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Form 990

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2017

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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.

A For the 2017 calendar year, or tax year beginning 01-01-2017 , and ending 12-31-2017

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 Statement

Number and street (or P.O. box if mail is not delivered to street address)Room/suite

1514 Jefferson Highway BH 546

City or town, state or province, country, and ZIP or foreign postal code
NEW ORLEANS, LA 70121

F Name and address of principal officer:
WARNER L THOMAS
1514 Jefferson Highway BH 546
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 ▶

D Employer identification number
72-0502505

E Telephone number
(504) 842-4097

G Gross receipts \$ 3,249,434,818

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)

4 Number of independent voting members of the governing body (Part VI, line 1b)

5 Total number of individuals employed in calendar year 2017 (Part V, line 2a)

6 Total number of volunteers (estimate if necessary)

7a Total unrelated business revenue from Part VIII, column (C), line 12

7b Net unrelated business taxable income from Form 990-T, line 34

Revenue

8 Contributions and grants (Part VIII, line 1h)

9 Program service revenue (Part VIII, line 2g)

10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)

11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)

12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)

Expenses

13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)

14 Benefits paid to or for members (Part IX, column (A), line 4)

15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)

16a Professional fundraising fees (Part IX, column (A), line 11e)

b Total fundraising expenses (Part IX, column (D), line 25) ▶526,521

17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)

18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)

19 Revenue less expenses. Subtract line 18 from line 12

Net Assets or Fund Balances

20 Total assets (Part X, line 16)

21 Total liabilities (Part X, line 26)

22 Net assets or fund balances. Subtract line 21 from line 20

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

2020-10-15
Date

Scott J Posecai EVP, Treasurer, & CFO
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name
MELVA SCOTT

Preparer's signature
MELVA SCOTT

Date

Check ☐ if self-employed

PTIN
P01207335

Firm's name ▶ ERNST & YOUNG US LLP

Firm's EIN ▶ 34-6565596

Firm's address ▶ 425 HOUSTON ST SUITE 600
FORT WORTH, TX 761027427

Phone no. (817) 335-1900

May the IRS discuss this return with the preparer shown above? (see instructions)

☒ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions.

Cat. No. 11282Y

Form 990 (2017)

Part III Statement of Program Service AccomplishmentsCheck 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 \$ 2,388,231,803 including grants of \$ 664,122) (Revenue \$ 2,851,047,465)
	See Additional Data

4b	(Code:) (Expenses \$ 40,448,000 including grants of \$) (Revenue \$ 11,722,016)
	See Additional Data

4c	(Code:) (Expenses \$ 16,870,000 including grants of \$) (Revenue \$ 8,491,971)
	See Additional Data

See Additional Data Table

4d	Other program services (Describe in Schedule O.)
	(Expenses \$ 15,003,542 including grants of \$) (Revenue \$ 15,134,929)

4e	Total program service expenses ▶ 2,460,553,345
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Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1 Yes	
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2 Yes	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3	No
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4 Yes	
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	
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 Yes	
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	No
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17	No
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18 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

Part IV Checklist of Required Schedules (continued)

	Yes	No
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a Yes	
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b Yes	
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? <i>If "Yes," complete Schedule I, Parts I and II</i>	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? <i>If "Yes," complete Schedule I, Parts I and III</i>	22	No
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23 Yes	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	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? <i>If "Yes," complete Schedule L, Part I</i>	25a	No
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b	No
26 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? <i>If "Yes," complete Schedule L, Part II</i>	26	No
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27	No
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a	No
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b 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? <i>If "Yes," complete Schedule L, Part IV</i>	28c Yes	
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29 Yes	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30	No
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31	No
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32	No
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33 Yes	
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	34 Yes	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a 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)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b Yes	
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36	No
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37	No
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O.	38 Yes	

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck 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 21,157		
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b 1		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes	
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a 20,991		
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: ► EI , BD , CJ 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 21		
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 10		
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	Yes	
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		No
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	Yes	
5 Did the organization become aware during the year of a significant diversion of the organization's assets?	5		No
6 Did the organization have members or stockholders?	6		No
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		No
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		No
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
a The governing body?	8a	Yes	
b Each committee with authority to act on behalf of the governing body?	8b	Yes	
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No

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

	Yes	No
10a Did the organization have local chapters, branches, or affiliates?	10a 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: ► Scott J Posecai 1514 Jefferson Highway BH 546 NEW ORLEANS, LA 70121 (504) 842-4097	

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

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

Form **990** (2017)

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										
1b Sub-Total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								17,695,695	8,922,158	3,299,050

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 **2,086**

	Yes	No
3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3 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? <i>If "Yes," complete Schedule J for such individual</i>	4 Yes	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>	5	No

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
BROADMOOR-MILTON J WOMACK - A JOINT VENTURE 2740 N ARNOULT RD METAIRIE LA, LA 70002 BERNHARD MCC LLC	CONSTRUCTION	27,043,262
8555 UNITED PLAZA BLVD SUITE 201 BATON ROUGE, LA 70809 GJERSET & LORENZ LLP	CONSTRUCTION	20,113,245
2801 VIA FORTUNA SUITE 500 AUSTIN, TX 78746	LEGAL SERVICES	9,098,941
LOUISIANA STATE UNIVERSITY 433 BOLIVAR ST NEW ORLEANS, LA 70112	PURCHASED PHYSICIAN SERVICES	8,814,153
MAYO COLLABORATIVE SERVICES INC dba MAYO MEDICAL LABORATORIES 3050 SUPERIOR DRIVE NW ROCHESTER, MN 55905	LAB SERVICES	6,682,065

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 **180**

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	557,516			
	b Membership dues . . .	1b				
	c Fundraising events . . .	1c	1,100,373			
	d Related organizations	1d				
	e Government grants (contributions)	1e	774,373			
	f All other contributions, gifts, grants, and similar amounts not included above	1f	13,699,332			
	g Noncash contributions included in lines 1a-1f: \$ _____		5,114,593			
	h Total. Add lines 1a-1f ▶			16,131,594		
Program Service Revenue		Business Code				
	2a Patient Service Revenue	621110	2,851,065,953	2,685,380,760	342,671	165,342,522
	b Ochsner Fitness Center	713940	13,227,663	11,416,614		1,811,049
	c Education Revenue	611600	11,722,016	11,722,016		
	d Research Revenue	900099	8,491,971	8,491,971		
	e Rental From Physical Plant	531120	2,047,230			2,047,230
	f All other program service revenue .		-158,452	-393,492	235,040	0
	g Total. Add lines 2a-2f ▶		2,886,396,381			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts) ▶		18,310,657		116,810	18,193,847
	4 Income from investment of tax-exempt bond proceeds ▶		630,253			630,253
	5 Royalties ▶		28,719			28,719
	6a Gross rents	(i) Real (ii) Personal				
		9,408,606				
	b Less: rental expenses	3,926,684				
	c Rental income or (loss)	5,481,922 0				
	d Net rental income or (loss) ▶		5,481,922			5,481,922
	7a Gross amount from sales of assets other than inventory	(i) Securities (ii) Other				
		215,541,512 10,923,372				
	b Less: cost or other basis and sales expenses	185,962,253 254,661				
	c Gain or (loss)	29,579,259 10,668,711				
	d Net gain or (loss) ▶		40,247,970			40,247,970
	8a Gross income from fundraising events (not including \$ 1,000,373 of contributions reported on line 1c). See Part IV, line 18 a		619,515			
	b Less: direct expenses b		847,042			
	c Net income or (loss) from fundraising events ▶		-227,527			-227,527
	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		72,699,576				
b Less: cost of goods sold b		51,615,368				
c Net income or (loss) from sales of inventory ▶		21,084,207		3,525,376	17,558,831	
Miscellaneous Revenue		Business Code				
11a Management Services Revenue		541611	8,477,512		8,477,512	
b Electronic Medical Record System Support		541511	10,936,961		10,936,961	
c COMPUTER SOFTWARE DESIGN		541512	-669,839		-669,839	
d All other revenue			0	0	0	0
e Total. Add lines 11a-11d ▶			18,744,634			
12 Total revenue. See Instructions. ▶			3,006,828,810	2,716,617,869	22,964,531	251,114,816

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 ☐

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.				
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	578,167	578,167		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16.	85,955	85,955		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	12,193,694	8,151,620	4,042,074	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	261,494	261,494		
7 Other salaries and wages	1,301,167,600	1,157,922,170	142,914,215	331,215
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	56,186,067	52,855,050	3,310,215	20,802
9 Other employee benefits	9,125,937	8,475,861	647,423	2,653
10 Payroll taxes	74,051,724	65,911,166	8,119,294	21,264
11 Fees for services (non-employees):				
a Management	46,847,291		46,846,444	847
b Legal	8,834,579	42,256	8,792,323	
c Accounting	40,775		40,775	
d Lobbying	784,069		784,069	
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	1,766,421		1,766,421	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	173,017,133	132,310,429	40,693,191	13,513
12 Advertising and promotion	1,716,651	1,397,256	318,920	475
13 Office expenses	38,196,249	31,385,818	6,725,180	85,251
14 Information technology	29,138,097	12,852,294	16,283,958	1,845
15 Royalties				
16 Occupancy	106,450,931	64,929,376	41,519,643	1,912
17 Travel	2,386,625	1,638,513	743,145	4,967
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	5,477,895	4,545,604	931,204	1,087
20 Interest	42,264,775	39,733,705	2,531,070	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	124,098,847	70,098,127	53,974,214	26,506
23 Insurance	29,978,154	29,470,693	507,461	
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 MEDICAL SUPPLIES, ORGANS, DRUGS	484,726,297	484,722,036		4,261
b OUTSIDE PROVIDER	133,952,007	133,952,007		
c BLDG EQUIPMENT RPR MAINT	77,640,491	75,271,899	2,367,109	1,483
d LICENSES & TAXES	39,068,821	37,367,367	1,701,454	
e All other expenses	78,038,521	46,594,482	31,435,599	8,440
25 Total functional expenses. Add lines 1 through 24e	2,878,075,267	2,460,553,345	416,995,401	526,521
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 SheetCheck if Schedule O contains a response or note to any line in this Part IX ☐

			(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing	162,848,268	1	
	2	Savings and temporary cash investments	160,972,579	2	306,449,376
	3	Pledges and grants receivable, net	33,986,187	3	34,123,118
	4	Accounts receivable, net	163,322,695	4	351,799,467
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L	0	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	1,693,171	7	1,376,212
	8	Inventories for sale or use	55,874,434	8	68,063,504
	9	Prepaid expenses and deferred charges	36,107,194	9	34,381,134
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	2,001,576,110		
	b	Less: accumulated depreciation	1,186,184,783		
	11	Investments—publicly traded securities	538,415,381	11	527,144,951
	12	Investments—other securities. See Part IV, line 11	265,721,956	12	332,665,243
	13	Investments—program-related. See Part IV, line 11	0	13	
	14	Intangible assets	55,024,658	14	82,649,016
	15	Other assets. See Part IV, line 11	82,160,233	15	97,186,239
16	Total assets. Add lines 1 through 15 (must equal line 34)	2,258,707,558	16	2,651,229,587	
Liabilities	17	Accounts payable and accrued expenses	270,392,877	17	327,566,399
	18	Grants payable		18	
	19	Deferred revenue	9,633,499	19	35,607,608
	20	Tax-exempt bond liabilities	591,493,144	20	744,068,224
	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	0
	23	Secured mortgages and notes payable to unrelated third parties	325,390,520	23	318,016,141
	24	Unsecured notes and loans payable to unrelated third parties	52,430,000	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	201,874,809	25	207,621,048
26	Total liabilities. Add lines 17 through 25	1,451,214,849	26	1,685,309,420	
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	693,440,120	27	832,938,583
	28	Temporarily restricted net assets	88,219,380	28	106,298,704
	29	Permanently restricted net assets	25,833,209	29	26,682,880
	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	807,492,709	33	965,920,167	
34	Total liabilities and net assets/fund balances	2,258,707,558	34	2,651,229,587	

Part XI Reconciliation of Net AssetsCheck 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	3,006,828,810
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,878,075,267
3	Revenue less expenses. Subtract line 2 from line 1	3	128,753,543
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	807,492,709
5	Net unrealized gains (losses) on investments	5	37,117,825
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	-7,443,910
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	965,920,167

Part XII Financial Statements and ReportingCheck 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? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis		No
b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: ☐ Separate basis ☒ Consolidated basis ☐ Both consolidated and separate basis	Yes	
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? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	Yes	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	Yes	
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.	Yes	

Additional Data

Software ID: 17005876
Software Version: 2017v2.2
EIN: 72-0502505
Name: OCHSNER CLINIC FOUNDATION

Form 990 (2017)

Form 990, Part III, Line 4a:

PATIENT CARE/PATIENT MEDICAL SERVICES: OCHSNER CLINIC FOUNDATION CONSISTS OF FIVE HOSPITALS AT SEVEN CAMPUSES AND MANY CLINICAL LOCATIONS. SERVED 118,589 INPATIENTS RESULTING IN 342,561 PATIENT DAYS. EMERGENCY ROOM VISITS TOTALED 316,776. THE NUMBER OF BIRTHS TOTALED 7,422. OUTPATIENT HOSPITAL VISITS TOTALED 519,771. PHYSICIAN CLINIC VISITS TOTAL 2,012,665. 435 PATIENTS RECEIVED ORGAN TRANSPLANTS.

Form 990, Part III, Line 4b:

Division of Academics: 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 OCF. Residency Training Programs: OCF operates one of the nation's largest independent academic medical centers and trains over 278 residents and fellows annually in 28 independent OCF-sponsored accredited residency training programs. In addition, Ochsner is a joint sponsor with the Louisiana State University Health Science Center ("LSUHSC"), psychiatry program, and is a joint sponsor of a pediatric program with Tulane University School of Medicine ("Tulane"). The joint programs include approximately 69 residents. In addition, another 370 residents and fellows rotate to OCF in various disciplines of medicine and surgery under affiliation agreements with LSUHSC and Tulane as well as other schools from across the country and around the world. Ochsner also supports LSUHSC residency training programs at Ochsner Medical Center - Kenner where approximately 109 residents in Family Practice and Internal Medicine, and approximately 104 residents in medicine and surgical specialties training programs complete clinical rotations annually. 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"). At full student compliment, this program will graduate 120 medical students each year. The program is for United States citizens or permanent residents who are interested in pursuing a career in medicine with the opportunity to study in a global program. The students complete their first and second years of training at the University in Brisbane followed by the 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 2018, there were 467 students enrolled in the University of Queensland, OCS program. In addition to the University of Queensland, OCS program, Ochsner continues to provide over 400 student months of clinical education to medical students from Tulane and the LSUHSC and other medical school programs from across the region, country and around the world. Continuing Medical Education: The Ochsner Department of Continuing Medical Education (CME) has been accredited by the Accreditation Council for Continuing Medical Education (ACCME) since 1976. Approximately 130 CME educational activities held annually through Regularly Scheduled Series and Live Activities provides more than 14,500 practicing physicians with 51,000 CME credits. OCF also collaborates with over 20 Joint Providers to issue CME credit for educational activities sponsored through the Joint Provider. These educational activities include national societies, regional hospitals, and specialty groups. 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) 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 245 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 1,300 students. In addition, through a long-standing partnership with the University of Holy Cross, students in radiologic technology and neurodiagnostic technology train at Ochsner Medical Center and upon completion of these programs are eligible to earn an Associate or Bachelor's degree in Health Science.

Form 990, Part III, Line 4c:

Medical Research: Currently, Ochsner Clinic Foundation operates six research laboratories within the Institute for Translational Research focusing on multiple medical diseases and problems including cancer, diabetes, transplant rejection, rheumatological diseases, neurological disorders and infectious diseases. In addition, Ochsner currently offers to its patients over 700 active clinical research studies in 50 clinical areas. Approximately 7,000 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. CAHSR services include an Information Analytics Unit that helps researchers extract data from Ochsner's System data repositories, an Epidemiology & Biostatistics 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, and more. Since inception, over 500 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 research projects. Since inception, over 3,000 patients have donated their biospecimens and biofluids. This has resulted in development of a comprehensive ExpressBank with an inventory of over 41,300 aliquots of biospecimens and biofluids. They also have access to any FFPE blocks from the Pathology department that are 10 years or older. 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.

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

(Code:) (Expenses \$ 11,014,000 including grants of \$) (Revenue \$ 13,227,663)

Ochsner Fitness Center: Designed to meet the health and fitness goals of its members, Ochsner 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 its 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 \$ 2,047,230 including grants of \$) (Revenue \$ 2,047,230)

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 \$ 1,942,312 including grants of \$) (Revenue \$ 18,488)

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 \$ including grants of \$) (Revenue \$ -158,452)

Program Related Investments: Equity Income from Joint Venture providing patient care.

