retention bonus and compensation related to board retreats

Additional Data

Software ID: 15000238
Software Version: 2015v2.1
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 on prior Form 990
		(i) Base Compensation	**(ii)** Bonus & incentive compensation	**(iii)** Other reportable compensation				
1 Warner L Thomas CEO / Board Member	(i)	0	0	0	0	0	0	0
	(ii)	972,267	599,625	25,751	359,926	22,083	1,979,652	0
1 Pedro Cazabon MD Board Member/Senior Physician	(i)	312,913	29,934	10,197	30,248	15,784	399,077	0
	(ii)	0	0	0	0	0	0	0
2 F Ralph Dauterive MD Board Member/Senior Physician (Board Term End 12/31/15)	(i)	323,037	66,150	29,635	64,802	17,087	500,712	20,709
	(ii)	0	0	0	0	0	0	0
3 Richard Deichmann MD Board Member/Senior Physician	(i)	265,958	15,494	17,229	48,800	14,554	362,035	0
	(ii)	0	0	0	0	0	0	0
4 Dennis Kay MD Board Member/Senior Physician	(i)	622,845	21,000	36,593	51,652	15,364	747,455	24,139
	(ii)	0	0	0	0	0	0	0
5 George Loss MD PhD Board Member/Senior Physician	(i)	812,938	170,000	48,420	51,807	18,441	1,101,605	0
	(ii)	0	0	0	0	0	0	0
6 Richard V Milani MD Board Member/Senior Physician (BOARD TERM END 12/31/15)	(i)	523,548	155,003	78,299	95,625	18,004	870,479	24,744
	(ii)	0	0	0	0	0	0	0
7 Patrick J Quinlan MD Board Member Ex Officio	(i)	0	0	0	0	0	0	0
	(ii)	912,414	257,104	58,661	48,800	21,074	1,298,053	0
8 Dana Smetherman MD Board Member/Senior Physician	(i)	558,621	0	20,554	37,318	18,597	635,090	0
	(ii)	0	0	0	0	0	0	0
9 David E Taylor MD Board Member/Senior Physician	(i)	392,264	11,688	4,121	53,342	18,597	480,012	0
	(ii)	0	0	0	0	0	0	0
10 Bobby C Brannon EVP & Treasurer	(i)	454,510	183,567	44,677	30,800	16,940	730,494	0
	(ii)	0	0	0	0	0	0	0
11 Michael F Hulefeld EVP & COO	(i)	0	0	0	0	0	0	0
	(ii)	595,312	235,008	17,637	150,021	25,335	1,023,313	0
12 Peter C November Secretary, Exec VP, & CAO	(i)	0	0	0	0	0	0	0
	(ii)	449,716	227,919	60,323	194,741	18,335	951,034	0
13 Scott J Posecai EVP & CFO	(i)	0	0	0	0	0	0	0
	(ii)	577,204	303,694	31,712	247,497	12,245	1,172,352	0
14 Scott Boudreaux Former Key Employee	(i)	0	0	0	0	0	0	0
	(ii)	137,635	0	0	10,012	0	147,647	0
15 Mark French Former Key Employee	(i)	0	0	0	0	0	0	0
	(ii)	208,140	27,951	1,616	21,717	20,575	279,999	0
16 Patrick Shannon Former Key Employee	(i)	0	0	0	0	0	0	0
