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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

▶ Do not enter social security numbers on this form as it may be made public

▶ **Go to *www.irs.gov/Form990* for instructions and the latest information.**

OMB No 1545-0047

2018

Open to Public Inspection

A For the 2019 calendar year, or tax year beginning 01-01-2018 , and ending 12-31-2018

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

D Employer identification number
72-0502505

E Telephone number
(504) 842-4097

G Gross receipts $ 3,597,864,815

F Name and address of principal officer
PETER C NOVEMBER
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 ▶

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

J Website: ▶ WWW OCHSNER ORG

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

L Year of formation 1944

M State of legal domicile LA

Part I Summary

1 Briefly describe the organization's mission or most significant activities
PATIENT CARE, GRADUATE MEDICAL EDUCATION, & MEDICAL RESEARCH

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

3	Number of voting members of the governing body (Part VI, line 1a)	**3**	21
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	10
5	Total number of individuals employed in calendar year 2018 (Part V, line 2a)	**5**	24,069
6	Total number of volunteers (estimate if necessary)	**6**	1,044
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	17,600,429
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	2,497,658

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	16,131,594	12,689,575
9	Program service revenue (Part VIII, line 2g)	8,284,966,778	3,252,702,034
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	59,188,880	35,912,341
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	45,111,955	92,397,774
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	8,405,399,207	3,393,701,724
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	664,122	1,525,105
14	Benefits paid to or for members (Part IX, column (A), line 4)		0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	1,452,986,516	1,585,979,362
16a	Professional fundraising fees (Part IX, column (A), line 11e)		0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶4,664,505		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	6,822,995,026	1,653,399,996
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	8,276,645,664	3,240,904,463
19	Revenue less expenses Subtract line 18 from line 12	128,753,543	152,797,261

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	2,651,229,587	2,930,887,555
21	Total liabilities (Part X, line 26)	1,685,309,420	1,912,672,989
22	Net assets or fund balances Subtract line 21 from line 20	965,920,167	1,018,214,566

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

****** 2019-11-13
Signature of officer Date

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

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
				P01207335

Firm's name ▶ ERNST & YOUNG US LLP — Firm's EIN ▶ 34-6565596

Firm's address ▶ 425 HOUSTON STREET 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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission

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

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

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

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

If "Yes," describe these changes on Schedule O

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

4a (Code) (Expenses $ 2,597,138,990 including grants of $ 1,525,105) (Revenue $ 3,208,259,181)
See Additional Data

4b (Code) (Expenses $ 40,448,000 including grants of $) (Revenue $ 13,609,299)
See Additional Data

4c (Code) (Expenses $ 16,870,000 including grants of $) (Revenue $ 13,582,992)
See Additional Data

See Additional Data Table

4d Other program services (Describe in Schedule O)
(Expenses $ 15,003,542 including grants of $) (Revenue $ 17,415,903)

4e **Total program service expenses ▶** 2,669,460,532

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	Yes	
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X*	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII*	12a		No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional*	12b	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	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
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	20a	Yes	
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	Yes	
21	Did the organization report more than $5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	21	Yes	
22	Did the organization report more than $5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	22		No

Part IV Checklist of Required Schedules *(continued)*

			Yes	No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	**23**	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K If "No," go to line 25a*	**24a**	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	**24b**		No
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	**24c**		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	**24d**		No
25a	**Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	**25a**		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	**25b**		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? *If "Yes," complete Schedule L, Part II*	**26**		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? *If "Yes," complete Schedule L, Part III*	**27**		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28a**		No
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28b**	Yes	
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? *If "Yes," complete Schedule L, Part IV*	**28c**	Yes	
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	**32**		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	**33**	Yes	
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1*	**34**	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	**35a**	Yes	
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	**35b**	Yes	
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	**36**		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	**37**		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? **Note.** All Form 990 filers are required to complete Schedule O	**38**	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	**1a**	2,057		
b	Enter the number of Forms W-2G included in line 1a *Enter -0-* if not applicable	**1b**	2		
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**	24,069		
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**	Yes	
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**		
15	Is the organization subject to the section 4960 tax on payment(s) of more than $1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N			**15**	Yes	
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O			**16**		No