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
SUZANNE T MESTAYER BOARD CHAIRMAN	1.0 3.0	X		X				0	2,886	0
WARNER L THOMAS PRESIDENT / CEO / BOARD MEMBER	1.0 49.0	X		X				0	3,200,900	456,623
VINCENT R ADOLPH MD BOARD MEMBER/SENIOR PHYSICIAN	49.0 1.0	X						644,671	0	60,416
PEDRO CAZABON MD BOARD MEMBER/SENIOR PHYSICIAN	47.0 3.0	X						371,824	0	63,837
THOMAS Duncan DAVIS COMMUNITY DIRECTOR	1.0 3.0	X						0	1,908	0
RICHARD E DEICHMANN MD BOARD MEMBER/SENIOR PHYSICIAN	47.0 3.0	X						297,029	0	61,726
WILLIAM H HINES COMMUNITY DIRECTOR	1.0 3.0	X						0	5,922	0
DENNIS KAY MD BOARD MEMBER/SENIOR PHYSICIAN	47.0 3.0	X						759,156	0	70,370
R Parker LECORGNE COMMUNITY DIRECTOR	1.0 3.0	X						0	1,230	0
GEORGE E LOSS MD PHD BOARD MEMBER/SENIOR PHYSICIAN	47.0 3.0	X						1,048,720	0	74,880

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
JAMES E MAURIN PAST CHAIR/COMMUNITY DIRECTOR	1.0 3.0	X						0	5,086	0
JEFFERSON G PARKER COMMUNITY DIRECTOR	1.0 3.0	X						0	4,117	0
ROBERT J PATRICK COMMUNITY DIRECTOR	1.0 3.0	X						0	8,941	0
KENNETH POLITE COMMUNITY DIRECTOR (BEGIN 9/26/17)	1.0 3.0	X						0	0	0
TIMOTHY L RIDDELL MD BOARD MEMBER/SENIOR PHYSICIAN	25.0 25.0	X						320,022	0	34,244
DANA H SMETHERMAN MD BOARD MEMBER/SENIOR PHYSICIAN	47.0 3.0	X						631,586	0	64,278
VICTORIA A SMITH MD BOARD MEMBER/SENIOR PHYSICIAN (BEGIN 9/26/17)	45.0 5.0	X						265,206	0	38,621
STEPHEN F STUMPF COMMUNITY DIRECTOR	1.0 3.0	X						0	3,596	0
JOSE S SUQUET COMMUNITY DIRECTOR	1.0 3.0	X						0	6,351	0
DAVID E TAYLOR MD BOARD MEMBER/SENIOR PHYSICIAN	47.0 3.0	X						360,369	0	76,149

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
ANDREW B WISDOM COMMUNITY DIRECTOR	1.0 3.0	X						0	3,265	0
BOBBY C BRANNON EXEC VP & TREASURER	44.0 6.0			X				694,147	0	49,551
MICHAEL F HULEFELD EXEC VP & CHIEF OPERATING OFFICER	1.0 49.0			X				0	1,768,216	218,115
PETER C NOVEMBER SECRETARY/EXEC VP CHIEF ADMINISTRATIVE OFFICER	1.0 49.0			X				0	932,247	226,920
SCOTT J POSECAI EXEC VP & CHIEF FINANCIAL OFFICER	1.0 49.0			X				0	937,862	291,288
DAWN J ANUSZKIEWICZ CEO-BAPTIST	50.0 0				X			402,357	0	79,486
STEVEN B DEITELZWEIG MD SR PHYSICIAN, SVC LINE LDR, HOSPITAL MED	50.0 0.0				X			466,266	0	59,494
BRADLEY R GOODSON CEO NORTSHORE REGION	50.0 0.0				X			402,630	0	87,114
RICHARD D GUTHRIE JR MD CHIEF QUALITY OFFICER	49.0 1.0				X			559,385	0	94,825
ROBERT I HART MD EXEC VP-CHIEF MEDICAL OFFICER	1.0 49.0				X			0	724,417	59,827

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
YVENS G LABORDE MD	50.0									
REG MED DIR, WB REG	0.0				X			440,029	0	96,022
E Edward MARTIN JR MD	50.0									
REG MED DIR - N.S. REG	0.0				X			576,670	0	60,406
WILLIAM A MCDADE MD PHD	49.0									
EXEC VP-CHIEF ACADEMIC OFFICER	1.0				X			526,076	0	101,852
J Eric MCMILLEN	50.0									
CEO, BATON ROUGE REGION	0				X			383,724	0	56,453
DAWN M PUENTE MD	50.0									
REG MED DIR, NO COMM HOSP	0.0				X			508,729	0	68,496
ARMIN SCHUBERT MD	50.0									
VPMA-OMC-JEFF HWY	0				X			563,278	0	69,125
ROBERT WOLTERMAN	50.0									
CEO OMC-JEFF HWY	0.0				X			520,321	0	84,154
DERYK G JONES MD	50.0									
SR PHYSICIAN, SECTION HEAD, SPORTS MEDICINE	0					X		1,037,244	0	73,224
SEBASTIAN F KOGA MD	50.0									
PHYSICIAN-SECTION HEAD	0					X		1,368,582	0	36,647
LEONARDO G OREJARENA MD	50.0									
SR PHYSICIAN-SECTION HEAD	0					X		1,064,305	0	49,355

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
BENJAMIN B PEELER MD PHYSICIAN-SECTION HEAD	50.0 0					X		2,017,770	0	62,069
MARCUS L WARE MD SR PHYSICIAN	50.0 0					X		1,049,157	0	52,442
MARK A FRENCH FORMER KEY EMPLOYEE	0.0 50.0						X	0	269,958	44,281
WILLIAM W PINSKY MD FORMER KEY EMPLOYEE	49.0 1.0						X	125,557	0	0
BETH E WALKER FORMER KEY EMPLOYEE	50.0 0						X	290,886	0	44,550
PATRICK J QUINLAN MD FORMER OFFICER & DIRECTOR	1.0 49.0						X	0	1,045,255	232,210

SCHEDULE A
(Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Name of the organization
OCHSNER CLINIC FOUNDATION

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

2017

Open to Public Inspection

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 12, check only one box.)

- 1

☐

A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2

☐

A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ).)
- 3

☒

A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4

☐

A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: _____
- 5

☐

An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6

☐

A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7

☐

An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8

☐

A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9

☐

An agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture. See instructions. Enter the name, city, and state of the college or university: _____
- 10

☐

An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11

☐

An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12

☐

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

☐

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

☐

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

☐

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

☐

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

☐

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

Enter the number of supported organizations
- g

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

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

Part II

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv), 170(b)(1)(A)(vi), and 170(b)(1)(A)(ix)

(Complete only if you checked the box on line 5, 7, 8, or 9 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support							
Calendar year (or fiscal year beginning in) ▶		(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") . . .						
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)2013	(b)2014	(c)2015	(d)2016	(e)2017	(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 2017 (line 6, column (f) divided by line 11, column (f))					14	
15	Public support percentage for 2016 Schedule A, Part II, line 14					15	
16a 33 1/3% support test—2017. 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—2016. 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—2017. 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—2016. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ ☐							
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ ☐							

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(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 2017 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2016 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2017 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2016 Schedule A, Part III, line 17	18	

19a 33 1/3% support tests—2017. 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—2016. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ☐

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

	Yes	No
1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? <i>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.</i>		
	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? <i>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.</i>		
	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)? <i>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).</i>		
	1	

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
	1	
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization (s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
	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? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		
	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)		
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? <i>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.</i>		
	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? <i>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.</i>		
	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? <i>Provide details in Part VI.</i>		
	3a	
b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		
	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 (explain in Part VI). **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 2017 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-2017	(iii) Distributable Amount for 2017
1 Distributable amount for 2017 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2017 (reasonable cause required-- explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2017:			
a			
b From 2013.			
c From 2014.			
d From 2015.			
e From 2016.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2017 distributable amount			
i Carryover from 2012 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2017 from Section D, line 7:			
\$			
a Applied to underdistributions of prior years			
b Applied to 2017 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2017, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in Part VI. See instructions.			
6 Remaining underdistributions for 2017. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI. See instructions.			
7 Excess distributions carryover to 2018. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2013.			
b Excess from 2014.			
c Excess from 2015.			
d Excess from 2016.			
e Excess from 2017.			

Additional Data

Software ID: 17005876

Software Version: 2017v2.2

EIN: 72-0502505

Name: OCHSNER CLINIC FOUNDATION

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

SCHEDULE C (Form 990 or 990-EZ)	Political Campaign and Lobbying Activities	OMB No. 1545-0047
	For Organizations Exempt From Income Tax Under section 501(c) and section 527	2017
Department of the Treasury Internal Revenue Service	▶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 <u>www.irs.gov/form990</u>.	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 OCHSNER CLINIC FOUNDATION	Employer identification number 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 (see instructions for definition of "political campaign activities")	
2	Political campaign activity expenditures (see instructions)	▶ \$
3	Volunteer hours for political campaign activities (see instructions)	

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-.
1				
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)		784,069													
c Total lobbying expenditures (add lines 1a and 1b)		784,069													
d Other exempt purpose expenditures		2,459,769,276													
e Total exempt purpose expenditures (add lines 1c and 1d)		2,460,553,345													
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.		1,000,000	0												
<table border="1"> <thead> <tr> <th>If the amount on line 1e, column (a) or (b) is:</th> <th>The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>		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.		
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.														
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) 2014	(b) 2015	(c) 2016	(d) 2017	(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	766,727	826,008	671,666	784,069	3,048,470
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	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)		(b)
		Yes	No	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
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SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

OMB No. 1545-0047

2017

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 ► \$

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Cat. No. 52283D

Schedule D (Form 990) 2017

Part III

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

3

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

a

☐ Public exhibition

b

☐ Scholarly research

c

☐ Preservation for future generations

d

☐ Loan or exchange programs

e

☐ Other

4

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

5

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

☐ Yes

☐ No

Part IV

Escrow and Custodial Arrangements.

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

1a

Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

☐ Yes

☐ No

b

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

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

	Amount
1c	
1d	
1e	
1f	

2a

Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?

☐ Yes

☐ No

b

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

☐

Part V

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

	(a)Current year	(b)Prior year	(c)Two years back	(d)Three years back	(e)Four years back
1a Beginning of year balance	37,623,379	33,770,056	33,633,473	30,504,804	28,003,991
b Contributions	834,875	2,047,419	340,496	138,247	594,194
c Net investment earnings, gains, and losses	5,240,256	2,396,581	27,886	3,916,658	3,696,563
d Grants or scholarships					
e Other expenditures for facilities and programs	892,832	590,677	231,799	926,236	1,789,944
f Administrative expenses					
g End of year balance	42,805,678	37,623,379	33,770,056	33,633,473	30,504,804

2

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

a

Board designated or quasi-endowment ▶ 3.64 %

b

Permanent endowment ▶ 62.34 %

c

Temporarily restricted endowment ▶ 34.02 %

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:

(i) unrelated organizations

3a(i)

Yes

No

(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" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land	3,823,357	50,584,916		54,408,273
b Buildings	3,782,604	944,829,835	540,368,983	408,243,456
c Leasehold improvements		84,333,737	46,087,902	38,245,835
d Equipment		762,032,681	571,056,973	190,975,708
e Other		152,188,980	28,670,925	123,518,055
Total. Add lines 1a through 1e.(Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶				815,391,327

Schedule D (Form 990) 2017

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		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)	▶ 332,665,243	

Part VIII

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

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

Part IX

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

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
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
(1) Federal income taxes	104,099
See Additional Data Table	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.)	▶ 207,621,048

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

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

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

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

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

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

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

Part XIII Supplemental Information

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

Return Reference	Explanation
See Additional Data Table	

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

Additional Data

Software ID: 17005876
Software Version: 2017v2.2
EIN: 72-0502505
Name: OCHSNER CLINIC FOUNDATION

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(A) AVIVA INVESTORS MULTI-STRATEGY	31,338,652	F
(A) COMMONFUND CAPITAL INTERNATIONAL PARTNERS V	245,924	F
(B) COMMONFUND CAPITAL INTERNATIONAL PARTNERS VI	596,557	F
(C) COMMONFUND CAPITAL INTERNATIONAL PARTNERS VII	1,938,700	F
(D) COMMONFUND CAPITAL NATURAL RESOURCES VI	382,139	F
(E) COMMONFUND CAPITAL NATURAL RESOURCES VII	1,915,418	F
(F) COMMONFUND CAPITAL NATURAL RESOURCES VIII	1,938,708	F
(G) COMMONFUND CAPITAL PRIVATE EQUITY PARTNERS VI	256,997	F
(H) COMMONFUND CAPITAL PRIVATE EQUITY PARTNERS VII	676,415	F
(I) COMMONFUND CAPITAL VENTURES PARTNERS VII	254,328	F

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(K) COMMONFUND CAPITAL VENTURES PARTNERS VIII	1,469,716	F
(A) COMMONFUND CAPITAL VENTURES PARTNERS IX	4,656,995	F
(B) DW CATALYST OFFSHORE FUND LTD	360,298	F
(C) J O HAMBRO GLOBAL SELECT FUND	39,313,093	F
(D) LEXINGTON CAPITAL PARTNERS VII (OFFSHORE)	1,078,768	F
(E) MILLENNIUM INTERNATIONAL LTD	20,991,465	F
(F) PARAMETRIC GLOBAL DEFENSIVE EQUITY FUND	26,431,263	F
(G) PARK STREET CAPITAL PRIVATE EQUITY FUND VI	597,828	F
(H) POLUNIN DEVELOPING COUNTRIES FUND	16,081,367	F
(I) RENAISSANCE INSTITUTIONAL EQUITIES FUND LLC	25,301,153	F

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(U) SCOPIA PX INTERNATIONAL LTD	22,328,926	F
(A) WELLINGTON DURABLE COMPANIES	32,501,146	F
(B) US RESEARCH EQUITY EXTENDED FUND (CAYMAN) LTD	35,539,788	F
(C) ARROWSTREET INTERNATIONAL EQUITY ACWI EX US TRUST FUND	22,164,290	F
(D) COMGEST GROWTH EMERGING MARKETS	14,513,935	F
(E) SALIENT MLP TOTAL RETURN TE FUND, LP	12,607,587	F
(F) TWO SIGMA US ALL CAP CORE EQUITY FUND LP	17,183,787	F

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

1. (a) Description of Liability	(b) Book Value
PENSION & POST RETIREMENT OBLIGATIONS	147,903,377
LEASE LIABILITY	13,662,768
SELF INSURANCE LIABILITY	14,072,753
WORKER'S COMPENSATION LIABILITY	13,858,363
CONTRACT RETENTIONS	6,853,456
SPLIT INTEREST LIABILITY	641,810
INTEREST RATE SWAP LIABILITY	0
OTHER LIABILITIES	6,073,555
RESERVE FOR RECOUPMENTS	4,275,441
BENEFITS LIABILITY	175,426

Supplemental Information	
Return Reference	Explanation
Schedule D, Part V, Line 4 Intended uses of endowment funds	Explanation: In general, the Organization's Endowment Funds support the following initiatives: Medical Research, Graduate Medical Education Program, Lectureships, Fellowship Awards, Anti-Smoking Initiative, Pastoral Care, Alzheimers care, Nursing Education and Advancement in Anesthesia.

Supplemental Information

Return Reference	Explanation
Schedule D, Part X, Line 2 FIN 48 (ASC 740) footnote	THE TEXT OF THE FOOTNOTE TO THE CONSOLIDATED FINANCIAL STATEMENTS THAT REPORTS THE LIABILITY FOR UNCERTAIN TAX POSITIONS IS AS FOLLOWS: "OCHSNER AND ITS SUBSIDIARIES QUALIFY AS TAX-EXEMPT ORGANIZATIONS UNDER SECTION 501(A) AND ARE DESCRIBED IN SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE AND ARE EXEMPT FROM FEDERAL AND STATE INCOME TAXES. MANAGEMENT ANNUALLY REVIEWS ITS TAX POSITIONS AND HAS DETERMINED THAT THERE ARE NO MATERIAL UNCERTAIN TAX POSITIONS THAT REQUIRE RECOGNITION IN THE ACCOMPANYING CONSOLIDATED BALANCE SHEETS. THE STATUTE OF LIMITATIONS REMAINS OPEN FOR TAX YEARS 2014 THROUGH 2017 IN OCHSNER'S MAIN TAX JURISDICTIONS. THE TAX CUTS AND JOBS ACT (ACT) WAS ENACTED ON DECEMBER 22, 2017. THE ACT REDUCES THE U.S. FEDERAL CORPORATE TAX RATE FROM 35% TO 21%, REQUIRES COMPANIES TO PAY A ONE-TIME TRANSITION TAX ON EARNINGS OF CERTAIN FOREIGN SUBSIDIARIES THAT WAS PREVIOUSLY TAX DEFERRED AND CREATES NEW TAXES ON CERTAIN FOREIGN SOURCED EARNINGS. FOR TAX-EXEMPT ENTITIES, THE ACT ALSO REQUIRES ORGANIZATIONS TO CATEGORIZE CERTAIN FRINGE BENEFIT EXPENSES AS A SOURCE OF UNRELATED BUSINESS INCOME, PAY AN EXCISE TAX ON REMUNERATION ABOVE CERTAIN THRESHOLDS THAT IS PAID TO EXECUTIVES BY THE ORGANIZATION, AND REPORT INCOME OR LOSS FROM UNRELATED BUSINESS ACTIVITIES ON AN ACTIVITY-BY-ACTIVITY BASIS, AMONG OTHER PROVISIONS. CERTAIN REGULATORY GUIDANCE PROVIDES FOR A MEASUREMENT PERIOD OF UP TO ONE YEAR DURING WHICH THE ACCOUNTING FOR THE TAX EFFECTS OF THE ACT MAY BE COMPLETED. OCHSNER MAY RECORD FURTHER ADJUSTMENTS IN FUTURE PERIODS UPON OBTAINING, PREPARING, OR ANALYZING ADDITIONAL INFORMATION ABOUT FACTS AND CIRCUMSTANCES THAT EXISTED AS OF THE DATE OF ENACTMENT THAT WOULD HAVE AFFECTED THE INCOME TAX EFFECTS INITIALLY REPORTED. OCHSNER WILL CONTINUE TO REVISE AND REFINE THE CALCULATIONS AS ADDITIONAL IRS GUIDANCE IS ISSUED."

**SCHEDULE F
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization
OCHSNER CLINIC FOUNDATION

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

2017

**Open to Public
Inspection**

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 Activities 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
See Add'l Data					
3a Sub-total	0	0			165,571,488
b Total from continuation sheets to Part I					0
c Totals (add lines 3a and 3b)	0	0			165,571,488

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)
			Central America and the Caribbean	MEDICAL EDUCATION AND PROVISION OF MEDICAL SERVICES FOR INDIGENT PATIENTS	85,955	Wire Transfer			

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

[illegible]

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 separately 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 separately 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).

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 Audit Services department. The AVP of the Audit Services department ensures compliance with donor restrictions, reviews payment procedures and tracks the use of proceeds.

Return Reference	Explanation
Schedule F, Part I, Line 3(f) Investment Amounts	This section reflects the book value of foreign investments made in 2017 and prior years. Investments and values are as follows: Central America and the Caribbean: * Aviva Investors Multi-Strategy, Cayman Islands, \$31,338,652 * DW Catalyst Offshore Fund LTD, Cayman Islands, \$360,298 * Lexington Capital Partners VII (Offshore), Cayman Islands, \$1,078,768 * Millennium International LTD, Cayman Islands: \$20,991,465 * Scopia PX International LTD, Bermuda, \$22,328,926 * Wellington USREE, Cayman Islands, \$35,539,788 EUROPE: * Comgest Growth Emerging Markets, Ireland: \$14,513,935 * J O Hambro Global Select Fund, Ireland: \$39,313,093

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 Audit Services department. The AVP of the Audit Services department ensures compliance with donor restrictions, reviews payment procedures and tracks the use of proceeds.

Additional Data

Software ID: 17005876

Software Version: 2017v2.2

EIN: 72-0502505

Name: OCHSNER CLINIC FOUNDATION

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, 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 region
Central America and the Caribbean	0	0	Investments		111,637,896
Europe (Including Iceland and Greenland)	0	0	Investments		53,827,028

Form 990 Schedule F Part I - Activities Outside The United States					
(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, 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 region
Central America and the Caribbean	0	0	Grantmaking		85,955
Central America and the Caribbean	0	0	,Advertising Healthcare Services		7,124

Form 990 Schedule F Part I - Activities Outside The United States					
(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, 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 region
Middle East and North Africa	0	0	,Advertising Healthcare Services		6,094
Sub-Saharan Africa	0	0	,Advertising Healthcare Services		7,391

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	(b) Event #2	(c) Other events	(d)
		Breast Cancer (event type)	King Cake Festival (event type)	5 (total number)	Total events (add col. (a) through col. (c))
Revenue	1 Gross receipts	1,504,374	160,333	55,181	1,719,888
	2 Less: Contributions	909,424	148,163	42,786	1,100,373
	3 Gross income (line 1 minus line 2)	594,950	12,170	12,395	619,515
Direct Expenses	4 Cash prizes	0	0	0	0
	5 Noncash prizes	44,531	925	0	45,456
	6 Rent/facility costs	290,632	88,961	0	379,593
	7 Food and beverages	204,821	24,402	12,163	241,386
	8 Entertainment	38,600	10,000	7,440	56,040
	9 Other direct expenses	98,001	19,162	7,404	124,567
	10 Direct expense summary. Add lines 4 through 9 in column (d) ▶				847,042
	11 Net income summary. Subtract line 10 from line 3, column (d) ▶				-227,527

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				
	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
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 provide any additional information (see instructions).