	(ii)	122,091	32,464	605	14,022	1,506	170,689	0
17 Beth E Walker Former Key Employee	(i)	230,319	28,200	1,394	24,800	7,095	291,809	0
	(ii)	0	0	0	0	0	0	0
18 Joseph E Bisordi MD Exec VP Chief Medical Officer	(i)	0	0	0	0	0	0	0
	(ii)	578,211	186,556	32,844	123,800	12,089	933,499	0
19 Steven B Deitelzweig MD Sr Physician, Svc Line Ldr, Hospital Med	(i)	361,841	34,525	1,630	36,655	20,861	455,512	0
	(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 on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
21 Bradley Goodson CEO NORTHSHORE REGION	(i)	246,911	77,984	30,662	32,836	14,261	402,654	0
	(ii)	26,022	8,219	3,232	7,240	1,503	46,216	0
1 Richard D Guthne Jr MD Chief Quality Officer	(i)	425,634	56,551	36,746	80,122	13,342	612,395	0
	(ii)	0	0	0	0	0	0	0
2 Robert Hart MD Reg Med Dir, B R Reg	(i)	33,845	8,826	3,308	1,412	597	47,988	0
	(ii)	364,781	95,126	35,652	52,724	6,435	554,718	0
3 Yvens G Laborde MD Reg Med Dir, WB Reg	(i)	322,660	72,466	17,318	55,849	17,429	485,722	0
	(ii)	0	0	0	0	0	0	0
4 E Edward Martin Jr MD Reg Med Dir - N S Reg	(i)	358,344	45,100	53,866	66,312	5,815	529,437	15,323
	(ii)	0	0	0	0	0	0	0
5 J Enc McMIllen CEO, Baton Rouge Region	(i)	285,490	89,126	3,903	24,800	11,157	414,476	0
	(ii)	0	0	0	0	0	0	0
6 William W Pinsky MD Exec VP/Chief Academic Officer	(i)	402,253	113,570	54,713	80,961	13,068	664,565	0
	(ii)	0	0	0	0	0	0	0
7 Dawn Puente MD Reg Med Dir, NO Comm Hosp	(i)	138,659	35,113	5,789	24,139	7,011	210,711	3,729
	(ii)	203,929	51,642	8,514	14,620	10,311	289,015	5,484
8 Armin Schubert MD VPMA-OMC-Jeff Hwy	(i)	481,234	9,850	8,819	48,800	18,597	567,300	0
	(ii)	0	0	0	0	0	0	0
9 Robert Wolterman CEO OMC-Jeff Hwy	(i)	0	0	0	0	0	0	0
	(ii)	404,606	48,474	30,042	50,250	16,019	549,392	0
10 Cuong Bui MD Sr Physician	(i)	916,351	269,544	80,529	21,925	19,006	1,307,355	0
	(ii)	0	0	0	0	0	0	0
11 Deryk G Jones MD Sr Physician, Section Head, Sports Medicine	(i)	929,920	72,320	15,050	52,115	16,745	1,086,151	0
	(ii)	0	0	0	0	0	0	0
12 Jose Mena MD Sr Physician	(i)	586,801	88,013	269,313	38,152	18,617	1,000,896	8,511
	(ii)	0	0	0	0	0	0	0
13 Scott Montgomery MD Sr Physician	(i)	669,283	158,424	200,649	33,239	21,531	1,083,126	0
	(ii)	0	0	0	0	0	0	0
14 Benjamin Peeler MD Physician	(i)	0	1,000,000	0	0	0	1,000,000	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

2015

Open to Public Inspection

Name of the organization
OCHSNER CLINIC FOUNDATION

Employer identification number
72-0502505

Part I Bond Issues

	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased Yes	(g) Defeased No	(h) On behalf of issuer Yes	(h) On behalf of issuer No	(i) Pool financing Yes	(i) Pool financing 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
C	LOUISIANA PUBLIC FACILITIES AUTHORITY SERIES 2015	72-0895871	5463982E6	08-20-2015	121,536,607	PARTIAL REFUNDING 2007A & 2007B BONDS		X		X		X

Part II Proceeds

		A	B	C	D
1	Amount of bonds retired	27,750,000			
2	Amount of bonds legally defeased	96,935,000			
3	Total proceeds of issue	372,256,512	148,747,749	121,536,607	
4	Gross proceeds in reserve funds	17,355,860	15,001,523		
5	Capitalized interest from proceeds		9,212,238		
6	Proceeds in refunding escrows	222,162,139			
7	Issuance costs from proceeds	4,054,068	2,365,800	1,262,457	
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	456,184	19,711	455	
12	Other unspent proceeds				
13	Year of substantial completion	2010	2013		

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

Part III Private Business Use

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

Part III **Private Business Use** *(Continued)*

		A Yes	A No	B Yes	B No	C Yes	C No	D Yes	D No
3a	Are there any management or service contracts that may result in private business use of bond-financed property?	X		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		X			
c	Are there any research agreements that may result in private business use of bond-financed property?	X		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		X			
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶	0 %		0 %		0 %			
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶	0 %		0 %		0 %			
6	Total of lines 4 and 5	0 %		0 %		0 %			
7	Does the bond issue meet the private security or payment test?		X		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		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		X			

Part IV **Arbitrage**

		A Yes	A No	B Yes	B No	C Yes	C No	D Yes	D No
1	Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?		X		X		X		
2	If "No" to line 1, did the following apply?								
a	Rebate not due yet?		X	X			X		
b	Exception to rebate?	X		X		X			
c	No rebate due?	X			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		X		
4a	Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X		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		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		X		
7	Has the organization established written procedures to monitor the requirements of section 148? . . .	X		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		X			

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

Return Reference	Explanation
Schedule K, Part I, Column (e) ISSUE PRICE - LOUISIANA PUBLIC FACILITIES AUTHORITY SERIES 2007A	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 ISSUANCE COSTS FROM PROCEEDS	100% of line 7 relates to issuance cost

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

Return Reference	Explanation
Schedule K, Part II, Line 3 TOTAL PROCEEDS OF ISSUE	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

Return Reference	Explanation
Schedule K, Part I LOUISIANA PUBLIC FACILITIES AUTHORITY SERIES 2015	Form 8038 for CUSIP # 5463982E6 was prepared for the issuance of Revenue Bonds (Ochsner Clinic Foundation Project) Series 2015 The bonds had a total Issue Price of $121,536,607 The bonds partially refunded Series 2007A $96,935,000 and SeriesB $20,285,000

Return Reference	Explanation
Schedule K, Part II, Line 4 GROSS PROCEEDS IN RESERVE FUNDS	Due to partial defeasance of the Series 2007A bonds, the gross proceeds in the reserve fund decreased by $6,406,648, the refunding escrows decreased by $100,611,907 and the other sources and uses available at issuance totaled $27,239,996, which is not included in the gross proceeds of the issuance

Return Reference	Explanation
Schedule K, Part IV, Line 2c DATE THE REBATE COMPUTATION WAS PERFORMED - ISSUER LPFA SERIES 2007A	The rebate computation was completed on 7/10/2012 for the period 9/12/2007 to 5/15/2012

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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

2015

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	No

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

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

Part II Loans to and/or From Interested Persons.

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

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

Part III Grants or Assistance Benefiting Interested Persons.

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

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

Part IV **Business Transactions Involving Interested Persons.**
Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	**(b)** Relationship between interested person and the organization	**(c)** Amount of transaction	**(d)** Description of transaction	**(e)** Sharing of organization's revenues?	
				Yes	**No**
(1) TULANE UNIVERSITY	INDEPENDENT CONTRACtor	1,933,197	Mr Wisdom, a Director of OCF, is also a Board Member of Tulane University		No
(2) PACE GREATER NEW ORLEANS (Program of All-Inclusive Care for the Elderly)	Dr Deichmann and Mr Hulefeld have business relationships with PACE See Part V	1,520,575	PACE contracts with Ochsner to provide hospitalization and specialty care for its patients		No
(3) ERIN DAUTERIVE DIPALMA MD	Daughter of Dr Dauterive, a Sr Physician Board Member of OCF	357,170	Compensation as a Physician		No
(4) RENEE REYMOND MD	Wife of Mr Hulefeld, an Officer of OCF	124,641	Compensation as a Physician		No
(5) RICHARD D GUTHRIE III	Son of Dr Guthrie, a Key Employee of OCF	67,321	Compensation as a RN		No
(6) Nga Quinlan	Wife of Dr Quinlan, a Board Member of OCF	60,670	Compensation as Chief Operating Officer of Ochsner Medical Center-West Bank hospital		No
(7) ELIZABETH GUTHRIE TUCKER	Daughter of Dr Guthrie, a Key Employee of OCF	47,605	Compensation as a RN		No
(8) ALEXIS GUTHRIE	Daughter-in-Law of Dr Guthrie, a Key Employee of OCF	26,603	Compensation as a RN		No