Return Reference

Explanation

SCHEDULE H (Form 990)	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 2017 Open to Public Inspection
Department of the Treasury Internal Revenue Service 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 <i>free</i> care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care: ☐ 100% ☐ 150% ☒ 200% ☐ Other _____ % b Did the organization use FPG as a factor in determining eligibility for providing <i>discounted</i> care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care: ☐ 200% ☐ 250% ☐ 300% ☐ 350% ☐ 400% ☐ Other _____ % 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"? 5a Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year? b If "Yes," did the organization's financial assistance expenses exceed the budgeted amount? 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 eligible for free or discounted care? 6a Did the organization prepare a community benefit report during the tax year? b If "Yes," did the organization make it available to the public? Complete the following table using the worksheets provided in the Schedule H instructions. Do not submit these worksheets with the Schedule H.	3a	Yes	
	3b		No
	4	Yes	
	5a	Yes	
	5b		No
	5c		
	6a	Yes	
	6b		No

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)			29,236,897	0	29,236,897	1.02 %
b Medicaid (from Worksheet 3, column a)			100,034,085	91,844,582	8,189,503	0.28 %
c Costs of other means-tested government programs (from Worksheet 3, column b)			0	0	0	0 %
d Total Financial Assistance and Means-Tested Government Programs	0	0	129,270,982	91,844,582	37,426,400	1.30 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4).			963,337	116,292	847,045	0.03 %
f Health professions education (from Worksheet 5)			40,448,011	35,762,551	4,685,460	0.16 %
g Subsidized health services (from Worksheet 6)			325,480,844	271,043,672	54,437,172	1.89 %
h Research (from Worksheet 7)			22,581,737	18,406,044	4,175,693	0.15 %
i Cash and in-kind contributions for community benefit (from Worksheet 8)			387,602	0	387,602	0.01 %
j Total. Other Benefits	0	0	389,861,531	325,328,559	64,532,972	2.24 %
k Total. Add lines 7d and 7j	0	0	519,132,513	417,173,141	101,959,372	3.54 %

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			52,968		52,968	0 %
2 Economic development					0	0 %
3 Community support			125,077		125,077	0 %
4 Environmental improvements			4,679		4,679	0 %
5 Leadership development and training for community members			1,500		1,500	0 %
6 Coalition building					0	0 %
7 Community health improvement advocacy			8,500		8,500	0 %
8 Workforce development			146,105		146,105	0.01 %
9 Other					0	0 %
10 Total	0	0	338,829	0	338,829	0.01 %

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 Healthcare 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		
	30,943,164		
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	358,015,721
6 Enter Medicare allowable costs of care relating to payments on line 5	6	355,760,980
7 Subtract line 6 from line 5. This is the surplus (or shortfall)	7	2,254,741
8 Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used:		
☐ Cost accounting system	☒ Cost to charge ratio	☐ Other

Section C. Collection Practices

9a Did the organization have a written debt collection policy during the tax year?	9a	Yes
b If "Yes," did the organization's collection policy that applied to the largest number of its patients during the tax year contain provisions on the collection practices to be followed for patients who are known to qualify for financial assistance? Describe in Part VI	9b	Yes

Part IV Management Companies and Joint Ventures

(a) Name of entity (owned 10% or more by officers, directors, trustees, key employees, and physicians—see instructions)	(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?

5

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)

A

Name of hospital facility or letter of facility reporting group _____**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. If "Yes," indicate what the CHNA report describes (check all that apply):	3	Yes
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 ☐ The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)		
j ☐ Other (describe in Section C)		
4 Indicate the tax year the hospital facility last conducted a CHNA: 20 <u>15</u>		
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
6 a 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? If "Yes," indicate how the CHNA report was made widely available (check all that apply): https://www.ochsner.org/giving/community-outreach/community-health-needs-assessment	7	Yes
a ☒ Hospital facility's website (list url): <u>assessment</u>		
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 <u>15</u>		
10 Is the hospital facility's most recently adopted implementation strategy posted on a website? If "Yes" (list url): _____	10	No
a		
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)**

A

Name of hospital facility or letter of facility reporting group _____

		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? If "Yes," indicate the eligibility criteria explained in the FAP:	13	Yes
a ☒ Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>200.0</u> % and FPG family income limit for eligibility for discounted care of <u>0.0</u> % 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? 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):	15	Yes
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	Was widely publicized within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply):	16	Yes
a ☒ The FAP was widely available on a website (list url): <u>https://www.ochsner.org/patients-visitors/billing-and-financial-services/financial-assistance/</u> b ☒ The FAP application form was widely available on a website (list url): <u>https://www.ochsner.org/patients-visitors/billing-and-financial-services/financial-assistance/</u> c ☒ A plain language summary of the FAP was widely available on a website (list url): <u>https://www.ochsner.org/patients-visitors/billing-and-financial-services/financial-assistance/</u> 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 ☒ Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention h ☒ Notified members of the community who are most likely to require financial assistance about availability of the FAP i ☒ The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations j ☒ Other (describe in Section C)			

Part V Facility Information (continued)**Billing and Collections**

A

Name of hospital facility or letter of facility reporting group _____

	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 nonpayment?	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 ☐ Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP d ☐ Actions that require a legal or judicial process e ☐ Other similar actions (describe in Section C) f ☒ None of these actions or other similar actions were permitted		
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 ☐ Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP d ☐ Actions that require a legal or judicial process e ☐ 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 ☒ Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the FAP at least 30 days before initiating those ECAs b ☒ Made a reasonable effort to orally notify individuals about the FAP and FAP application process c ☒ Processed incomplete and complete FAP applications d ☒ Made presumptive eligibility determinations e ☐ Other (describe in Section C) f ☐ None of these efforts were made		

Policy Relating to Emergency Medical Care

21 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy?	21 Yes	
If "No," indicate why:		
a ☐ The hospital facility did not provide care for any emergency medical conditions b ☐ The hospital facility's policy was not in writing c ☐ The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C) d ☐ Other (describe in Section C)		

Part V Facility Information *(continued)***Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)**

A

Name of hospital facility or letter of facility reporting group _____**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 a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period
- b** ☒ The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
- c** ☐ The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
- d** ☐ The hospital facility used a prospective Medicare or Medicaid method

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?

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?

If "Yes," explain in Section C.

	Yes	No
22		
23		No
24		No

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, 16j, 18e, 19e, 20e, 21c, 21d, 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.

[illegible]

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? 97

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.

990 Schedule H, Supplemental Information

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.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part V, Section A OCHSNER MEDICAL CENTER CAMPUSES - FACILITY REPORTING GROUP A	OCHSNER MEDICAL CENTER IS A MULTI-CAMPUS HOSPITAL FACILITY. THE SATELLITE LOCATIONS OPERATE UNDER THE SAME LICENSE, SO THEY ARE 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/

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part I, Line 3c Eligibility criteria for free or discounted care	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. PATIENTS WHOSE FAMILY INCOME EXCEEDS 200% OF THE FPL MAY BE ELIGIBLE TO RECEIVE DISCOUNTED RATES ON A CASE-BY-CASE BASIS BASED ON THEIR SPECIFIC CIRCUMSTANCES, FOR EXAMPLE CATASTROPHIC ILLNESS OR MEDICAL INDIGENCE, AT THE DISCRETION OF OCHSNER MANAGEMENT.

990 Schedule H, Supplemental Information

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 OCHSNER HEALTH SYSTEM (EIN 20-5296918), A RELATED 501(C)(3) ORGANIZATION.

990 Schedule H, Supplemental Information

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.

990 Schedule H, Supplemental Information

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 under employment rates in New Orleans, Ochsner is working with the City of New Orleans, Jefferson Parish and local community colleges to train employees for the many positions needed in our industry and give residents a career path to stable employment. These programs also include like skills 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 across all the regions we serve.

990 Schedule H, Supplemental Information

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. Ochsner 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, Ochsner 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 Ochsner's uninsured and underinsured patients will be incapable or reluctant to pay for the services provided. Therefore, Ochsner 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.

990 Schedule H, Supplemental Information

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.

990 Schedule H, Supplemental Information

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 31 of the attached Financial Statements. "Ochsner 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, Ochsner 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 Ochsner's uninsured and underinsured patients will be incapable or reluctant to pay for the services provided. Therefore, Ochsner 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. "

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part III, Line 8 Community benefit & methodology for determining medicare costs	The Medicare shortfall, if any, should not be considered community benefit. 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 1/1/2017 - 12/31/2017. The cost report for Ochsner Medical Center - Baton Rouge (Provider No. 19-0202) covers the period 10/1/2016 - 9/30/2017. The cost report for Ochsner Medical Center - North Shore (Provider No. 19-0204) covers the period 4/1/2017 - 3/31/2018.

990 Schedule H, Supplemental Information

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.

990 Schedule H, Supplemental Information

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/ ;

990 Schedule H, Supplemental Information

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/ ;

990 Schedule H, Supplemental Information

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/ ;

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part VI, Line 2 Needs assessment	Ochsner Health System is Louisiana's largest non-profit, academic, healthcare system. Driven by a mission to serve, heal, lead, educate and innovate, coordinated clinical and hospital patient care is provided across the region by Ochsner's 30 owned, managed and affiliated hospitals and more than 80 health centers and urgent care centers. Ochsner is the only Louisiana hospital recognized by U.S. News & World Report as a "best hospital" across four specialty categories caring for patients from all 50 states and more than 60 countries worldwide each year. Ochsner employs more than 18,000 employees and over 1,200 physicians in over 90 medical specialties and sub-specialties, and conducts more than 700 clinical research studies. In order to identify the needs of the community, Ochsner reviews local and state publicly available data regarding the health status and issues in its region. Ochsner works with community organizations that collect information on their areas of focus to identify trends and areas where Ochsner has expertise that can make an impact. Ochsner collaborates with multiple community stakeholders to identify specific community needs in its regions. Ochsner then reviews these needs and determines where it can best use its resources and expertise to affect those needs. One of Ochsner's main focuses is to develop partnerships to address root causes of issues. Examples of Ochsner's commitment to the community can be found in Part VI, Line 5. Ochsner participated with the Metropolitan Hospital Association to conduct a region-wide Community health needs assessment which included all not for profit hospitals in the region in 2015. The URL for the applicable Community health needs assessments for each facility may be found in Part V, Section B as required.

990 Schedule H, Supplemental Information

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.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part VI, Line 4 Community information	Ochsner Clinic Foundation is part of Ochsner Health System, southeast Louisiana's largest non-profit, academic, multi-specialty, healthcare delivery system consisting of eight hospitals (including three satellite locations) and approximately 77 health centers in Southeast Louisiana. Ochsner employs approximately 1,400 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 2017, Ochsner Clinic Foundation's service area includes 2.6 million of Louisiana's 4.7 million people. At 20.2%, Louisiana has the third highest poverty level in the nation and about 32% of the population receives Medicaid or is uninsured. Approximately 1.5 million or 31.6% receive Medicaid and approximately 697,000 or 14.8% 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 621 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 139-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 30% of the population receives Medicaid or is uninsured. The poverty rate in the New Orleans Metro area is 17%, 26% in New Orleans itself. Approximately 197,000 or 15% receive Medicaid and approximately 184,000 or 14.3% 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 834,000 people, of which about 105,000 were uninsured and about 112,000 received Medicaid. Ochsner Medical Center-Kenner is a 110-bed acute care hospital that serves the Kenner and River Parishes area. The population of the Kenner and surrounding River Parishes area was approximately 244,000 and about 30% of the population receives Medicaid or is uninsured. Approximately 38,000 or 15.7% were uninsured and about 35,000 or 14.3% received Medicaid. Ochsner Medical Center-North Shore is a 168-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 545,000 people of which about 78,000 were uninsured and about 77,000 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 295,000 people, of which about 47,000 were uninsured and about 45,000 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 part of making sure all aspects of the community Ochsner serves are being touched by the mission and vision of the organization. The by-laws of both Ochsner Clinic Foundation and Ochsner Health System call for 10 members of the total 19 board members to be community members. The Chief Executive Officer serves on the Board by virtue of his or her office; however, a majority of Board members are prominent multi-disciplinary business and community leaders. The remaining board members are senior physician employees of Ochsner Clinic Foundation elected by their peers in accordance with Ochsner Clinic Foundation by-laws. 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. OCF operates one of the nation's largest independent academic medical centers and trains over 278 residents and fellows annually in 28 independent OCF-sponsored accredited residency training programs. In addition, Ochsner is a joint sponsor with the Louisiana State University Health Science Center ("LSUHSC"), psychiatry program, and is a joint sponsor of a pediatric program with Tulane University School of Medicine ("Tulane"). The joint programs include approximately 69 residents. In addition, another 370 residents and fellows rotate to OCF in various disciplines of medicine and surgery under affiliation agreements with LSUHSC and Tulane as well as other schools from across the country and around the world. Ochsner also supports LSUHSC residency training programs at Ochsner Medical Center - Kenner where approximately 109 residents in Family Practice and Internal Medicine, and approximately 104 residents in medicine and surgical specialties training programs complete clinical rotations annually. In 2009, Ochsner opened 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 focus on research includes approximately 700 open clinical research studies in almost every specialty. Ochsner operates six basic science/translational research laboratories and Ochsner scientists publish over 300 journal articles and book chapters each year. Donations and grants do not cover all of the research related costs. In addition to supplying the community's future healthcare providers and providing research to improve medical outcomes, Ochsner is also focused on improving the lifestyle of the patients it serves. Research has proven that many chronic health problems, such as diabetes, obesity and hypertension, are primarily caused by lifestyle choices. In order to reduce chronic disease in the community, Ochsner needs to change the choices and behaviors through exercise, nutrition and promotion of preventative health behaviors. Ochsner's community outreach strategy, led by the commitment of our board of directors and executive team, deploys institutional resources of time, expertise and funding to encourage and support individual and community wellness, focusing on root causes of preventable deaths and chronic disease. Ochsner has been at the forefront of population health management, developing strategies and providing support and education where people live, work, learn and play. Recognizing that good health happens outside our hospitals and clinics, Ochsner has developed partnerships with schools, churches, local 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 community, using schools as the focal point. Change the Kids, Change the Future(TM) is an overarching philosophy to alleviate the cause instead of the symptom. The goal is to teach children how to make good lifestyle choices to affect meaningful, lasting change for the health and wellness of the community. Ochsner currently provides for two nurse practitioners at local high schools that staff fully functional clinics that see students through scheduled appointments and walk-in visits. They also work with the schools to help educate the students about healthy choices. 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 Center's Mobile Fitness Unit. The mobile unit provides fitness classes and weight training equipment. Licensed dietitians provide healthy nutrition information and the staff performs pre- and post- program

Form and Line Reference	Explanation
Schedule H, Part VI, Line 5 Promotion of community health	measurements and exercise performance assessments. In 2013, Ochsner implemented an after school cooking program (CHOP) for middle school students in Jefferson parish public schools . Knowledge and behavioral improvement has been promising and the program will be expanded to other venues. Over 1,100 students have participated in the CHOP program from 2015-2017 . Over 1,440 students have received the Nutrition Roadshow presentation from 2015-2017. Ochsner is also an advocate for the health and wellness of adults. Ochsner provided various free health screenings, such as glucose, blood pressure and total cholesterol, and health information to community members at public health fairs. Ochsner participated in over 1,600 community events attended by over 400,000 people, directly impacting over 135,000 individuals in 2016. Ochsner also educates people about the benefits of smart food and lifestyle choices through health fairs and cooking demonstrations. Ochsner also helps people stop smoking with its Tobacco Control & Prevention Program by attending corporate wellness events and partnering with area schools to provide educational materials and support. Ochsner offers 22 cessation clinic sites that provide free smoking cessation services to patients who are eligible for the Tobacco Trust program. Over 10,000 people have participated since the start of the program which has a 12-month quit rate of 30%. Ochsner's nutritionists developed and implemented Eat Fit NOLA which offers a free service to local restaurants to offer healthy menu items, either by evaluating existing recipes or assisting in the development of new ones. Statewide, a total of 147 unique partners with 340 menus/menu boards feature Eat Fit items. *EAT FIT NOLA 88 unique partners; 224 locations in NOLA *EAT FIT BR 21 unique partners; 26 locations in BR Region *EAT FIT Bayou 6 unique partners; 11 locations in Bayou Region *EAT FIT Northshore 23 unique partners; 40 locations in NS Region *EAT FIT locations outside listed regions 9 unique partners The team developed a smartphone app for Eat Fit NOLA so that you find restaurants nearby that offer these items and see nutrition information. Ochsner works locally to improve the health of communities: Ochsner is an active participant with Healthy 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 developed partnerships aimed at improving the quality of life for all New Orleans residents. Ochsner and four other health care providers have formed nonprofit organizations with the purpose to create a vehicle to provide services to low-income and needy patients. Expenditures recorded by Ochsner to fund the organizations for the year ended 2017 were approximately \$28.4 million.

990 Schedule H, Supplemental Information

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 a related 501(c)(3) corporation. 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.

Schedule H (Form 990) 2017

Additional Data

Software ID: 17005876
Software Version: 2017v2.2
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? <u>5</u>		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 - KENNER 180 WEST ESPLANADE AVENUE KENNER, LA 70065 https://www.ochsner.org/locations/ochsner-medical-center-kenner/605	X	X		X			X			A
4	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			A
5	OCHSNER ST ANNE GENERAL HOSPITAL 4608 HIGHWAY 1 RACELAND, LA 70394 https://www.ochsner.org/locations/ochsner-st-anne/594	X	X			X		X			A

Form 990 Part V Section C Supplemental Information for Part V, Section B.	
Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.	
Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 3E	THE NEEDS IDENTIFIED IN THE CHNA WERE A PRIORITIZED DESCRIPTION OF THE SIGNIFICANT HEALTH NEEDS IN THE COMMUNITY, AS PRIORITIZED BY THE COMMUNITY LEADERS.

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

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 5 Facility A, 1	Facility A, 1 - Ochsner Clinic Foundation Reporting Group A (All Hospitals). INFORMATION FROM THE PUBLIC WAS SOLICITED IN TWO WAYS: INTERVIEW OF KEY COMMUNITY STAKEHOLDERS AND SURVEYS OF VULNERABLE POPULATIONS. THE HOSPITAL IDENTIFIED KEY COMMUNITY STAKEHOLDERS, LEADERS FROM ORGANIZATIONS THAT HAVE SPECIAL KNOWLEDGE AND OR EXPERTISE IN PUBLIC HEALTH, AGENCIES WITH INFORMATION RELATIVE TO THE HEALTH NEEDS OF THE COMMUNITY AND REPRESENTATIVES OF MEDICALLY UNDERSERVED, LOW-INCOME, MINORITY POPULATIONS AND POPULATIONS WITH CHRONIC DISEASE NEEDS IN THE COMMUNITY. SUCH PERSONS WERE INTERVIEWED, PARTICIPATED IN FOCUS GROUPS AND/OR WERE SURVEYED AS PART OF THE NEEDS ASSESSMENT PLANNING PROCESS. THE SURVEYS OF VULNERABLE POPULATIONS WERE GENERALLY ADMINISTERED BY LOCAL COMMUNITY-BASED ORGANIZATIONS PROVIDING SERVICES TO VULNERABLE POPULATIONS IN THE HOSPITALS' SERVICE AREAS, AT THEIR LOCATIONS. THE SURVEYS WERE 32 QUESTIONS OFFERED IN ENGLISH, SPANISH, AND VIETNAMESE. THE SURVEYS WERE CONDUCTED BETWEEN MAY - JULY 2015. INTERVIEWS WITH KEY STAKEHOLDERS REPRESENTING THE MEDICALLY UNDERSERVED, LOW-INCOME OR MINORITY POPULATIONS WERE CONDUCTED FROM APRIL 2015 THROUGH AUGUST 2015. VULNERABLE POPULATIONS WERE IDENTIFIED BY THE CHNA OVERSIGHT COMMITTEE AND THROUGH STAKEHOLDER INTERVIEWS. VULNERABLE POPULATIONS TARGETED BY THE SURVEYS WERE RESIDENTS THAT WERE: SENIORS, LOW-INCOME (INCLUDING FAMILIES), UNINSURED, LATINO, CHRONICALLY ILL, HAD A MENTAL HEALTH HISTORY, HOMELESS, LITERACY CHALLENGED, LIMITED ENGLISH SPEAKING, WOMEN OF CHILD BEARING AGE, DIABETIC, AND RESIDENTS WITH SPECIAL NEEDS. INPUT WAS RECEIVED FROM ALL OF THESE TARGETED GROUPS. MULTIPLE ATTEMPTS WERE MADE TO CONTACT THE KEY COMMUNITY STAKEHOLDERS IDENTIFIED. TO INCREASE REPRESENTATION, LOCAL COMMUNITY BASED ORGANIZATIONS WERE TRAINED TO ADMINISTER THE SURVEY IN PERSON AT THEIR LOCATIONS. TOP COMMUNITY HEALTH NEEDS WERE IDENTIFIED AND PRIORITIZED BY COMMUNITY LEADERS DURING A REGIONAL COMMUNITY HEALTH NEEDS IDENTIFICATION FORUM HELD IN AUGUST 2015. CONSULTANTS PRESENTED TO COMMUNITY LEADERS THE CHNA FINDINGS FROM ANALYZING SECONDARY DATA, KEY STAKEHOLDER INTERVIEWS, AND SURVEYS. COMMUNITY LEADERS DISCUSSED THE DATA PRESENTED, SHARED THEIR VISIONS AND PLANS FOR COMMUNITY HEALTH IMPROVEMENT IN THEIR COMMUNITIES, AND IDENTIFIED AND PRIORITIZED THE TOP COMMUNITY HEALTH NEEDS IN THE COMMUNITY. THE FOLLOWING IS A LIST OF COMMUNITY ORGANIZATIONS THAT PARTICIPATED IN THE REGIONAL COMMUNITY HEALTH NEEDS ASSESSMENT PROCESS: * ACADIAN AMBULANCE * ARC OF ST. CHARLES * ARC OF ST. TAMMANY * BATON ROUGE COMMUNITY COLLEGE * BOYS AND GIRLS CLUB WESTBANK * BREC * BATON ROUGE DIVISION OF HUMAN DEVELOPMENT AND SERVICES * CANCER ASSOCIATION OF GREATER NEW ORLEANS (CAGNO) * CATHOLIC CHARITIES * CHIEF - HIV DIVISION OF INFECTIOUS DISEASE * CHILDREN'S SPECIAL HEALTH SERVICES * CITY OF KENNER * CITY OF NEW ORLEANS * CITY OF SLIDELL * COAST - SLIDELL SENIOR CENTER * COMMUNITY SERVICE CENTER * COVINGTON POLICE DEPARTMENT *

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

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 5 Facility A, 1	DAUGHTERS OF CHARITY - N.O * DELGADO COMMUNITY COLLEGE * DIRECTOR - MEDICAL STUDENT CLERKS HIP * DIVISION OF HUMAN DEVELOPMENT & SERVICES * EQ HEALTH SOLUTIONS * FIFTH DISTRICT SAVI NGS AND LOAN * FIRST BAPTIST CHURCH * GREATER NEW ORLEANS FOUNDATION * HEALTHY START NEW O RLEANS * HEALTHY BATON ROUGE INITIATIVE * HUMANA LOUISIANA * INSTITUTE OF WOMEN AND ETHNIC STUDIES * JEFFERSON BUSINESS COUNCIL * JEFFERSON PARISH * JEFFERSON PARISH COMMISSIONER * JEWISH COMMUNITY CENTER * KENNER COUNCIL ON AGING AND PARKS AND RECREATION * KINGSLEY HOU SE * LOCAL BUSINESSMAN * LOUISIANA OFFICE OF PUBLIC HEALTH * LOUISIANA PUBLIC HEALTH INSTI TUTE * LSU HEALTH SCIENCE CENTER, ALLIED HEALTH * LSUIH-HIV OUTPATIENT CLINIC * MCFARLAND INSTITUTE * METHODIST HEALTH FOUNDATION * NAMI * NAMI ST. TAMMANY * NEW WINE FELLOWSHIP * NO/AIDS TASK FORCE * NOUVEAU MARC RESIDENTIAL RETIREMENT LIVING * OCHSNER HEALTH SYSTEM * PACE GREATER NEW ORLEANS * PICKERING AND COTOGNO * PLAQUEMINES COMMUNITY CARE * PLAQUEMINE S PARISH COMMUNITY ACTION AGENCY * PREVENTION RESEARCH CENTER AT TULANE UNIVERSITY * RACEL AND RAW SUGAR * S.A.L.T * SECOND HARVEST FOOD BANK * SMH FOUNDATION BOARD * SOUTHEAST LA. LEGAL SERVICES * ST. TAMMANY EDF * ST. TAMMANY OUTREACH FOR THE PREVENTION OF SUICIDE (STO PS) * ST. TAMMANY PARISH FIRE DISTRICT 4 * STPH COMMUNITY WELLNESS CENTER * SUSAN G. KOMEN , NEW ORLEANS * THE GOOD SAMARITAN MINISTRY * THE MCFARLAND INSTITUTE * TRAVELERS AID SOCI ETY OF GNO * TULANE UNIVERSITY SCHOOL OF MEDICINE * UNITED WAY 211 HELP LINE (VIALINK) * V IET * WATSON MEMORIAL TEACHING MINISTRIES * WEST JEFFERSON CIVIC COALITION * WORKFORCE COM MISSION * YMCA BR * YOUTH SERVICE BUREAU- SLIDELL CLIENT SERVICES AND CASA

Form 990 Part V Section C Supplemental Information for Part V, Section B.	
Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.	
Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 6a Facility A, 1	Facility A, 1 - Ochsner Clinic Foundation Reporting Group A (All Hospitals). The CHNA was conducted with a number of other hospital facilities. * Ochsner Medical Center Kenner * St. Charles Parish Hospital * Children's Hospital of New Orleans * Touro Infirmary * University Medical Center New Orleans * East Jefferson General Hospital * West Jefferson Medical Center * Slidell Memorial Hospital * St. Tammany Parish Hospital

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

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 11 Facility A, 1	Facility A, 1 - A-1 OCHSNER MEDICAL CENTER (INCL. OCHSNER BAPTIST - A CAMPUS OF OCHSNER MEDICAL CENTER AND OCHSNER MEDICAL CENTER - WEST BANK CAMPUS). 2017 update on 2015 community health needs assessment Significant needs identified and measures taken and resources available to address those needs Need: Access To Healthcare And Medical Services * provided medical services in neighborhoods across region (Metairie, Lakeview, Elmwood, mid-city, Algiers, Lapalco, Belle Chasse, Gretna, Marrero, Clearview) including infectious disease (HIV/AIDS) at Jefferson Hwy facility. Opened new sites in Old Metairie, Destrehan and Chalmette in 2017. Offered extended hours for primary care, lab, radiology, colonoscopy services. * increased availability. healthcare providers by providing clinical training opportunities to students from the university of Queensland, Loyola, Our Lady of Holy Cross and Delgado and many others. # of schools/programs with active agreements system-wide increased from 105 in 2016 to 245 in 2017 system-wide *continued planning and regulatory approval process for partnership with Chamberlain nursing school to open school in New Orleans (opening in Q1 2018) to increase availability of nurses to all area hospitals * engaged and prepared K-12 students in STEM and health career exploration through field trips, girl scout programs and job shadows. 5845 students impacted at 146 events, an increase of 22% from 2016. * raised awareness in healthcare field for the unemployed and underemployed members of the community, preparing participants with life skills (financial education, job readiness, basic literacy and computer skills) - ran master/parent access representative training program in river parishes and parent access representative training program at YMCA in New Orleans * provided access to healthcare through school-based health centers at Bonabel HS (2969 visits) and Ehret HS (3228 visits) * provided healthcare services to students at Loyola university student health center- 4263 student visits for 2017-17 school year * Ochsner now offers urgent care in 19 locations in all regions. Urgent care: 4 locations in BR; 2 locations in the bayou; 1 in St. Charles, 2 on the Northshore/Covington; 10 in metro no. Freestanding ED services in Iberville (BR), river parishes and on the Westbank (Marrero). Full ED services offered at all hospitals- added St. Bernard hospital in 2017. * developed and offered high performance network to insurers and businesses -342 companies participating with 18,329 enrollees system wide * assisted community members and patients with the Medicaid application process and payment plans. OMC is an approved Medicaid application center. 4440 approved applications; 6681 patients screened and 7663 patients funded through payment plans. * improved access to medical record information across region/providers. Utilized ePIC care everywhere and care elsewhere to share records; exchanged 3,289,153 records with external parties in 2017, across all 50 states, including 1,438 hospitals, 1

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

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 11 Facility A, 1	,470 emergency departments, 33,581 clinics. Over 456,000 active accounts in the myChart patient portal to access their records and communicate with their providers. Expanded digital health program allowing patients to electronically report their personal clinical data (BP, wt, sugars) using consumer technology * improved access to critical care expertise across LA utilizing telemedicine e-ICU to connect 9 hospitals including OMC, Baptist and West bank to centralized monitoring services (added St. Bernard in 2017) * improved evaluation and treatment of patients with signs/symptoms of a stroke through tele-stroke program with 42 sites including OMC, Baptist and Westbank - 2544 patients seen system wide with 71% able to stay at their home hospital * implemented bedside delivery services in 2016 increased # of patients served from 1184 in 2016 to 11,354 in 2017 and # of scripts provided from 2874 in 2016 to 24,787 in 2017 * provided interpretation services at all locations: face to face, online, and via devices. * utilized CMS ACO model to reduce the cost of healthcare and improve outcomes CMS shared savings program * facilitated and supported implementation of affordable insurance exchanges in our communities by participating as a champion for coverage and a certified counselor organization in all regions including OMC. 700 families enrolled system wide. Need: Resource Awareness And Health Literacy And Need: Need To Improve Access To Healthy Options And Need To Improve Behaviors That Impact Health * provided education on chronic health conditions through community education, screenings and nurse consultations (Freret Street Fest, Lakeside Expo, Men's Health event). Baptist participated in 138 events, impacting 7629 people; Jefferson highway participated in 89 events impacting 13,982 people and Westbank participated in 112 events impacting 3135 people * continued to offer chop program to metro no region; purchased a new kit for Northshore hospital in 2016 and worked with St. Tammany hospital to purchase additional kit in late 2017. Over 1100 students have participated in the chop program from 2015-2017. Over 1440 students have received the nutrition roadshow presentation from 2015-2017. * improved physical fitness and activity in the community by providing mobile fitness sessions with schools in Jefferson and Orleans parishes. 881 middle school students accessed the program in 2017 * Ochsner sports medicine provided 4890 student sports physicals across the metro area * continued Ochsner community connections (auntbertha.com) in LA, providing free database of resources for patients, family members and the community. 22,237 users accessed community resources in their neighborhoods across the system and took 18,521 actions over 2803 sessions in 2017 * encouraged education about healthy lifestyles and improve student and teacher wellness at Jefferson parish public schools. Provided free wellness screenings to teachers at Bonabel and Ehret high schools *

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

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 11 Facility A, 1	partnered with employers to improve the health and wellness of their employees. System-wide, 15,400 employees were screened at 331 events at worksites. * improved the health and wellness of the communities served by Ochsner by providing Eat Fit NOLA to local restaurants. Statewide total of 147 unique partners with 340 menus/menu boards featuring eat fit items. * Eat fit NOLA 88 unique partners; 224 locations in NOLA * eat fit BR 21 unique partners; 26 locations in BR region * eat fit bayou 6 unique partners; 11 locations in bayou region * eat fit Northshore 23 unique partners; 40 locations in ns region * increased community awareness of outreach programs available to address community health needs by educating patients, families and employees. 223 events were listed on community calendar and calendar views system wide over 55,600-page views. * provided multiple forums for education of community on current health topics including in person sessions and hello health on t v. System-wide, over 1300 individuals attended 47 in person sessions, and 18 sessions were broadcast live on WLAE. * offered free cost smoking cessation clinics for adults at 8 sites in the OMC region (added Chalmette in Dec 2017) * improved the health and quality of Ochsner employees and families utilizing pathway to wellness and virgin health miles. Of the 84% of eligible employees participating in the program, 46% received wellness incentives * participated in state-wide efforts to decrease premature birth rates and improve birth outcomes * provided education on chronic health conditions through community education and screenings to local churches (second Baptist church in Algiers, Israelite Baptist church in central city) * started community garden at Baptist hospital Need: Addressing Behavioral Health Issues Including Substance Abuse * continued providing inpatient psychiatric services at OMC Jefferson highway * continued providing clinical psychiatric services through partial hospital program (addictive behaviors unit and behavioral medicine unit) at OMC Jefferson highway * continued providing outpatient mental health services at Ochsner clinics (Jefferson highway, Westbank, Lapalco, Metairie and lakeview) * provided telemedicine psychiatric services to 15 EDs across the state including OMC Kenner, omC-Baton Rouge, OMC- Northshore, OMC- Westbank and OMC- river parishes to improve timely access for evaluation. 1013 initial consults and 111 follow up consults performed. 206 of initial consults were discharged home. * developed system-wide opioid stewardship committee to identify education (provider and patient), protocols based on national best practices and community partnerships to decrease the use of opioids. * planning completed to add much needed inpatient psychiatric beds- conversion old river parishes hospital building to 82 bed behavioral health hospital (partnership with Acadia health)-opening in January 2018. All identified significant needs were addressed.

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

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 11 Facility A, 2	Facility A, 2 - A-2 Ochsner Medical Center-Baton Rouge. 2017 update on 2015 community health needs assessment Significant needs identified and measures taken and resources available to address those needs Need: HIV And Other STDs * in partnership with other local hospitals, participated in educational sessions and events for the community on HIV and STDs * continued to provide HIV and STD testing as appropriate in hospital and clinic settings Need: Mental Health And Substance Abuse * continued providing outpatient mental health services at Ochsner clinic in Baton Rouge * developed system-wide opioid stewardship committee to identify education (provider and patient), protocols based on national best practices and community partnerships to decrease the use of opioids. * provided telemedicine psychiatric services to 15 EDs across the state including OMC Kenner, OMC Baton Rouge, OMC- Northshore, OMC- Westbank and OMC- river parishes to improve timely access for evaluation. 1013 initial consults and 111 follow up consults performed. 206 of initial consults were discharged home. * Ochsner representative serves on council for iCare to support community initiatives for mental health Need: Obesity * improved the health and wellness of the community served by Ochsner by providing Eat Fit NOLA to local restaurants. Statewide total of 147 unique partners with 340 menus/menu boards featuring eat fit items. Eat fit BR 21 unique partners; 26 locations in BR region * promoted the 5210+10 program to providers/staff and the community * partnered with Capital City Produce and Morrison's to provide a farmer's market open to employees and the community * provided diabetes education including classes, counseling. Conducted 15 wellness events with 3400 attendees * partnered with local YMC A for diabetes education in the community * provided healthy option topic talks in the community (churches, businesses, schools) * participated in healthy Baton Rouge annual family fit fun day event - attendees received healthy living information and blood pressure screenings * sponsored Louisiana marathon event in Baton Rouge- * renovated the walking path around the lake on the hospital campus providing a safe environment for exercise Need: Over use Of Emergency Departments (EDs) * continued to offer medical services in neighborhoods across region (Denham Springs, Hammond, Prairieville) - and clinic and freestanding ED in Iberville parish (Plaquemine); offered urgent care clinics at 4 sites in BR region (summa, Prairieville, Denham Springs and Zachary). * increased available healthcare providers by providing clinical training opportunities to students from Baton Rouge community college, LSU, our lady of the lake. # of schools/programs with active agreements system-wide increased from 105 in 2016 to 245 in 2017 system-wide * engaged and prepared k-12 students in STEM and health career exploration through field trips and job shadows. * developed and offered high performance network

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

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 11 Facility A, 2	o insurers and businesses -342 companies participating with 18,329 enrollees system wide * assisted community members and patients with the Medicaid application process and payment plans. Baton Rouge is an approved Medicaid application center. 2440 approved applications , 2849 patients screened and 1338 patients funded * improved access to medical record information across region/providers. Utilized epic care everywhere and care elsewhere to share records; exchanged 3,289,153 records with external parties in 2017, across all 50 states, including 1,438 hospitals, 1,470 emergency departments, 33,581 clinics. Over 456,000 active accounts in the myChart patient portal to access their records and communicate with their providers. Expanded digital health program allowing patients to electronically report their personal clinical data (BP, wt, sugars) using consumer technology * improved access to critical care expertise across la utilizing telemedicine e-ICU to connect 9 hospitals including Baton Rouge to centralized monitoring services * improved evaluation and treatment of patients with signs/symptoms of a stroke through tele-stroke program with 42 sites including Baton Rouge. 2544 patients seen system wide with 71% able to stay at their home hospital * provided interpretation services at all locations: face to face, online, and via devices. The number of patients served increased by 6% for the integrated health system. * utilized CMS ACO model to reduce the cost of healthcare and improve outcomes CMS shared savings program * facilitated and supported implementation of affordable insurance exchanges in our communities by participating as a champion for coverage and a certified counselor organization in all regions including Baton Rouge. 700 families enrolled system-wide. * partnered with employers to improve the health and wellness of their employees. System-wide, 15,400 employees were screened at 331 events at worksites. * continued Ochsner community connections (auntbertha.com) in Louisiana, providing free database of resources for patients, family members and the community. 22,237 users accessed community resources in their neighborhoods across the system and took 18,521 actions over 2803 sessions in 2017 * increased community awareness of outreach programs available to address community health needs by educating patients, families and employees. 223 events were listed on community calendar and calendar views system wide over 55,600-page views. * provided multiple forums for education of community on current health topics including in person sessions and hello health on tv. System-wide, over 1300 individuals attended 47 in person sessions, and 18 sessions were broadcast live on WLAE * offered free cost smoking cessation clinics for adults at 5 sites in Baton Rouge region. * improved the health and quality of Ochsner employees and families utilizing pathway to wellness and virgin health miles. Of the 84% of eligible employees participating in the pro

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

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 11 Facility A, 2	gram, 46% received wellness incentives * participated in state-wide efforts to decrease pr emature birth rates and improve birth outcomes All identified needs were addressed.