Part V **Supplemental Information**
Provide additional information for responses to questions on Schedule L (see instructions)

Return Reference	Explanation
Schedule L, Part IV, Column (b) Relationship	Name of Interested Person from Part IV, Column (a) PACE GREATER NEW ORLEANS (PROGRAM OF ALL-INCLUSIVE CARE FOR THE ELDERLY) Relationship between interested person and the organization Dr Deichmann, a Board Member, is a Board Member of PACE Mr Hulefeld, an Officer, is a Director of Catholic Charities Archdiocese of New Orleans PACE Is an affiliate ministry of Catholic Charities

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*

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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		2,000	Market value
5 Clothing and household goods	X		75	Market value
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded	X	7	229,611	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	33,033	Market value
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles	X	1	11,500	Market value
19 Food inventory	X	12	16,257	Market value
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (Miscellaneous)	X	35	38,791	Market value
26 Other ▶ (Miscellaneous)	X	13	4,640	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	0

		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
Schedule M, Part I, Line 32b Third parties used to solicit, process, or sell noncash contributions	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.

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2015

Open to Public Inspection

Name of the organization
OCHSNER CLINIC FOUNDATION

Employer identification number
72-0502505

Return Reference	Explanation
Form 990, Part III, Line 4d Description of other program services	(Expenses $ 13,070,458 including grants of $ 0)(Revenue $ 13,598,949) Elmwood Fitness Center Designed to meet the health and fitness goals of its members, Elmwood Fitness Center ("the fitness center") provides fitness services to patients, employees, and other members of the community, including seniors and children The fitness center serves the community as a valuable resource in the prevention of disease The fitness center is integrated with Ochsner's patient care services through its medical fitness referral program and it's physical and occupational therapy services The fitness center also provides outreach to the community, including educational programs, community nutrition outreach, and a youth obesity program

Return Reference	Explanation
Form 990, Part III, Line 4d Description of other program services	(Expenses $ 5,155,225 including grants of $ 0)(Revenue $ 2,121,694) 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

Return Reference	Explanation
Form 990, Part III, Line 4d Description of other program services	(Expenses $ 1,259,120 including grants of $ 0)(Revenue $ 21,267) Ochsner maintains a free parking garage for employees and patients Revenue is attributable to the optional valet parking service, w hich is offered for the convenience of Ochsner's patients

Return Reference	Explanation
Form 990, Part III, Line 4d Description of other program services	(Expenses $ 0 including grants of $ 0)(Revenue $ 309,386) Program Related Investments Equity Income from Joint Venture providing patient care

Return Reference	Explanation
Form 990, Part V, Line 5c Backup Withholding for Reportable Gambling Winnings	An inadvertent omission was discovered with regards to the filing of Form W-2G and withholding payment associated with a single raffle prize awarded to an individual in 2015 The Organization is currently working to correct the omission

Return Reference	Explanation
Form 990, Part VI, Line 16b JOINT VENTURE PROCESS	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 VI, Line 12a WHISTLEBLOWER POLICY	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 Protection Policy All affiliates are subject to the same System-Wide requirements

Return Reference	Explanation
Form 990, Part VI, Line 1a Material differences in voting rights	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 Clinic Foundation's activities

Return Reference	Explanation
Form 990, Part VI, Line 2 Family/business relationships amongst interested persons	Dr Quinlan and Mr Suquet - Business relationship