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

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 11 Facility A, 3	Facility A, 3 - A-3 Ochsner Medical Center-Kenner, LLC. 2017 update on 2015 community health needs assessment Significant needs identified and measures taken and resources available to address those needs Need: Access To Healthcare And Medical Services * provided medical services in neighborhoods across region (Kenner, Driftwood, Luling, Laplace, Destrehan, St. James) * increased available healthcare providers by providing clinical training opportunities to students from Loyola, Our Lady of Holy Cross and Delgado. # of schools/programs with active agreements system-wide increased from 105 in 2016 to 245 in 2017 system-wide * engaged and prepared k-12 students in stem and health career exploration through field trips, girl scout programs and job shadows. * provided access to healthcare through school based health centers at Bonabel HS - 2969 visits * provided services to support non-English speaking individuals to access health services (aca exchange education, prenatal classes) * developed and offered high performance network to insurers and businesses -342 companies participating with 18,329 enrollees system wide * assisted community members and patients with Medicaid application process and payment plans. Kenner is an approved Medicaid application center, 1894 approved applications, 3549 patients screened and 791 patients funded. * improved access to medical record information across region/providers. Utilized epic care everywhere and care elsewhere to share records; exchanged 3,289,153 records with external parties in 2017, across all 50 states, including 1,438 hospitals, 1,470 emergency departments, 33,581 clinics. Over 456,000 active accounts in the myChart patient portal to access their records and communicate with their providers. Expanded digital health program allowing patients to electronically report their personal clinical data (BP, wt, sugars) using consumer technology * improved access to critical care expertise across la utilizing telemedicine e-ICU to connect 9 hospitals including Kenner to centralized monitoring services Raised awareness in healthcare field for the unemployed and underemployed members of the community, preparing participants with life skills (financial education, job readiness , basic literacy and computer skills) - ran ma/pt access rep training program in river parishes and pt access rep training program at YMCA in New Orleans * improved evaluation and treatment of patients with signs/symptoms of a stroke through tele-stroke program with 42 sites including Kenner. 2544 patients seen system wide with 71% able to stay at their home hospital * provided interpretation services at all locations: face to face, online, and via devices. * utilized CMS ACO model to reduce the cost of healthcare and improve outcomes CMS shared savings program * facilitated and supported implementation of affordable insurance exchanges in our communities by participating as a champion for coverage and a certified counselor organization in

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

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 11 Facility A, 3	all regions including Kenner. 900 families enrolled system wide. Need: Resource Awareness And Health Literacy * provided education on chronic health conditions through community ed ucation, screenings and nurse consultations * increased educational resources and classes offered in Spanish - free prenatal, breastfeeding and my Ochsner classes available in Span ish; interviews provided by Kenner staff on local Hispanic tv channel and on you tube * ed ucated k-12 students on how to access and prepare healthy food options through a targeted after school hands-on curriculum developed by Ochsner at Kenner discovery academy * contin ued to offer chop program to metro no region; purchased a new kit for Northshore hospital in 2016 and worked with St. Tammany hospital to purchase additional kit in late 2017. Over 1100 students have participated in the chop program from 2015-2017. Over 1440 students ha ve received the nutrition roadshow presentation from 2015-2017. * improved physical fitness and activity in the community by providing mobile fitness sessions with schools in Jeffe rson and Orleans parishes. 881 middle school students accessed the program in 2017 * Ochsner sports medicine provided 4890 student sports physicals across the metro area * continue d Ochsner community connections (auntbertha.com) in Louisiana, providing free database of resources for patients, family members and the community. 22,237 users accessed community resources in their neighborhoods across the system and took 18,521 actions over 2803 sessi ons in 2017 * encouraged education about healthy lifestyles and improve student and teache r wellness at Jefferson parish public schools. * partnered with employers to improve the h ealth and wellness of their employees. System-wide, 15,400 employees were screened at 331 events at worksites. * improved community wellness by building vegetable garden to grow an d harvest fresh vegetables to assist families in need in partnership with vineyard church. Over 100 families visit the food pantry at the church to receive free food. * improved th e health and wellness of the communities served by Ochsner by providing eat fit NOLA to lo cal restaurants. Statewide total of 147 unique partners with 340 menus/menu boards featuri ng eat fit items. * Eat fit NOLA 88 unique partners; 224 locations in NOLA * increased c ommunity awareness of outreach programs available to address community health needs by edu cating patients, families and employees. 223 events were listed on community calendar and calendar views system wide over 55,600-page views. * provided multiple forums for educatio n of community on current health topics including in person sessions and hello health on t v. System-wide, over 1300 individuals attended 47 in person sessions, and 18 sessions were broadcast live on WLAE * offered free cost smoking cessation clinics for adults at 5 site s in Kenner region. Added Destrehan in Dec 2017 * improved the health and quality of Ochsner employees and families util

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

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 11 Facility A, 3	izing pathway to wellness and virgin health miles. Of the 84% of eligible employees partic ipating in the program, 46% received wellness incentives * participated in state-wide effo rts to decrease premature birth rates and improve birth outcomes Need: Addressing Behavior al Health Issues Including Substance Abuse * provided telemedicine psychiatric services to 15 EDs across the state including OMC Kenner, oms Baton Rouge, OMC- Northshore, OMC- West bank and OMC- river parishes to improve timely access for evaluation. 1013 initial consult s and 111 follow up consults performed. 206 of initial consults were discharged home. * de veloped system-wide opioid stewardship committee to identify education (provider and patie nt), protocols based on national best practices and community partnerships to decrease the use of opioids. * planning completed to add much needed inpatient psychiatry beds- conver sion old river parishes hospital building to 82 bed behavioral health hospital (partnershi p with Acadia health)-opening in January 2018. All identified needs were addressed.

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

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 11 Facility A, 4	Facility A, 4 - A-4 Ochsner Medical Center-Northshore. 2017 update on 2015 community health needs assessment Significant needs identified and measures taken and resources available to address those needs Need: Access To Healthcare And Medical Services * provided medical services in neighborhoods across region (Covington, Mandeville, Pearl River, Abita Springs, and Slidell) * increased available healthcare providers by providing clinical training opportunities to students from Loyola, Delta College and Delgado. # of schools/programs with active agreements system-wide increased from 105 in 2016 to 245 in 2017 system-wide * engaged and prepared k-12 students in stem and health career exploration through field trips, girl scout programs and job shadows. * developed and offered high performance network to insurers and businesses -342 companies participating with 18,329 enrollees system wide * assisted community members and patients with the Medicaid application process and payment plans. North shore is an approved Medicaid application center. 239 approved applications, 985 patients screened and 917 patients funded * improved access to medical record information across region/providers. Utilized epic care everywhere and care elsewhere to share records; exchanged 3,289,153 records with external parties in 2017, across all 50 states, including 1,438 hospitals, 1,470 emergency departments, 33,581 clinics. Over 456,000 active accounts in the myChart patient portal to access their records and communicate with their providers. Expanded digital health program allowing patients to electronically report their personal clinical data (BP, wt, sugars) using consumer technology * improved access to critical care expertise across la utilizing telemedicine e-ICU to connect 9 hospitals including north shore to centralized monitoring services * improved evaluation and treatment of patients with signs/symptoms of a stroke through tele-stroke program with 42 sites including north shore. 2544 patients seen system wide with 71% able to stay at their home hospital * provided interpretation services at all locations: face to face, online, and via devices. * utilized CMS ACO model to reduce the cost of healthcare and improve outcomes CMS shared savings program * facilitated and supported implementation of affordable insurance exchanges in our communities by participating as a champion for coverage and a certified counselor organization in all regions including north shore. 700 families enrolled system-wide. Need: Resource Awareness And Health Literacy * provided education on chronic health conditions through community education, screenings and nurse consultations; attended or hosted 183 events impacting 18,134 community members * increased community awareness of outreach programs available to address community health needs by educating patients, families and employees. 223 events were listed on community calendar and calendar views system wide over 55,600-page views. * provided

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

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 11 Facility A, 4	ed multiple forums for education of community on current health topics including in person sessions and hello health on tv. System-wide, over 1300 individuals attended 47 in person sessions, and 18 sessions were broadcast live on WLAE * continued Ochsner community connections (auntbertha.com) in Louisiana, providing free database of resources for patients, family members and the community. 22,237 users accessed community resources in their neighborhoods across the system and took 18,521 actions over 2803 sessions in 2017 * improved the health and wellness of the communities served by Ochsner by providing eat fit to restaurants. Statewide total of 147 unique partners with 340 menus/menu boards featuring eat fit items. Eat fit Northshore 23 unique partners; 40 locations in ns region * partnered with employers to improve the health and wellness of their employees. System-wide, 15,400 employees were screened at 331 events at worksites. * offered free cost smoking cessation clinics for adults at 2 sites in north shore region. * improved the health and quality of Ochsner employees and families utilizing pathway to wellness and virgin health miles. Of the 84% of eligible employees participating in the program, 46% received wellness incentives * participated in state-wide efforts to decrease premature birth rates and improve birth outcomes Need: Mental Health And Substance Abuse * continued providing outpatient mental health services at Ochsner clinics (Slidell and Mandeville) * developed system-wide opioid stewardship committee to identify education (provider and patient), protocols based on national best practices and community partnerships to decrease the use of opioids. * provided telemedicine psychiatric services to 15 EDs across the state including OMC Kenner, oms Baton Rouge, OMC- Northshore, OMC- Westbank and OMC- river parishes to improve timely access for evaluation. 1013 initial consults and 111 follow up consults performed. 206 of initial consults were discharged home. All identified needs were addressed.

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

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 11 Facility A, 5	Facility A, 5 - A-5 Ochsner St Anne General Hospital. 2017 update on 2015 community health needs assessment Significant needs identified and measures taken and resources available to address those needs Need: Access To Healthcare And Medical Services * provided medical services in neighborhoods across region (Raceland, Lockport, Galliano) and specialty clinics at St Anne * ensured continuation of medical services at Chabert Hospital by providing management services- safety net services for uninsured and underinsured in the region. * improved access to critical care expertise across la utilizing telemedicine e-ICU to connect 9 hospitals including St. Anne to centralized monitoring services * provided job shadow opportunities to local high school students. * provided interpretation services at all locations: face to face, online, and via devices. * assisted community members and patients with Medicaid application process and payment plans. St. Anne is an approved Medicaid application center, 399 approved applications, 660 patients screened and 341 patients funded through payment plans * improved access to medical record information across region/provider s. Utilized epic care everywhere and care elsewhere to share records; exchanged 3,289,153 records with external parties in 2017, across all 50 states, including 1,438 hospitals, 1, 470 emergency departments, 33,581 clinics. Over 456,000 active accounts in the myChart patient portal to access their records and communicate with their providers. Expanded digital health program allowing patients to electronically report their personal clinical data (BP, wt, sugars) using consumer technology * improved evaluation and treatment of patients with signs/symptoms of a stroke through tele-stroke program with 42 sites, including St. Anne. 2544 patients seen system wide with 71% able to stay at their home hospital Need: Resource Awareness And Health Literacy And Need: Need To Improve Access To Healthy Options * provided education on chronic health conditions through community education, screenings and nurse consultations (senior citizens centers (grand isle, Larose, Bayou Blue, Raceland, Gheens, Lockport), community health fair, women's expo, men's expo, diabetes classes with certified diabetes educator and the dietitian, prenatal classes, breastfeeding classes, sibling classes, CPR and first aid classes, hello health seminars, and nutritional seminars. Offered 193 free health educational programs with over 6000 attendees * increased community awareness of outreach programs available to address community health needs by educating patients, families and employees. 223 events were listed on community calendar and calendar views system wide over 55,600-page views. * partnered with employers to improve the health and wellness of their employees (Oxychem, Lafourche Council on Aging, Crescent Dental, Lafourche Parish Sheriff's Department, Gulf Coast Gas, Raceland Sugarmill, SLECA) * continued Ochsner community connecti

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

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 11 Facility A, 5	ons (auntbertha.com) in Louisiana, providing free database of resources for patients, fami ly members and the community. 22,237 users accessed community resources in their neighborh oods across the system and took 18,521 actions over 2803 sessions in 2017 * increased comm unity awareness of outreach programs available to address community health needs by educat ing patients, families and employees. 223 events were listed on community calendar and cal endar views system wide over 55,600 page views. * participated in community events that en courage healthy activity and lifestyles (Thibodaux head start, cancer- love lights a tree, cancer survivor celebration) * partnered with employers to improve the health and wellnes s of their employees. System-wide, 15,400 employees were screened at 331 events at worksit es. Improved the health and wellness of the communities served by Ochsner by providing eat fit NOLA to local restaurants. Statewide total of 147 unique partners with 340 menus/menu boards featuring eat fit items. * Eat fit bayou 6 unique partners; 11 locations in bayou region * developed and offered high performance network to insurers and businesses -342 c ompanies participating with 18,329 enrollees system wide * offered free smoking cessation clinics for adults at St. Anne hospital * improved the health and quality of Ochsner emplo yees and families utilizing pathway to wellness and virgin health miles. Of the 84% of eli gible employees participating in the program, 46% received wellness incentives * provided multiple forums for education of community on current health topics including in person se ssions and hello health on tv. System-wide, over 1300 individuals attended 47 in person se ssions, and 18 sessions were broadcast live on WLAE Need: Addressing Behavioral Health Iss ues Including Substance Abuse * continued providing inpatient psychiatric services at Och sner St. Anne hospital * continued providing outpatient mental health services at Ochsner c linic St. Anne * developed system-wide opioid stewardship committee to identify education (provider and patient), protocols based on national best practices and community partnersh ips to decrease the use of opioids * taught AHA Heartsaver AED classes to the community, w hich includes awareness of the opioid epidemic and the availability of naloxone All identi fied needs were addressed.

Form 990 Part V Section C Supplemental Information for Part V, Section B.	
Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.	
Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 13 Facility A, 1	Facility A, 1 - OCHSNER CLINIC FOUNDATION REPORTING GROUP A (ALL HOSPITALS). PATIENTS WHOSE FAMILY INCOME EXCEEDS 200% OF THE FPL MAY BE ELIGIBLE TO RECEIVE DISCOUNTED RATES ON A CASE-BY-CASE BASIS BASED ON THEIR SPECIFIC CIRCUMSTANCES, FOR EXAMPLE CATASTROPHIC ILLNESS OR MEDICAL INDIGENCE, AT THE DISCRETION OF OCHSNER MANAGEMENT.

Form 990 Part V Section C Supplemental Information for Part V, Section B.	
Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.	
Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 16 Facility A, 1	Facility A, 1 - OCHSNER CLINIC FOUNDATION REPORTING GROUP A (ALL HOSPITALS). The policy is included in patient billing statements.

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 Womens Health Center - Covington 1203 South Tyler St Ste 210 Covington, LA 70433	Health Center
1 Ochsner Health Center - Covington 1000 Ochsner Blvd Covington, LA 70433	Health Center
2 Ochsner Health Center - Summa (Bluebonnet Blvd) 9001 Summa Ave Baton Rouge, LA 70809	Health Center
3 Ochsner Cancer Center - Baton Rouge 17050 Medical Center Dr 1st Floor Baton Rouge, LA 70816	Health Center
4 Ochsner Neurosciences Institue - Slidell 104 Medical Center Dr Slidell, LA 70461	Health Center
5 Ochsner Health Center - Michoud 13800 Old Gentilly Rd Building 101 Suite 101-1-EC32 New Orleans, LA 70129	Health Center
6 Therapy & Wellness - Elmwood 1201 South Clearview Pkwy New Orleans, LA 70121	Health Center
7 Ochsner Health Center For Children - New Orleans 1315 Jefferson Hwy New Orleans, LA 70121	Health Center
8 Ochsner Center for Primary Care and Wellness 1401 Jefferson Hwy New Orleans, LA 70121	Health Center
9 Ochsner Health Center - Baptist Napoleon Medical Plaza 2820 Napoleon Ave New Orleans, LA 70115	Health Center
10 Ochsner Health Center - Kenner 200 West Esplanade Ave Kenner, LA 70065	Health Center
11 Ochsner Health Center - ONeal 16777 Medical Center Dr Baton Rouge, LA 70816	Health Center
12 Ochsner Health Center - Lapalco 4225 Lapalco Blvd Marrero, LA 70072	Health Center
13 Ochsner Health Center - Elmwood 1221 S Clearview Pkwy Harahan, LA 70121	Health Center
14 Ochsner Health Center - Metairie 2005 Veterans Memorial Blvd Metairie, LA 70002	Health Center

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 Medical Complex - Iberville 25455 La Hwy 1 Plaquemine, LA 70764	Health Center
1 The Gayle and Tom Benson Cancer Center 1514 Jefferson Hwy New Orleans, LA 70121	Health Center
2 Ochsner Specialty Health Center One Slidell 1850 Gause Blvd East Slidell, LA 70461	Health Center
3 Ochsner Health Center - Slidell 2750 E Gause Blvd Slidell, LA 70461	Health Center
4 Ochsner Health Center - Baptist McFarland Medical Plaza 4429 Clara St New Orleans, LA 70115	Health Center
5 Therapy & Wellness - Veterans 850 Veterans Memorial Blvd Metairie, LA 70005	Health Center
6 Ochsner Fitness Center - Harahan 1200 South Clearview Pkwy Ste 1200 Harahan, LA 70123	Fitness Center
7 Ochsner Health Center - East Causeway Approach 3235 East Causeway Approach Mandeville, LA 70448	Health Center
8 Ochsner Therapy & Wellness for Children 3211 North Causeway Blvd Metairie, LA 70002	Health Center
9 Ochsner Health Center - Driftwood 2120 Driftwood Blvd Kenner, LA 70065	Health Center
10 Ochsner Health Center - West Bank 120 Ochsner Blvd Gretna, LA 70056	Health Center
11 Therapy & Wellness - O'Neal 2077 O'Neal Lane Baton Rouge, LA 70816	Health Center
12 Ochsner Family Doctor Clinic - Matthews 111 Acadia Dr Raceland, LA 70394	Health Center
13 Ochsner Health Center - Luling 1057 Paul Maillard Rd Luling, LA 70070	Health Center
14 Ochsner Health Center - Tangipahoa 41676 Veterans Ave Hammond, LA 70403	Health Center

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 Lieselotte Tansey Breast Center at Ochsner 1319 Jefferson Highway New Orleans, LA 70121	Health Center
1 Ochsner Neurosciences Institue - Covington 1341 Ochsner Blvd Covington, LA 70433	Health Center
2 Ochsner Women’s Health Center - Raceland 104 Acadia Park Dr Raceland, LA 70394	Health Center
3 Therapy & Wellness - Ochsner Fitness Center 1200 South Clearview Pkwy Ste 1200 New Orleans, LA 70121	Health Center
4 Ochsner Health Center For Children - Metairie 4901 Veterans Memorial Blvd Metairie, LA 70006	Health Center
5 Ochsner Health Center for Children - Slidell 2370 E Gause Blvd Slidell, LA 70461	Health Center
6 Ochsner Health Center - Prairieville 16220 Airline Hwy Prairieville, LA 70769	Health Center
7 Ochsner Health Center for Children - Monroe 300 Pavilion Rd West Monroe, LA 71292	Health Center
8 Ochsner Health Center - Lakeview 101 W Robert E Lee Blvd Ste 201 New Orleans, LA 70124	Health Center
9 Therapy & Wellness - Mandeville 1119 N Causeway Blvd Ste 1 Mandeville, LA 70471	Health Center
10 Ochsner Health Center - Jefferson Place 8150 Jefferson Hwy Baton Rouge, LA 70809	Health Center
11 Ochsner Urgent Care - Metairie 2215 Veterans Blvd Metairie, LA 70002	Health Center
12 Ochsner Health Center - Denham Springs South 139 Veterans Blvd Denham Springs, LA 70726	Health Center
13 Ochsner Emergency Room - Marrero 4837 Lapalco Blvd Marrero, LA 70072	Health Center
14 Therapy & Wellness - Driftwood 3700 Williams Blvd Kenner, LA 70065	Health Center

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 - River Parishes 502 Rue de Sante LaPlace, LA 70068	Health Center
1 Ochsner Health Center - Belle Meade 605 Lapalco Blvd Gretna, LA 70056	Health Center
2 Ochsner Health Center - Belle Chasse 7772 Highway 23 Belle Chasse, LA 70037	Health Center
3 Ochsner Health Center - Algiers 3401 Behrman Pl Algiers, LA 70114	Health Center
4 Ochsner Urgent Care & Occupational Health - West Bank 1625 Barataria Blvd Ste A Marrero, LA 70072	Health Center
5 Ochsner Urgent Care & Occupational Health - Covington 1111 Greengate Dr Ste B Covington, LA 70433	Health Center
6 Ochsner Health Center - St Bernard 8050 West Judge Perez Dr Chalmette, LA 70043	Health Center
7 Ochsner Health Center for Children Pediatric Subspecialties - Covington 71211 Hwy 21 Ste B Covington, LA 70433	Health Center
8 Ochsner Health Center - Destrehan 13100 River Rd Destrehan, LA 70047	Health Center
9 Ochsner Health Center - Mandeville 2810 E Causeway Appr Mandeville, LA 70448	Health Center
10 Ochsner Health Center - Raceland 106 Cypress St Raceland, LA 70394	Health Center
11 Ochsner Health Center - Mid-City at Canal 4100 Canal Street New Orleans, LA 70119	Health Center
12 Ochsner Fitness Center - Metairie 111 Veterans Memorial Blvd Metairie, LA 70005	Fitness Center
13 Ochsner Health Center - Abita Springs 22070 Hwy 59 Abita Springs, LA 70420	Health Center
14 Ochsner Health Center - LaPlace Medical 735 W 5th St LaPlace, LA 70068	Health Center

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 - Central 11424-2 Sullivan Rd Baton Rouge, LA 70818	Health Center
1 Ochsner Health Center - Bay St Louis 202-A Drinkwater Blvd Bay St Louis, MS 39520	Health Center
2 Ochsner Specialty Health Center - Raceland 141 Twin Oaks Raceland, LA 70394	Health Center
3 Ochsner Health Center - Clearview 4500 Clearview Pkwy 1st floor Metairie, LA 70006	Health Center
4 Ochsner Health Center - Lockport 1015 Crescent Ave Lockport, LA 70374	Health Center
5 Ochsner Urgent Care - Lakeview 111C Robert E Lee Blvd New Orleans, LA 70124	Health Center
6 Ochsner Urgent Care - Warehouse District 900 Magazine St New Orleans, LA 70130	Health Center
7 Ochsner Health Center - Denham Springs 30819 Hwy 16 Denham Springs, LA 70726	Health Center
8 Ochsner Health Center - Zachary 4845 Main St Ste D Zachary, LA 70791	Health Center
9 Ochsner Urgent Care - Uptown 4605 Magazine St New Orleans, LA 70115	Health Center
10 Ochsner Urgent Care - Luling 12895 US Highway 90 Ste H Luling, LA 70070	Health Center
11 Ochsner Urgent Care - Thibodaux 318 North Canal Blvd Thibodaux, LA 70301	Health Center
12 Ochsner Fitness Center - Downtown 701 Poydras St Ste 1300 New Orleans, LA 70139	Fitness Center
13 Ochsner Health Center - Mid-City 411 N Carrollton Ave Ste 4 New Orleans, LA 70119	Health Center
14 Ochsner Health Center for Children - River Ridge 9605 Jefferson Hwy Ste J River Ridge, LA 70123	Health Center

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)
76 Ochsner Health Center - Pearl River 64629 LA 41 Pearl River, LA 70452	Health Center
1 Ochsner Heart and Vascular Health Center - Hammond 16045 Doctors Blvd Hammond, LA 70403	Health Center
2 Ochsner Urgent Care - French Quarter 201 Decatur St New Orleans, LA 70130	Health Center
3 Ochsner Urgent Care - River Ridge 9605 Jefferson Hwy Ste G River Ridge, LA 70123	Health Center
4 Ochsner Health Center - Sherwood 170 McGehee Dr Baton Rouge, LA 70815	Health Center
5 Ochsner Urgent Care - Kenner 3417 Williams Blvd Kenner, LA 70065	Health Center
6 Ochsner Occupational Health - Metairie 3530 Houma Blvd Ste 201 Metairie, LA 70006	Health Center
7 Pharmacy & Wellness - St Anne 108 Acadia Park Dr Raceland, LA 70394	Pharmacy
8 Ochsner Urgent Care - Mandeville 2735 Highway 190 Ste D Mandeville, LA 70471	Health Center
9 Ochsner Specialty Health Center Two Slidell 105 Medical Center Dr North Shore T wo Bldg Suites 101-305 Slidell, LA 70461	Health Center
10 Ochsner Urgent Care - Houma 5922 W Main St Ste A Houma, LA 70360	Health Center
11 Ochsner Health Center for Children - Lafayette 1460 S College Road Lafayette, LA 70503	Health Center
12 Ochsner Imaging Center 1601 Jefferson Hwy New Orleans, LA 70121	Health Center
13 Ochsner Health Center - Old Metairie 123 Metairie Road Metairie, LA 70005	Health Center
14 Ochsner Health Center - Shepherd Square 4540 Shepherd Square Diamondhead, MS 39525	Health Center

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)
91 Ochsner Specialty Health Center - Cedar Lake 1721 Medical Park Dr Ste 200 Biloxi, MS 39532	Health Center
1 Ochsner Health Center - Port Bienville 3068 Port and Harbor Drive Bay St Louis, MS 39525	Health Center
2 Ochsner Health Center - Diamondhead 5435 Gex Drive Diamondhead, MS 39525	Health Center
3 Ochsner Health Center for Children Pediatric Subspecialties - Houma 8120 Main St Ste 303 Houma, LA 70360	Health Center
4 Ochsner Health Center - Uptown 3423 St Charles Ave New Orleans, LA 70115	Health Center
5 Ochsner Specialty Health Center - Cut Off 102 West 112th St Cut Off, LA 70345	Health Center
6 Ochsner Health Center - St James 1645 Lutchter Ave Lutchter, LA 70071	Health Center

Schedule I
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization
OCHSNER CLINIC FOUNDATION

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

2017

Open to Public Inspection

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 noncash assistance	(h) Purpose of grant or assistance
(1) See Additional Data							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

2

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

26

3

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

2

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 noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

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

Return Reference	Explanation
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: 17005876
Software Version: 2017v2.2
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 433 BOLIVAR ST New Orleans, LA 70112	72-6087770	GOVERNMENTAL	44,200				GENERAL GRANT SUPPORT
BATON ROUGE AREA FNDN 100 North ST STE 900 BATON ROUGE, LA 70802	72-6030391	501(c)(3)	50,000				GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC 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
BATON ROUGE HEALTH DISTRICT 5246 BRITTANY DR BATON ROUGE, LA 70808	47-2593574	501(c)(3)	50,000				GENERAL SUPPORT
CRISTO REY BATON ROUGE 4000 ST GERARD AVE BATON ROUGE, LA 70805	47-2311473	501(c)(3)	31,000				GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC 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
EAST ST TAMMANY CHAMBER OF COMMERCE 1808 FRONT ST SLIDELL, LA 70458	72-0572441	501(c)(6)	30,900				GENERAL SUPPORT
UNITED STATES CATHOLIC CONFERENCE 7887 WALMSLEY AVE New Orleans, LA 70125	72-0408966	501(c)(3)	24,000				GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AMERICAN CANCER SOCIETY INC 2605 RIVER ROAD New Orleans, LA 70121	13-1788491	501(c)(3)	21,500				GENERAL SUPPORT
AMERICAN HEART ASSOCIATION 110 VETERANS BLVD New Orleans, LA 70124	13-5613797	501(c)(3)	18,000				GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NORTHSHORE COMMUNITY FOUNDATION 103 NORTH PARK BLVD Covington, LA 70433	61-1517784	501(c)(3)	17,000				GENERAL SUPPORT
MANDEVILLE SOCCER CLUB 790 FLORIDA ST MANDEVILLE, LA 70448	72-1270410	501(c)(3)	15,000				GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LA NURSES FOUNDATION 543 SPANISH TOWN RD BATON ROUGE, LA 70802	58-1697506	501(c)(3)	11,000				GENERAL SUPPORT
THE GREAT 100 NURSES FOUND 2748 METAIRIE LAWN DRIVE METAIRIE, LA 70002	46-5606080	501(c)(3)	10,000				GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC 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
ORGAN DONATION & TRANSPLANT ALLIANCE 8245 BOONE BLVD VIENNA, VA 22182	56-2605747	501(c)(3)	10,000				GENERAL SUPPORT
CAGNOBREASTORATION 824 ELMWOOD PARK BLVD New Orleans, LA 70123	46-3045169	501(c)(3)	10,000				GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC 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 141 PLEASANT DR SLIDELL, LA 70460	72-1484313	501(c)(3)	10,000				GENERAL SUPPORT
VOLUNTEERS OF AMERICA GREATER NEW ORLEANS 4152 CANAL STREET New Orleans, LA 70119	72-0709750	501(c)(3)	10,000				GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC 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
FRIENDS OF LAFITTE CORRIDOR INC 2200 LAFITTE AVENUE New Orleans, LA 70179	20-5295500	501(c)(3)	9,500				GENERAL SUPPORT
SLIDELL WOMEN'S CIVIC CLUB 150 CIVIC CLUB LANE SLIDELL, LA 70458	41-2143061	501(c)(3)	8,300				GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
JUNIOR LEAGUE OF NEW ORLEANS 4319 CARONDELET ST New Orleans, LA 70115	72-6000609	501(c)(3)	7,500				GENERAL SUPPORT
ST TAMMANY WEST CHAMBER OF COMMERCE 610 HOLLYCREST BLVD Covington, LA 70433	72-0573742	501(c)(6)	7,000				GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC 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
MAYORS HEALTHY CITY INITIATIVE 222 ST LOUIS STREET BATON ROUGE, LA 70802	27-2515190	501(c)(3)	6,668				GENERAL SUPPORT
UNIVERSITY OF NEW ORLEANS FOUNDATION 2021 Lakeshore Drive New Orleans, LA 70122	72-1051326	501(c)(3)	6,250				GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ALGIERS ECONOMIC DEVELOPMENT 3520 General DeGaulle Dr New Orleans, LA 70114	72-1275640	501(c)(3)	5,500				GENERAL SUPPORT
ALS ASSOCIATION 11725 INDUSTRIPLEX BLVD BATON ROUGE, LA 70809	20-1742120	501(c)(3)	5,500				GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC 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
FUNDACION LATINO AMERICANOS UNIDOS INC 12420 SW 94TH LN MIAMI, FL 33186	46-0773597	501(c)(3)	5,000				GENERAL SUPPORT
LEONARD J CHABERT 1978 INDUSTRIAL BLVD HOUMA, LA 70363	72-1463600	501(c)(3)	5,000				GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC 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
LOYOLA UNIVERSITY NEW ORLEANS 6363 ST CHARLES AVENUE New Orleans, LA 70118	72-0408946	501(c)(3)	5,000				GENERAL SUPPORT
SUSAN G KOMEN 4141 VETERANS BLVD METAIRIE, LA 70002	75-1835298	501(c)(3)	5,000				GENERAL SUPPORT

Schedule J (Form 990)	Compensation Information	OMB No. 1545-0047
		2017
		Open to Public Inspection
Department of the Treasury Internal Revenue Service	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 .	
Name of the organization OCHSNER CLINIC FOUNDATION		Employer identification number 72-0502505

Part I Questions Regarding Compensation		Yes	No
1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed 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 Yes	
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?		4b Yes	
c Participate in, or receive payment from, an equity-based compensation arrangement?		4c	No
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:			
a The organization?		5a	No
b Any related organization?		5b	No
If "Yes," on line 5a or 5b, describe in Part III.			
6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:			
a The organization?		6a	No
b Any related organization?		6b	No
If "Yes," on line 6a or 6b, describe in Part III.			
7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed 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 accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.		8	No
9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?		9	

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.

[illegible]

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 OCCASIONALLY ALLOWS EMPLOYEES TO FLY FIRST-CLASS, SUCH AS WHEN OTHER SEATING IS NOT AVAILABLE OR FOR TRANS-OCEANIC FLIGHTS. IN 2017, OCHSNER'S CEO AND MEMBERS OF MANAGEMENT FLEW ON CHARTER FLIGHTS ON OCCASIONS IN WHICH EITHER NO OTHER AIRFARE WAS AVAILABLE OR IT WAS MORE EFFICIENT BECAUSE OF THE NUMBER OF INDIVIDUALS MAKING THE TRIP. IN ADDITION, OCHSNER HOSTS AN ANNUAL RETREAT FOR ITS BOARD OF DIRECTORS AND SENIOR MANAGEMENT. SEVERAL OF THE ATTENDEES FLEW IN A CHARTERED AIRCRAFT, WHICH WAS PROVIDED TO OCHSNER FREE OF CHARGE FOR THE EVENT.

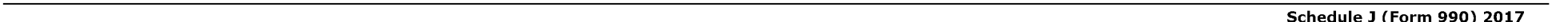
Return Reference	Explanation
Schedule J, Part I, Line 1a Travel for companions	OCHSNER HOSTS ITS BOARD OF DIRECTORS AND SENIOR MANAGEMENT AT A FEW DEVELOPMENTAL EVENTS. THE EVENTS ARE RELATIONSHIP-BUILDING EVENTS, AS WELL AS TO PROVIDE THE DIRECTORS AND MANAGERS WITH INFORMATION AND TRAINING AS IT RELATES TO THEIR GOVERNANCE AT OCHSNER, AND THE ATTENDEES' SPOUSES ARE ENCOURAGED TO ATTEND. OCHSNER PROVIDED TRAVEL, ACCOMMODATIONS, AND ENTERTAINMENT FOR THE ATTENDING SPOUSES OF OFFICERS, KEY EMPLOYEES, AND BOARD MEMBERS. IN ADDITION, OCHSNER PROVIDED ENTERTAINMENT AT THE EVENTS FOR THE DIRECTORS AND EMPLOYEES IN ATTENDANCE. TRAVEL FOR COMPANIONS AND ALL ENTERTAINMENT EXPENSES WERE REPORTED AS TAXABLE COMPENSATION TO THE EMPLOYEES OR BOARD MEMBERS.

Return Reference	Explanation
Schedule J, Part I, Line 1a Tax indemnification and gross-up payments	THE COMMUNITY BOARD MEMBERS ARE TYPICALLY REIMBURSED FOR ANY EXPENSES THAT THEY INCUR ON BEHALF OF OCHSNER. OCHSNER ALSO PAYS FOR TRAVEL OR ENTERTAINMENT FOR THE COMMUNITY BOARD MEMBERS AND THEIR SPOUSES IN CONJUNCTION WITH A BOARD EDUCATIONAL AND PLANNING EVENT. THESE EXPENSES ARE EVALUATED FOR INCOME TAX PURPOSES, AND IN SITUATIONS WHERE THEY ARE TAXABLE TO COMMUNITY BOARD MEMBERS, OCHSNER PROVIDES A GROSS-UP PAYMENT IN ORDER TO COVER TAXES RELATED TO SUCH EXPENSES. OCHSNER ALSO GROSSED UP IMPUTED INCOME ON CHRISTMAS GIFTS TO THE BOARD MEMBERS IN 2017. 15 BOARD MEMBERS AND EXECUTIVES RECEIVED GROSS-UP PAYMENTS IN 2017.

Return Reference	Explanation
Schedule J, Part I, Line 4a Severance or change-of-control payment	THE FOLLOWING SEVERANCE PAYMENT WAS MADE IN 2017, PURSUANT TO THE TERMS OF A SEPARATION AGREEMENT: * WILLIAM W PINSKY, MD, FORMER CHIEF ACADEMICS OFFICER, IN THE AMOUNT OF \$123,693 * JANET SNOW-GODFREY, SR. VICE PRESIDENT & CHIEF HUMAN RESOURCES OFFICER, IN THE AMOUNT OF \$321,541

Return Reference	Explanation
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 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, THEIR TITLE WITH THE SPONSORING ORGANIZATION, AND ANY DISTRIBUTIONS MADE IN 2017. * WARNER THOMAS, PRESIDENT AND CHIEF EXECUTIVE OFFICER; NO DISTRIBUTION * PATRICK QUINLAN, M.D., FORMER CHIEF EXECUTIVE OFFICER; DISTRIBUTION OF \$3,426,559 * MICHAEL HULEFELD, EXECUTIVE VICE PRESIDENT AND CHIEF OPERATING OFFICER; DISTRIBUTION OF \$728,540 * PETER NOVEMBER, SECRETARY, EXECUTIVE VICE PRESIDENT, AND CHIEF ADMINISTRATIVE OFFICER; NO DISTRIBUTION * SCOTT POSECAI, EXECUTIVE VICE PRESIDENT AND CHIEF FINANCIAL OFFICER; NO DISTRIBUTION * BOBBY BRANNON, EXECUTIVE VICE PRESIDENT AND TREASURER; NO DISTRIBUTION ROBERT I HART, M.D., EXECUTIVE VICE PRESIDENT AND CHIEF MEDICAL OFFICER, PARTICIPATES IN A NONQUALIFIED 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 ONE VESTING PERIOD ENDING AUGUST 31, 2021. THE BENEFIT WILL BE FUNDED IN A TRUST ACCOUNT WITH CAPITAL ONE BANK. DR. HART DID NOT RECEIVE A DISTRIBUTION IN 2017. 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 FOUNDATION 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 AND ANY DISTRIBUTIONS MADE IN 2017. * VINCENT R ADOLPH, MD; DISTRIBUTION OF \$14,947 * PEDRO CAZABON, MD; NO DISTRIBUTION * STEVEN B DEITELZWEIG, MD; NO DISTRIBUTION * RICHARD D GUTHRIE, JR, MD; DISTRIBUTION OF \$37,559 * DERYK G JONES, MD; NO DISTRIBUTION * DENNIS KAY, MD; DISTRIBUTION OF \$24,139 * YVENS G LABORDE, MD; NO DISTRIBUTION * GEORGE E LOSS, JR, MD, PHD; DISTRIBUTION OF \$3,953 * DAWN M PUENTE, MD; DISTRIBUTION OF \$9,213 * DANA H SMETHERMAN, MD; NO DISTRIBUTION * DAVID E TAYLOR, MD; DISTRIBUTION OF \$5,258 * E EDWARD MARTIN, JR, MD; DISTRIBUTION OF \$15,323 IN ADDITION TO PARTICIPATING IN THE PLAN DESCRIBED ABOVE, THE FOLLOWING PEOPLE PARTICIPATE IN A 457(F) NON-QUALIFIED, UNFUNDED, DEFERRED COMPENSATION PLAN, WHICH WAS ADOPTED IN 2013. THE PLAN ALLOWS FOR 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 AND ANY DISTRIBUTIONS MADE IN 2017. * DAWN J ANUSZKIEWICZ; DISTRIBUTION OF \$14,692 * PEDRO CAZABON, MD; NO DISTRIBUTION * BRADLEY R GOODSON; DISTRIBUTION OF \$12,373 * RICHARD D GUTHRIE, JR, MD; DISTRIBUTION OF \$20,491 * ROBERT I HART, MD; DISTRIBUTION OF \$40,467 * MICHAEL F HULEFELD; NO DISTRIBUTION * YVENS G LABORDE, MD; DISTRIBUTION OF \$16,239 * J ERIC MCMILLEN; DISTRIBUTION OF \$24,229 * PETER NOVEMBER; DISTRIBUTION OF \$31,754 * SCOTT J POSECAI; NO DISTRIBUTION * DAWN M PUENTE, MD; DISTRIBUTION OF \$27,838 * BETH E WALKER; NO DISTRIBUTION * ROBERT WOLTERMAN; DISTRIBUTION OF \$20,362 * E EDWARD MARTIN, JR, MD; DISTRIBUTION OF \$31,961 * WILLIAM A MCDADE, MD; NO DISTRIBUTION

Return Reference	Explanation
Schedule J, Part I, Line 7 Non-fixed payments	THE INCENTIVE PLANS INCLUDE A SUBJECTIVE COMPONENT BASED ON PERSONAL PERFORMANCE, WHICH SLIGHTLY AFFECTS THE AMOUNT OF INCENTIVE PAYMENT. HOWEVER, THE AMOUNT ITSELF IS A FORMULA AND IS NOT SUBJECTIVE. IN ADDITION, NON-FIXED PAYMENTS WERE MADE IN 2017. THE FOLLOWING WERE INCLUDED IN SCHEDULE J PART II, COLUMN B(III): SPOUSAL TRAVEL AND ENTERTAINMENT AT BOARD RETREATS AND GROSS-UP IN COMPENSATION RELATED TO IMPUTED INCOME.