Return Reference	Explanation
Form 990, Part VI, Line 6 Classes of members or stockholders	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, Line 7a Members or stockholders electing members of governing body	The Community Directors shall be nominated exclusively by the nominating committee of the board of directors of the Member, Ochsner Health System, EIN 20-5296918 The nominating committee shall also nominate tw o 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, Line 7b Decisions requiring approval by members or stockholders	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 number 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, Line 11b Review of form 990 by governing body	One or more members of senior management review the return The return is also reviewed by Ernst & Young US, 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 2015 return was held on October 31, 2016 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, Line 12c Conflict of interest policy	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, Line 15a Process to establish compensation of top management official	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 Ochsner Clinic Foundation Board of Directors (Compensation Committee) No substantive change to the compensation or benefits packages is made until Committee approval is granted in accordance with Intermediate Sanctions guidelines The Compensation Committee is without conflicts of interest and uses an independent external consultant Appropriate data is applied to determine the comparability of fair market value pay and all actions are appropriately documented In order to meet the requirements of the IRS Intermediate Sanctions regulations, the Compensation Committee identified the "disqualified individuals" that are in a position to exercise substantial influence over the company's operations These individuals are the members of the Executive Officers Committee (EOC), Regional Medical Directors, physician board members and Section Heads for key departments For disqualified individuals, the compensation review also includes the cost of benefits such as the company portion of medical and dental benefits, malpractice insurance, payments for 401K matching and pension

Return Reference	Explanation
Form 990, Part VI, Line 15b Process to establish compensation of other employees	Compensation for other non-physician key employees is reviewed by senior executives who take market value research into consideration when determining compensation levels A different review process is used for Physicians Annually, the Physician Compensation department reviews the compensation of each employed physician This review includes a comparison of physician salaries against national survey data for their specialty The Physician Compensation department compiles the compensation data for each physician including base salary, stipends, on-call pay, etc Each physician's compensation as well as 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

Return Reference	Explanation
Form 990, Part VI, Line 19 Required documents available to the public	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 VII, Section A, Line 1a, Column (B) ADDITIONAL COMPENSATION EXPLANATION - DIRECTORS	DIRECTORS - 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 - OFFICERS	COMPENSATION OF OFFICERS 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	KEY EMPLOYEE COMPENSATION FROM INTEGRATED HEALTH SYSTEM Dr Joseph Bisordi, Dr Robert Hart, Dr Dawn Puente, and Mr Robert Wolterman are employed and compensated by Ochsner Health System, EIN 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 VII, Section A, Line 1a Additional Compensation Explanation - Directors	COMMUNITY DIRECTORS ARE VOLUNTEERS AND ARE NOT PAID A STIPEND OR OTHER COMPENSATION FOR THEIR SERVICE TO OCHSNER AS BOARD MEMBERS THE COMPENSATION OF COMMUNITY DIRECTORS THAT IS REPORTED FOR 2015 CONSISTS OF OCHSNER'S PAYMENTS (EITHER DIRECTLY OR AS REIMBURSEMENT) OF EXPENSES INCURRED FOR MEETING OR TRAVEL EXPENSES FOR THE BOARD 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

Return Reference	Explanation
Form 990, Part VIII, Line 2f Other Program Service Revenue	Equity Income from Home Health Joint Venture - Total Revenue 309386, Related or Exempt Function Revenue 33314, Unrelated Business Revenue 276072, Revenue Excluded from Tax Under Sections 512, 513, or 514 , Parking Garage - Total Revenue 21267, Related or Exempt Function Revenue , Unrelated Business Revenue , Revenue Excluded from Tax Under Sections 512, 513, or 514 21267,

Return Reference	Explanation
Form 990, Part XI, Line 9 Other changes in net assets or fund balances	Grants/Contributions/Fundraising included in Restricted Net Assets - -1471834, Net Assets released for Operations - 992330, Unrestricted Impairments Recovery - -4907096, Pension-related changes other than net periodic pension costs - -7906149, Other Change in Net Assets related to EIN # 46-4381058 - -481064, Other Change in Net Assets related to EIN # 47-1267935 - 105429, Other Change in Net Assets related to EIN # 47-2642764 - -2252939, Loss on early extinguishment of debt - -10694014, Restricted net assets released from restrictions - -5125000, Investment Changes included in Restricted Net Assets - 3605002, Other Changes in Net Assets or Fund Balances - -130630,

Return Reference	Explanation
Form 990, Part XII, Line 2c OVERSIGHT AND SELECTION PROCESS	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, Box C Doing Business As	OCHSNER MEDICAL CENTER Ochsner Health Center Ochsner St Anne General Hospital Ochsner Medical Center - Baton Rouge Elmwood Fitness Center (a Service of Ochsner) Ochsner Alton Ochsner Medical Foundation Ochsner Outpatient Surgery Suite

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*.