Additional Data

Software ID: 17005876
Software Version: 2017v2.2
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				
PATRICK J QUINLAN MD	(i)	0	0	0	0	0	0	0
FORMER OFFICER & DIRECTOR	(ii)	1,378	4,298	1,039,579	231,389	821	1,277,465	0
WARNER L THOMAS	(i)	0	0	0	0	0	0	0
PRESIDENT / CEO / BOARD MEMBER	(ii)	1,286,383	1,874,128	40,388	432,561	24,062	3,657,523	0
VINCENT R ADOLPH MD	(i)	618,434	1,077	25,160	43,712	16,705	705,087	12,912
BOARD MEMBER/SENIOR PHYSICIAN	(ii)	0	0	0	0	0	0	0
PEDRO CAZABON MD	(i)	320,203	47,299	4,322	43,923	19,914	435,661	0
BOARD MEMBER/SENIOR PHYSICIAN	(ii)	0	0	0	0	0	0	0
RICHARD E DEICHMANN MD	(i)	122,283	34,277	140,469	48,800	12,926	358,756	0
BOARD MEMBER/SENIOR PHYSICIAN	(ii)	0	0	0	0	0	0	0
DENNIS KAY MD	(i)	684,630	27,426	47,100	51,652	18,718	829,526	20,852
BOARD MEMBER/SENIOR PHYSICIAN	(ii)	0	0	0	0	0	0	0
GEORGE E LOSS MD PHD	(i)	961,152	31,637	55,930	52,215	22,665	1,123,599	3,415
BOARD MEMBER/SENIOR PHYSICIAN	(ii)	0	0	0	0	0	0	0
TIMOTHY L RIDDELL MD	(i)	277,167	37,577	5,278	24,800	9,444	354,266	0
BOARD MEMBER/SENIOR PHYSICIAN	(ii)	0	0	0	0	0	0	0
DANA H SMETHERMAN MD	(i)	615,949	8	15,629	42,454	21,825	695,864	0
BOARD MEMBER/SENIOR PHYSICIAN	(ii)	0	0	0	0	0	0	0
VICTORIA A SMITH MD	(i)	248,434	2,500	14,272	24,800	13,821	303,826	0
BOARD MEMBER/SENIOR PHYSICIAN (BEGIN 9/26/17)	(ii)	0	0	0	0	0	0	0
DAVID E TAYLOR MD	(i)	328,522	22,266	9,582	53,342	22,807	436,518	4,542
BOARD MEMBER/SENIOR PHYSICIAN	(ii)	0	0	0	0	0	0	0
BOBBY C BRANNON	(i)	487,049	160,000	47,097	30,800	18,751	743,697	0
EXEC VP & TREASURER	(ii)	0	0	0	0	0	0	0
MICHAEL F HULEFELD	(i)	0	0	0	0	0	0	0
EXEC VP & CHIEF OPERATING OFFICER	(ii)	727,109	277,845	763,262	191,441	26,674	1,986,331	474,437
PETER C NOVEMBER	(i)	0	0	0	0	0	0	0
SECRETARY/EXEC VP CHIEF ADMINISTRATIVE OFFICER	(ii)	599,433	277,810	55,004	203,184	23,736	1,159,167	31,754
SCOTT J POSECAI	(i)	0	0	0	0	0	0	0
EXEC VP & CHIEF FINANCIAL OFFICER	(ii)	617,873	276,186	43,804	278,808	12,480	1,229,150	0
MARK A FRENCH	(i)	0	0	0	0	0	0	0
FORMER KEY EMPLOYEE	(ii)	221,500	47,340	1,117	23,699	20,582	314,239	0
WILLIAM W PINSKY MD	(i)	0	1,864	123,693	0	0	125,557	0
FORMER KEY EMPLOYEE	(ii)	0	0	0	0	0	0	0
BETH E WALKER	(i)	256,178	33,794	914	37,776	6,774	335,436	0
FORMER KEY EMPLOYEE	(ii)	0	0	0	0	0	0	0
DAWN J ANUSZKIEWICZ	(i)	305,445	68,894	28,018	58,713	20,773	481,843	14,692
CEO-BAPTIST	(ii)	0	0	0	0	0	0	0
STEVEN B DEITELZWEIG MD	(i)	423,269	30,500	12,496	36,655	22,839	525,760	0
SR PHYSICIAN, SVC LINE LDR, HOSPITAL MED	(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				
BRADLEY R GOODSON	(i)	318,991	58,489	25,151	63,367	23,748	489,745	12,373
CEO NORTSHORE REGION	(ii)	0	0	0	0	0	0	0
RICHARD D GUTHRIE JR MD	(i)	440,853	50,000	68,533	77,302	17,523	654,210	49,849
CHIEF QUALITY OFFICER	(ii)	0	0	0	0	0	0	0
ROBERT I HART MD	(i)	0	0	0	0	0	0	0
EXEC VP-CHIEF MEDICAL OFFICER	(ii)	528,737	131,802	63,878	48,800	11,027	784,244	40,467
YVENS G LABORDE MD	(i)	326,948	75,631	37,450	72,845	23,176	536,050	16,239
REG MED DIR, WB REG	(ii)	0	0	0	0	0	0	0
E Edward MARTIN JR MD	(i)	366,911	101,358	108,401	44,036	16,370	637,076	45,197
REG MED DIR - N.S. REG	(ii)	0	0	0	0	0	0	0
WILLIAM A MCDADE MD PHD	(i)	452,835	51,905	21,336	74,698	27,154	627,928	0
EXEC VP-CHIEF ACADEMIC OFFICER	(ii)	0	0	0	0	0	0	0
J Eric MCMILLEN	(i)	303,077	47,049	33,598	40,371	16,082	440,177	24,229
CEO, BATON ROUGE REGION	(ii)	0	0	0	0	0	0	0
DAWN M PUENTE MD	(i)	358,586	100,000	50,143	50,250	18,246	577,226	35,797
REG MED DIR, NO COMM HOSP	(ii)	0	0	0	0	0	0	0
ARMIN SCHUBERT MD	(i)	498,949	45,625	18,703	48,800	20,325	632,402	0
VPMA-OMC-JEFF HWY	(ii)	0	0	0	0	0	0	0
ROBERT WOLTERMAN	(i)	420,355	66,217	33,748	64,000	20,154	604,475	20,362
CEO OMC-JEFF HWY	(ii)	0	0	0	0	0	0	0
DERYK G JONES MD	(i)	1,025,138	0	12,105	52,115	21,109	1,110,468	0
SR PHYSICIAN, SECTION HEAD, SPORTS MEDICINE	(ii)	0	0	0	0	0	0	0
SEBASTIAN F KOGA MD	(i)	1,329,746	0	38,836	24,800	11,847	1,405,229	0
PHYSICIAN-SECTION HEAD	(ii)	0	0	0	0	0	0	0
LEONARDO G OREJARENA MD	(i)	1,060,924	2,500	882	30,800	18,555	1,113,660	0
SR PHYSICIAN-SECTION HEAD	(ii)	0	0	0	0	0	0	0
BENJAMIN B PEELER MD	(i)	2,010,485	0	7,285	48,800	13,269	2,079,839	0
PHYSICIAN-SECTION HEAD	(ii)	0	0	0	0	0	0	0
MARCUS L WARE MD	(i)	1,023,056	0	26,101	24,800	27,642	1,101,599	0
SR PHYSICIAN	(ii)	0	0	0	0	0	0	0

efile GRAPHIC print - DO NOT PROCESS		As Filed Data -		DLN: 93493289022210									
Schedule K (Form 990)		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	
												2017	
		Department of the Treasury Internal Revenue Service Name of the organization OCHSNER CLINIC FOUNDATION										Employer identification number 72-0502505	
Part I Bond Issues													
(a) Issuer name		(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing		
							Yes	No	Yes	No	Yes	No	
A	LOUISIANA PUBLIC FACILITIES AUTHORITY SERIES 2015	72-0895871	5463982E6	08-20-2015	121,536,607	PARTIAL REFUNDING 2007A & 2007B BONDS		X		X		X	
B	LOUISIANA PUBLIC FACILITIES AUTHORITY SERIES 2016	72-0895871	5463985R5	05-12-2016	174,368,478	REFUNDING 2011 BONDS	X			X		X	
C	LOUISIANA PUBLIC FACILITIES AUTHORITY SERIES 2017	72-0895871	546399CP9	05-11-2017	458,024,425	REFUND REMAINING 2007A & 2007B BONDS AND NEW MONEY ISSUE FOR FACILITY IMPROVEMENTS		X		X		X	
Part II Proceeds													
					A	B	C		D				
1	Amount of bonds retired				4,025,000	1,600,000	0						
2	Amount of bonds legally defeased				0	0	0						
3	Total proceeds of issue				121,536,607	174,368,478	458,617,078						
4	Gross proceeds in reserve funds				0	0	0						
5	Capitalized interest from proceeds				0	0	0						
6	Proceeds in refunding escrows				0	169,295,340	0						
7	Issuance costs from proceeds				1,262,457	2,094,045	4,362,863						
8	Credit enhancement from proceeds				0	0	0						
9	Working capital expenditures from proceeds				0	0	0						
10	Capital expenditures from proceeds				0	0	80,487,125						
11	Other spent proceeds				120,274,150	2,979,093	278,661,562						
12	Other unspent proceeds				0	0	95,105,534						
13	Year of substantial completion				2015	2016							
					Yes	No	Yes	No	Yes	No	Yes	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		B		C		D		
					Yes	No	Yes	No	Yes	No	Yes	No	
1	Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?					X		X		X			
2	Are there any lease arrangements that may result in private business use of bond-financed property?					X		X		X			
For Paperwork Reduction Act Notice, see the Instructions for Form 990.													
Cat. No. 50193E													
Schedule K (Form 990) 2017													

Part III

Private Business Use (Continued)

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use of bond-financed property?	X		X		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		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate? . . .		X		X		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			Citibank NA					
c	Term of hedge			10 %					
d	Was the hedge superintegrated?				X				
e	Was the hedge terminated?				X				

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 VI LOUISIANA PUBLIC FACILITIES AUTHORITY SERIES 2017	THE DIFFERENCE IN THE TOTAL PROCEEDS AND THE ISSUE PRICE IS DUE TO INVESTMENT EARNINGS.

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

2017

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?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
			To	From			Yes	No	Yes	No	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) DURR HEAVY CONSTRUCTION	INDEPENDENT CONTRACTOR	49,397	MR. STUMPF, A DIRECTOR OF OCHSNER CLINIC FOUNDATION, IS A MEMBER & DIRECTOR OF DURR HEAVY CONSTRUCTION, LLC. DURR PROVIDES CONSTRUCTION SERVICES FOR OCF.		No
(2) RENEE REYMOND MD	WIFE OF MR. HULEFELD, AN OFFICER OF OCF	108,423	COMPENSATION AS A PHYSICIAN		No
(3) RICHARD D GUTHRIE III	SON OF DR. GUTHRIE, A KEY EMPLOYEE OF OCF	60,188	COMPENSATION AS A RN		No
(4) ALEXIS GUTHRIE	DAUGHTER-IN-LAW OF DR. GUTHRIE, A KEY EMPLOYEE OF OCF	42,500	COMPENSATION AS A RN		No
(5) ANDREW GUTHRIE MD	SON OF DR. GUTHRIE, A KEY EMPLOYEE OF OCF	50,383	COMPENSATION AS A RESIDENT		No
(6) BENJAMIN PINSKY	SON OF WILLIAM PINSKY, MD, A FORMER KEY EMPLOYEE OF OHS.	55,351	COMPENSATION AS EMPLOYEE		No

Part V Supplemental Information

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

Return Reference	Explanation
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SCHEDULE M
(Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

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

OMB No. 1545-0047

2017

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	X	18	3,790	Market value
2 Art—Historical treasures . .				
3 Art—Fractional interests . .				
4 Books and publications . .	X		15	Market value
5 Clothing and household goods	X		10,695	Market value
6 Cars and other vehicles . . .				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded .	X	10	79,044	Market value
10 Securities—Closely held stock .				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous . .				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential . .				
16 Real estate—Commercial . .				
17 Real estate—Other				
18 Collectibles				
19 Food inventory	X	19	8,576	Market value
20 Drugs and medical supplies .				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts . . .				
25 Other ► (Miscellaneous)	X	43	17,303	Market value
26 Other ► (Miscellaneous)	X	8	6,915	Cost
27 Other ► (MEDICAL EQUIPMENT)	X	12	4,988,255	Market value
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

1

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

Yes

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 nonstandard contributions?

31

Yes

32a

Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?

32a

No

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 Explanations of reporting method for number of contributions	Art - Works of art - Number of Contributions Securities - Publicly traded - Number of Contributions Food inventory - Number of Contributions Other - Miscellaneous Number of Contributions Other - Miscellaneous Number of Contributions Other - MEDICAL EQUIPMENT Number of Contributions

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service
Name of the organization
OCHSNER CLINIC FOUNDATION

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2017

Open to Public Inspection

Employer identification number

72-0502505

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part III, Line 4d Description of other program services	(Expenses \$ 11,014,000 including grants of \$(Revenue \$ 13,227,663) Ochsner Fitness Center : Designed to meet the health and fitness goals of its members, Ochsner 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 its 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.

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part III, Line 4d Description of other program services	(Expenses \$ 2,047,230 including grants of \$(Revenue \$ 2,047,230) 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.

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part III, Line 4d Description of other program services	(Expenses \$ 1,942,312 including grants of \$(Revenue \$ 18,488) 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.

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part III, Line 4d Description of other program services	(Expenses \$ including grants of \$(Revenue \$- 158,452) Program Related Investments: Equity Income from Joint Venture providing patient care.

990 Schedule O, Supplemental Information

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.

990 Schedule O, Supplemental Information

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 THE INDEPENDENT DIRECTORS PRESENT APPROVE THE MATTER. THUS, EVEN IN SITUATIONS WHERE THERE IS NOT AN ABSOLUTE MAJORITY OF INDEPENDENT DIRECTORS IN OFFICE, THOSE INDEPENDENT DIRECTORS IN OFFICE CONTROL OCHSNER HEALTH SYSTEM'S ACTIVITIES. 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.

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 2 Family/business relationships amongst interested persons	MR. SUQUET AND MRS. MESTAYER - Business relationship, MR. HINES AND MR. LECORGNE - Business relationship

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 4 Significant changes to organizational documents	THE ARTICLES OF INCORPORATION WERE REVISED PRIMARILY TO INCORPORATE THE MERGER OF OCHSNER HEALTH SYSTEM WITH AND INTO OCHSNER CLINIC FOUNDATION. OCHSNER HEALTH SYSTEM, A RELATED 501(C)(3) ORGANIZATION, WAS FORMERLY THE SOLE MEMBER OF OCHSNER CLINIC FOUNDATION, AND A SUPPORTING ORGANIZATION OF OCHSNER CLINIC FOUNDATION.

990 Schedule O, Supplemental Information

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 2017 RETURN WAS HELD ON OCTOBER 29, 2018. 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.

990 Schedule O, Supplemental Information

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. THE CONFLICT OF INTEREST STEERING COMMITTEE WILL MAKE MITIGATION RECOMMENDATIONS, INCLUDING, BUT NOT LIMITED TO, DIVESTITURE AND TERMINATION OF EMPLOYMENT. 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.

990 Schedule O, Supplemental Information

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 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 CONFLICT OF INTEREST AND USES AN INDEPENDENT EXTERNAL CONSULTANT. APPROPRIATE DATA IS APPLIED TO DETERMINE THE COMPARABILITY OF FAIR MARKET VALUE PAY AND ALL ACTIONS ARE APPROPRIATELY DOCUMENTED. IN ORDER TO MEET THE REQUIREMENTS OF THE IRS INTERMEDIATE SANCTIONS REGULATIONS, THE COMPENSATION COMMITTEE IDENTIFIED THE "DISQUALIFIED INDIVIDUALS" THAT ARE IN A POSITION TO EXERCISE SUBSTANTIAL INFLUENCE OVER THE COMPANY'S OPERATIONS. THESE INDIVIDUALS ARE THE MEMBERS OF THE EXECUTIVE OFFICERS COMMITTEE (EOC), REGIONAL MEDICAL DIRECTORS, PHYSICIAN BOARD MEMBERS AND SECTION HEADS FOR KEY DEPARTMENTS. FOR DISQUALIFIED INDIVIDUALS, THE COMPENSATION REVIEW ALSO INCLUDES THE COST OF BENEFITS SUCH AS THE COMPANY PORTION OF MEDICAL AND DENTAL BENEFITS, MALPRACTICE INSURANCE, PAYMENTS FOR 401K MATCHING AND PENSION PAYMENTS.

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 15b Process to establish compensation of other employees	PT VI LN 15A DESCRIBES THE COMPENSATION PROCESS FOR MANY OF THE OFFICERS, KEY EMPLOYEES, AND SR PHYSICIAN BOARD MEMBERS. 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. COMPENSATION FOR OTHER NON-OFFICER AND NON-PHYSICIAN KEY EMPLOYEES IS REVIEWED BY SENIOR EXECUTIVES WHO TAKE MARKET VALUE RESEARCH INTO CONSIDERATION WHEN DETERMINING COMPENSATION LEVELS.

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 19 Required documents available to the public	ALL GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS ARE AVAILAB LE UPON WRITTEN REQUEST TO THE AUDIT SERVICES DEPARTMENT OF OCHSNER CLINIC FOUNDATION. FOR MS 990 AND 990-T ARE AVAILABLE UPON REQUEST TO THE CHIEF FINANCIAL OFFICER OF OCHSNER CLIN IC FOUNDATION. FINANCIAL STATEMENTS FOR OCHSNER CLINIC FOUNDATION ARE MADE AVAILABLE TO TH E PUBLIC QUARTERLY VIA WWW.DACBOND.COM.

990 Schedule O, Supplemental Information

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/SENIOR PHYSICIAN" AS "AVERAGE HOURS PER WEEK DEVOTED TO POSITION" ON THE FORM 990 FOR OCHSNER CLINIC FOUNDATION (EIN 72-0502505) CONSISTS PRIMARIL Y OF THEIR ROLE AS AN EMPLOYEE OF OCHSNER CLINIC FOUNDATION. ADDITIONAL TIME SPENT ON BOAR DS, COMMITTEES AND THROUGH FULFILLING OTHER RESPONSIBILITIES AS A MEMBER OF ANY OTHER BOAR DS OF THE VARIED OCHSNER ORGANIZATIONS IS SHOWN AS A NOMINAL AMOUNT ON THAT ENTITY'S FORM 990. AS A SENIOR PHYSICIAN DIRECTOR OF AN INTEGRATED HEALTH SYSTEM, THESE INDIVIDUALS DEVO TE THEIR TIME TO BOARD ACTIVITIES OF ALL 501(C)(3) MEMBERS OF THE SYSTEM TO VARYING DEGREE S, BOTH OCHSNER HEALTH SYSTEM AND OCHSNER CLINIC FOUNDATION. THE AMOUNT OF TIME SHOWN FOR THOSE DIRECTORS LISTED AS "COMMUNITY DIRECTORS" FOR "AVERAGE HOURS PER WEEK DEVOTED TO POS ITION" ON THE FORM 990 FOR OCHSNER CLINIC FOUNDATION (EIN 72-0502505) IS SHOWN AS A NOMINA L AMOUNT ADDITIONAL TIME SPENT ON BOARDS, COMMITTEES AND THROUGH FULFILLING OTHER RESPONSI BILITIES AS A MEMBER OF ONE OR MORE BOARDS OF THE VARIED OCHSNER ORGANIZATIONS, INCLUDING TIME SPENT ON BOARDS, ON COMMITTEES AND THROUGH FULFILLING OTHER RESPONSIBILITIES AS A MEM BER OF THE BOARD OF VARIED OCHSNER ORGANIZATIONS IS INCLUDED ON THE FORM 990 FOR OCHSNER H EALTH SYSTEM. AS A COMMUNITY DIRECTOR OF AN INTEGRATED HEALTH SYSTEM, EACH COMMUNITY DIREC TOR DEVOTES TIME TO BOTH 501(C)(3) MEMBERS OF THE SYSTEM TO VARYING DEGREES, OCHSNER HEALT H SYSTEM AND OCHSNER CLINIC FOUNDATION.

990 Schedule O, Supplemental Information

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 FOR BOBBY BRANNON, EVP & TREASURER, INCLUDES ALL COMPENSATION RELATED TO THE INTEGRATED OCHSNER HEALTH SYSTEM, WHICH INCLUDES OCHSNER HEALTH SYSTEM (OHS, EIN 20-5296918) AND OCHSNER CLINIC FOUNDATION (OCF, EIN 72-0502505), BOTH RELATED 501(C)(3) ORGANIZATIONS. THE OTHER MEMBER OF THE INTEGRATED HEALTH SYSTEM IS 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 THEIR 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 OTHER OCHSNER ORGANIZATIONS IS SHOWN AS A NOMINAL AMOUNT, BUT, IN REALITY, THE TIME IS MORE EVENLY DISTRIBUTED ACROSS ALL ENTITIES.

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VII, Section A, Line 1a Additional Compensation Explanation - Directors	THOSE DIRECTORS LISTED AS "BOARD MEMBER/SENIOR PHYSICIAN" ARE COMPENSATED ENTIRELY DUE TO THEIR ROLE AS AN EMPLOYEE OF A MEMBER OF THE INTEGRATED HEALTH SYSTEM. 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 CONSISTS OF OCHSNER'S PAYMENTS (EITHER DIRECTLY OR AS REIMBURSEMENT) OF EXPENSES INCURRED FOR MEETING OR TRAVEL EXPENSES FOR THE BOARD IN WHICH THE REIMBURSEMENT HAS BEEN DETERMINED TO BE TAX ABLE INCOME.

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VII, Section A, Line 1a ADDITIONAL COMPENSATION EXPLANATION	COMPENSATION FROM INTEGRATED HEALTH SYSTEM MANY OF THE INDIVIDUALS LISTED IN PART VII AND SCHEDULE J HOLD POSITIONS WITH RELATED 501(C)(3) ORGANIZATIONS. FOR EACH OF THESE INDIVIDUALS, THE COMPENSATION LISTED IS RECEIVED FROM THE RELATED ORGANIZATION, AND THE COMPENSATION IS FOR THE INDIVIDUAL'S ROLE AS AN EMPLOYEE OF THE RELATED ORGANIZATION AND THE INTEGRATED HEALTH SYSTEM. THE AMOUNT OF TIME SHOWN FOR EACH AS "AVERAGE HOURS PER WEEK DEVOTED TO POSITION" CONSISTS PRIMARILY OF HIS/HER TIME SPENT ON HIS/HER ROLE WITH OCHSNER HEALTH SYSTEM. IN REALITY, HIS/HER TIME IS SPENT ON FULFILLING RESPONSIBILITIES THROUGH THEIR ROLES WITH THE RELATED ORGANIZATION AND/OR ACROSS ALL OTHER ORGANIZATIONS IN THE INTEGRATED HEALTH SYSTEM, AND MAY BE MORE EVENLY DISTRIBUTED.

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VIII, Line 2f Other Program Service Revenue	VIII EQUITY INC JOINT VENTURE - Total Revenue: -158452, Related or Exempt Function Revenue : -393492, Unrelated Business Revenue: 235040, Revenue Excluded from Tax Under Sections 512, 513, or 514: ;

990 Schedule O, Supplemental Information

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 - -8778461; Net Assets released for Operations - 635664; Unrestricted Impairments Recovery - 408; Pension-related changes other than net periodic pension costs - 2668428; Change in Net Assets for Credit Tenant Lease facilities - 2508759; Loss on early extinguishment of debt - -9256366; Other Changes in Net Assets or Fund Balances - -46020; Restricted Contributions - -9398376; Net Assets of Ochsner Health System merged 12/31/2017 - 14222054;

990 Schedule O, Supplemental Information

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 t he organization's financial statements and selection of an independent accountant has not changed from the prior year.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, BOX C - DOING BUSINESS AS	ALTON OCHSNER MEDICAL FOUNDATION EAT FIT EAT FIT NOLA INNOVATION OCHSNER IO KING CAKE FEST IVAL GOLDEN OPPORTUNITY O BABY O BAR OCHSNER OCHSNER BAPTIST - A CAMPUS OF OCHSNER MEDICAL CENTER OCHSNER CENTER FOR PRIMARY CARE AND WELLNESS OCHSNER CLINIC OCHSNER FITNESS CENTER OCHSNER HEALTH CENTER OCHSNER HEALTH SYSTEM OCHSNER HEALTH SYSTEMS OCHSNER HOSPITAL FOR C HILDREN OCHSNER MEDICAL CENTER OCHSNER MEDICAL CENTER - BATON ROUGE OCHSNER MEDICAL CENTER - NORTH SHORE OCHSNER MEDICAL CENTER - WEST BANK CAMPUS OCHSNER OUTPATIENT SURGERY SUITE OCHSNER ST. ANNE HOSPITAL OCHSNER THERAPY & WELLNESS S3P Y2KIDS

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 BOX B - AMENDED RETURN	Ochsner Clinic Foundation, (OCF), an organization exempt under 501(c)(3) of the Internal Revenue Code, is amending their 2017 Form 990. The first change is to reclassify contractual allowances from an expense to a deduction from revenue. Contractual allowances are the difference between a healthcare provider's bill for services rendered and what it will be paid based on the terms of contracts with third-party insurers (commercial insurers, Medicare and Medicaid). This changed what is reported as Total Revenue on the 990 to actual payments for services and resulted in a decrease in revenue and expenses in the amount of \$5,398,570,397 with no effect on net income. The second change is to add losses related to Medicaid and losses related to Subsidized Health Services to Schedule H Part I, Lines 7b & 7g. These items are part of Total Expenses, but were not originally broken out in Schedule H. See the attached schedule named "Explanation for 2017 Amended Form 990" for a comparison of changes from the originally filed Form 990 to the amended Form 990 for tax year ended December 31, 2017.

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

OMB No. 1545-0047

2017

Open to Public Inspection

Name of the organization
OCHSNER CLINIC FOUNDATION

Employer identification number
72-0502505

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	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)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	
(3)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	
(4)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	
(5)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	
(6)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	
(7)PAEON HEALTH SERVICES INC 2801 VIA FORTUNA STE 500 AUSTIN, TX 78746 82-1064427	PATIENT CARE-INDIGENT	LA	501(c)(3)	10	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) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) Ochsner Health Partners LLC 2941 Lake Vista Drive Lewisville, TX 75067 81-1116852	Healthcare	DE	Ochsner Clinic Foundation	Related	0	0		No			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	No
(1) COMMUNITY MEDICAL GROUP-ST CHARLES INC 320 SOMERULOS ST BATON ROUGE, LA 708026129 46-3447107	CLINICAL SERVICES	LA	Satyr Clinical Services Inc	C Corporation	48,316	0	100 %	Yes	
(2) DEUTERON REALTY 1514 JEFFERSON HIGHWAY NEW ORLEANS, LA 70121 72-1079347	NOMINEE REAL ESTATE CORPORATION	LA	Ochsner Clinic Foundation	C Corporation	0	1,000	100 %	Yes	
(3) HYDRA CLINICAL SERVICES INC 2801 VIA FORTUNA STE 500 AUSTIN, TX 78746 82-1664573	MEDICAL SERVICES- INDIGENT CARE	LA	Ochsner Clinic Foundation	C Corporation	148,000	855	100 %	Yes	
(4) SATYR CLINICAL SERVICES INC 2801 VIA FORTUNA STE 500 AUSTIN, TX 78746 46-4147298	MEDICAL SERVICES- INDIGENT CARE	LA	Ochsner Clinic Foundation	C Corporation	13,904,854	418,211	100 %	Yes	
(5) MILLENNIUM HEALTHCARE MANAGEMENT INC 3510 N CAUSEWAY BLVD STE 110 METAIRIE, LA 70002 27-4327342	MEDICAL SERVICES MANAGEMENT	LA	Ochsner Clinic Foundation	C Corporation	21,264,765	46,964,718	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.

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

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

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

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

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

e Loans or loan guarantees by related organization(s)

f Dividends from related organization(s)

g Sale of assets to related organization(s)

h Purchase of assets from related organization(s)

i Exchange of assets with related organization(s)

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

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

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

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

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

o Sharing of paid employees with related organization(s)

p Reimbursement paid to related organization(s) for expenses

q Reimbursement paid by related organization(s) for expenses

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

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

Yes

No

1a

Yes

1b

Yes

1c

No

1d

No

1e

No

1f

No

1g

Yes

1h

Yes

1i

No

1j

No

1k

Yes

1l

Yes

1m

Yes

1n

No

1o

No

1p

Yes

1q

Yes

1r

Yes

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.

See Additional Data Table

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

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

[illegible]

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. Deuteron Realty, Inc. is an inactive nominee corporation.

Additional Data

Software ID: 17005876
Software Version: 2017v2.2
EIN: 72-0502505
Name: OCHSNER CLINIC FOUNDATION

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary Activity	(c) Legal Domicile (State or Foreign Country)	(d) Total income	(e) End-of-year assets	(f) Direct Controlling Entity
1201 Dickory LLC 1514 Jefferson Highway New Orleans, LA 70121 72-0502505	Real Estate Title-Holding Company	LA	0	0	Ochsner Clinic Foundation
Chabert Operational Management Company LLC 1514 Jefferson Highway New Orleans, LA 70121 46-2840691	Performs Hospital Management Services	LA	28,164,170	27,839,130	Ochsner Clinic Foundation
East Baton Rouge Medical Center LLC 17000 Medical Center Dr Baton Rouge, LA 70816 20-1729674	Patient Care	DE	235,898,975	73,535,355	Ochsner Clinic Foundation
East Jefferson After Hours - Kenner LLC 1514 Jefferson Highway New Orleans, LA 70121 75-3045183	Patient Care	DE	1,305,460	1,144,492	Ochsner Urgent Care 1 LLC
East Jefferson After Hours Metairie LLC 1514 Jefferson Highway New Orleans, LA 70121 20-3802765	Patient Care	DE	2,454,561	156,712	Ochsner Urgent Care 1 LLC
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	301,209	855,104	Ochsner Clinic Foundation
iO LLC 1514 Jefferson Highway New Orleans, LA 70121 72-0502505	Foster and support patient centered innovative health care solutions	LA	7,661	0	Ochsner Clinic Foundation
Lakeview Urgent Care LLC 1514 Jefferson Highway New Orleans, LA 70121 45-3935671	Patient Care	DE	1,718,508	226,917	Ochsner Urgent Care 1 LLC
Luling Urgent Care LLC 1514 Jefferson Highway New Orleans, LA 70121 45-3935716	Patient Care	DE	1,189,784	279,402	Ochsner Urgent Care 1 LLC
Ochsner Accountable Care Network 1514 Jefferson Highway New Orleans, LA 70121 45-5446191	Accountable Care Organization	LA	0	956	Ochsner Clinic Foundation
Ochsner Bayou LLC 4608 Highway 1 Raceland, LA 70394 20-4670876	Operation of Ochsner St. Anne General Hospital	LA	45,501,583	22,368,259	Ochsner Clinic Foundation
Ochsner Baptist Medical Center LLC 1514 Jefferson Hwy New Orleans, LA 70121 20-5432631	inactive holding company	LA	0	0	Ochsner Clinic Foundation
Ochsner Center for Molecular Imaging LLC 1514 Jefferson Highway New Orleans, LA 70121 47-1743566	produce imaging agents for clinical and research applications	LA	230,865	2,695,361	Ochsner Clinic Foundation
Ochsner Clinic LLC 1514 Jefferson Highway New Orleans, LA 70121 72-0276883	Physician Services	LA	785,628,054	-153,617,501	Ochsner Clinic Foundation
Ochsner Health Foundation LLC 1514 Jefferson Highway New Orleans, LA 70121 45-2211764	Philanthropic Support	LA	0	0	N/A
Ochsner Health Network LLC 1514 Jefferson Highway New Orleans, LA 70121 47-2540787	Operates a Network of healthcare organizations	LA	9,222,103	8,680,700	Ochsner Clinic Foundation
Ochsner Health Partners Hospital LLC 2941 Lake Vista Drive Lewisville, TX 75067 36-4827436	Leasehold	DE	0	0	Ochsner Health Partners LLC
Ochsner Home Medical Equipment LLC 1514 Jefferson Highway New Orleans, LA 70121 72-0502505	Sales of Durable Medical Equipment to Patients	LA	9,792,552	7,701,122	Ochsner Clinic Foundation
Ochsner Medical Center - Hancock LLC 1514 Jefferson Highway New Orleans, LA 70121 82-2869576	Patient Care	MS	0	0	N/A
Ochsner Medical Center-Kenner LLC 1514 Jefferson Highway New Orleans, LA 70121 20-5432782	Operation of Ochsner Medical Center-Kenner	LA	168,626,625	27,246,925	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
Ochsner Medical Center - Northshore LLC 1514 Jefferson Highway New Orleans, LA 70121 27-1770321	Patient Care	LA	95,172,725	32,963,612	Ochsner Clinic Foundation
Ochsner Medical Center Westbank LLC 1514 Jefferson Highway New Orleans, LA 70121 20-5432716	Patient Care	LA	0	0	Ochsner Clinic Foundation
Ochsner Mississippi LLC 1514 Jefferson Highway New Orleans, LA 70121 75-3009725	Patient Care	LA	0	0	Ochsner Clinic Foundation
Ochsner Pharmacy and Wellness LLC 1514 Jefferson Highway New Orleans, LA 70121 46-5235153	Sale and distribution of health care products	LA	56,596,290	32,876,217	Ochsner Clinic Foundation
Ochsner Physician Partners LLC 1514 Jefferson Highway New Orleans, LA 70121 45-4962130	Operates a Clinically Integrated Network of Physicians and Hospitals	LA	4,425,294	3,401,260	Ochsner Clinic Foundation
Ochsner Urgent Care LLC 1514 Jefferson Highway New Orleans, LA 70121 72-0502505	Holding of Gulf Coast Outpatient Centers	LA	0	0	Ochsner Clinic Foundation
Ochsner Urgent Care 1 LLC 1514 Jefferson Highway New Orleans, LA 70121 81-5088821	Holding company	LA	0	0	Ochsner Clinic LLC
OMC-Kenner Holdings LLC c/o Ochsner Community Hospitals 1514 Jefferson Hwy New Orleans, LA 70121 20-5432782	25% JV in Louisiana Extended Care Hospital of Kenner, LLC	LA	-16,975	356,293	Ochsner Medical Center-Kenner LLC
Southern Strategic Sourcing Partners LLC 1514 Jefferson Highway New Orleans, LA 70121 47-2552418	Reduce supply costs for members	LA	4,239,024	4,905,345	Ochsner Clinic Foundation
Sculpting Center of New Orleans LLC 4500 Clearview Pkwy Metairie, LA 70006 46-3469427	Patient Care	LA	443,490	203,589	Ochsner Clinic Foundation
St Bernard Operational Management Company 1514 Jefferson Highway New Orleans, LA 70121 82-2875545	Performs Hospital Management Services	LA	672,202	11,270,087	Ochsner Clinic Foundation
St Charles Operational Management Company 1514 Jefferson Highway New Orleans, LA 70121 47-1714076	Performs Hospital Management Services	LA	7,191,430	5,984,628	Ochsner Clinic Foundation

Form 990, Schedule R, Part V - Transactions With Related Organizations			
(a) Name of related organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
Brent House Corporation	A	2,047,230	Intercompany Billings - Mkt Value
Ochsner Health System	A	1,401,279	Intercompany Billings - Mkt Value
Satyr Clinical Services Inc	B	13,055,000	Cash transferred
Paeon Health Services Inc	B	825,000	Cash transferred
Millennium Healthcare Management Inc	B	1,703,775	Market Value
Millennium Healthcare Management Inc	H	30,800,000	Cash paid
Brent House Corporation	K	1,169,691	Intercompany Billings - Mkt Value
EBR Medical Facilities Inc	K	6,389,401	Market Value
OCF Medical Facilities Inc	K	6,205,816	Market Value
OMCNS Medical Facilities Inc	K	609,500	Market Value
Millennium Healthcare Management Inc	K	332,896	Intercompany Billings - Mkt Value
Ochsner Health System	L	557,121	Intercompany Billings - Mkt Value
Millennium Healthcare Management Inc	L	1,189,099	Intercompany Billings - Mkt Value
Brent House Corporation	M	600,569	Intercompany Billings - Mkt Value
Ochsner Health System	P	197,909,455	Intercompany Billings - Mkt Value
Millennium Healthcare Management Inc	Q	9,584,256	Intercompany Billings - Mkt Value
Millennium Healthcare Management Inc	R	9,104,895	Intercompany Billings - Mkt Value