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2015

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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	No
(1) Ochsner Health System 1514 Jefferson Highway New Orleans, LA 70121 20-5296918	Health Care support	LA	501(c)(3	Type II	NA		No
(2) Ochsner Community Hospitals 1514 Jefferson Highway New Orleans, LA 70121 20-5297040	Patient Care	LA	501(c)(3	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	Type I	Ochsner Clinic Foundation	Yes	
(4) Brent House Corporation 1512 Jefferson Highway New Orleans, LA 70121 72-0872457	Rents hotel rooms to patients/guests of Ochsner facilities	LA	501(c)(3	Type I	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
(1) Ochsner Health Partners LLC 2941 Lake Vista Drive Lewisville, TX 75067	Healthcare	DE	Ochsner Clinic Foundation	Related	0	0		No	0		No	50 5 %

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 Corporation	5,833,172	354,703	100 %	Yes	
(2) Community Medical Group-St Charles Inc 2801 Via Fortuna Suite 500 Austin, TX 787467573 46-3447107	Clinical Services	LA	Satyr Clinical Services Inc	C Corporation	2,935,957	43,385	100 %	Yes	

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

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

		Yes	No
1 During the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a Receipt of **(i)** interest, **(ii)** annuities, **(iii)** royalties, or **(iv)** rent from a controlled entity . . .	**1a**	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**		No
e Loans or loan guarantees by related organization(s) . . .	**1e**		No
f Dividends from related organization(s) . . .	**1f**		No
g Sale of assets to related organization(s) . . .	**1g**		No
h Purchase of assets from related organization(s) . . .	**1h**		No
i Exchange of assets with related organization(s) . . .	**1i**		No
j Lease of facilities, equipment, or other assets to related organization(s) . . .	**1j**	Yes	
k Lease of facilities, equipment, or other assets from related organization(s) . . .	**1k**	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**	Yes	
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
Schedule R, Part IV Related Organizations Taxable as a Corporation or Trust	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: 15000238
Software Version: 2015v2.1
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
(1) 1201 Dickory LLC 1514 Jefferson Highway New Orleans, LA 70121 72-0502505	Real Estate Title-Holding Company	LA	0	0	Ochsner Clinic Foundation
(1) Chabert Operational Management Company LLC 1514 Jefferson Highway New Orleans, LA 70121 46-2840691	Performs Hospital Management Services	LA	29,898,895	21,731,559	Ochsner Clinic Foundation
(2) Deuteron Realty 1514 Jefferson Highway New Orleans, LA 70121 72-1079347	Nominee Real Estate Corporation	LA	0	1,000	Ochsner Clinic Foundation
(3) East Baton Rouge Medical Center LLC 17000 Medical Center Dr Baton Rouge, LA 70816 20-1729674	Patient Care	DE	214,833,916	53,195,416	Ochsner Clinic Foundation
(4) 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	302,598	855,104	Ochsner Clinic Foundation
(5) iO LLC 1514 Jefferson Highway New Orleans, LA 70121 72-0502505	Foster and support patient centered innovative health care solutions	LA	0	0	Ochsner Clinic Foundation
(6) Ochsner Accountable Care Network 1514 Jefferson Highway New Orleans, LA 70121 45-5446191	Accountable Care Organization	LA	0	0	Ochsner Clinic Foundation
(7) Ochsner Bayou LLC 4608 Highway 1 Raceland, LA 70394 20-4670876	Operation of Ochsner St Anne General Hospital	LA	36,292,635	20,663,325	Ochsner Clinic Foundation
(8) 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	2,549,544	Ochsner Clinic Foundation
(9) Ochsner Clinic LLC 1514 Jefferson Highway New Orleans, LA 70121 72-0276883	Physician Services	LA	656,408,411	-7,819,758	Ochsner Clinic Foundation
(10) Ochsner Health Network LLC 1514 Jefferson Highway New Orleans, LA 70121 47-2540787	Operates a Network of healthcare organaizations	LA	5,230,608	1,794,760	Ochsner Clinic Foundation
(11) Ochsner Health Partners Hospital LLC 2941 Lake Vista Drive Lewisville, TX 75067	Leasehold	DE	0	0	Ochsner Health Partners LLC
(12) Ochsner Home Medical Equipment LLC 1514 Jefferson Highway New Orleans, LA 70121 72-0502505	Sales of Durable Medical Equipment to Patients	LA	8,036,373	5,247,000	Ochsner Clinic Foundation
(13) Ochsner Medical Center - Northshore LLC 1514 Jefferson Highway New Orleans, LA 70121 27-1770321	Patient Care	LA	98,097,445	23,796,965	Ochsner Clinic Foundation
(14) Ochsner Mississippi LLC 1514 Jefferson Highway New Orleans, LA 70121 75-3009725	provides healthcare svcs in the state of Mississippi	LA	0	0	Ochsner Clinic Foundation
(15) Ochsner Pharmacy and Wellness LLC 1514 Jefferson Highway New Orleans, LA 70121 46-5235153	Sale and distribution of health care products	LA	19,839,000	20,176,276	Ochsner Clinic Foundation
(16) Ochsner Physician Partners LLC 1514 Jefferson Highway New Orleans, LA 70121 45-4962130	Operates a Clinically Integrated Network of Physicians and Hospitals	LA	2,700,489	1,853,592	Ochsner Clinic Foundation
(17) 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
(18) Southern Strategic Sourcing Partners LLC 1514 Jefferson Highway New Orleans, LA 70121 47-2552418	Reduce supply costs for members	LA	960,218	311,921	Ochsner Clinic Foundation
(19) St Charles Operational Management Company 1514 Jefferson Highway New Orleans, LA 70121 47-1714076	Performs Hospital Management Services	LA	6,153,819	8,731,189	Ochsner Clinic Foundation

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	No
Ochsner Health System 1514 Jefferson Highway New Orleans, LA 70121 20-5296918	Health Care support	LA	501(c)(3	Type II	NA		No
Ochsner Community Hospitals 1514 Jefferson Highway New Orleans, LA 70121 20-5297040	Patient Care	LA	501(c)(3	3	Ochsner Health System	Yes	
Ochsner System Protection Company 1514 Jefferson Highway New Orleans, LA 70121 27-1170999	Captive Insurance	LA	501(c)(3	Type I	Ochsner Clinic Foundation	Yes	
Brent House Corporation 1512 Jefferson Highway New Orleans, LA 70121 72-0872457	Rents hotel rooms to patients/guests of Ochsner facilities	LA	501(c)(3	Type I	Ochsner Clinic Foundation	Yes	
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	
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	
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
(1)	Brent House Corporation	A	2,047,230	Intercompany Billings - Mkt Value
(1)	Satyr Clinical Services Inc	B	6,077,452	Cash transferred
(2)	Brent House Corporation	K	1,008,576	Intercompany Billings - Mkt Value
(3)	EBR Medical Facilities Inc	K	6,389,401	Cash transferred
(4)	OCF Medical Facilities Inc	K	6,205,815	Cash transferred
(5)	Ochsner Community Hospitals	K	12,374,871	Intercompany Billings - Mkt Value
(6)	OMCNS Medical Facilities Inc	K	609,500	Cash transferred
(7)	Ochsner Community Hospitals	L	101,947	Intercompany Billings - Mkt Value
(8)	Brent House Corporation	M	523,578	Intercompany Billings - Mkt Value
(9)	Ochsner Community Hospitals	M	10,036,270	Intercompany Billings - Mkt Value
(10)	Ochsner Community Hospitals	Q	8,785,761	Intercompany Billings - Mkt Value
(11)	Ochsner Community Hospitals	R	19,303,813	Loan Balance