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**		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .		**5**		No
6	Did the organization have members or stockholders?		**6**		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-A 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

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

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

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (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) ▶								29,665,936	0	1,993,276

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 ▶ 2,495

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
THE LEMOINE COMPANY LLC 214 JEFFERSON ST SUITE 200 LAFAYETTE, LA 70501	CONSTRUCTION	60,117,455
BROADMOOR-MILTON J WOMACK - A JOINT VENTURE 2740 N ARNOULT RD METAIRIE, LA 70002	CONSTRUCTION	14,830,992
CLEMENT BUILDING CO LLC 3621 RIDGELAKE DR SUITE 203 METAIRIE, LA 70055	CONSTRUCTION	14,075,237
BERNHARD MCC LLC 8555 UNITED PLAZA BLVD SUITE 201 BATON ROUGE, LA 70809	CONSTRUCTION	12,735,439
WOODWARD DESIGN BUILD LLC 1000 S JEFFERSON DAVIS PKWY NEW ORLEANS, LA 70125	CONSTRUCTION	12,054,313

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 ▶ 247

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 759,016				
b Membership dues	1b				
c Fundraising events	1c 1,405,323				
d Related organizations	1d				
e Government grants (contributions)	1e 826,540				
f All other contributions, gifts, grants, and similar amounts not included above	1f 9,698,696				
g Noncash contributions included in lines 1a - 1f $ 103,209					
h **Total.** Add lines 1a-1f		12,689,575			
Program Service Revenue	Business Code				
2a Patient Service Revenue	621110	3,208,110,151	3,058,022,609		150,087,542
b Education Revenue	611600	13,609,299	13,609,299		
c Research Revenue	900099	13,582,992	13,582,992		
d Ochsner Fitness Center	713940	12,256,902	10,554,464		1,702,438
e Program Related Investments	531120	3,095,461	2,805,578	289,883	
f All other program service revenue		2,047,229	0	0	2,047,229
g **Total.** Add lines 2a–2f		3,252,702,034			
3 Investment income (including dividends, interest, and other similar amounts)		13,786,188		124,852	13,661,336
4 Income from investment of tax-exempt bond proceeds		1,004,081			1,004,081
5 Royalties		21,426			21,426
	(i) Real	(ii) Personal			
6a Gross rents	10,667,512				
b Less rental expenses	5,257,017				
c Rental income or (loss)	5,410,495	0			
d Net rental income or (loss)		5,410,495			5,410,495
	(i) Securities	(ii) Other			
7a Gross amount from sales of assets other than inventory	134,052,109	4,342,193			
b Less cost or other basis and sales expenses	113,896,934	3,375,296			
c Gain or (loss)	20,155,175	966,897			
d Net gain or (loss)		21,122,072			21,122,072
Other Revenue 8a Gross income from fundraising events (not including $ 1,398,743 of contributions reported on line 1c) See Part IV, line 18	a 656,083				
b Less direct expenses	b 1,285,593				
c Net income or (loss) from fundraising events		-629,510			-629,510
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 93,650,147				
b Less cost of goods sold	b 80,348,251				
c Net income or (loss) from sales of inventory		13,301,896	165,340	585,010	12,551,546
Miscellaneous Revenue	Business Code				
11a Management Services Revenue	541611	53,304,895		11,985,413	41,319,482
b LEGAL CLAIMS SETTLEMENT	900099	14,529,081			14,529,081
c ACCOUNTABLE CARE ORGANIZATION	541512	3,427,530		3,427,530	
d All other revenue		3,031,961	0	1,187,741	1,844,220
e **Total.** Add lines 11a–11d		74,293,467			
12 **Total revenue.** See Instructions		3,393,701,724	3,098,740,282	17,600,429	264,671,438

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraisingexpenses
1 Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	1,381,276	1,381,276		
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	143,829	143,829		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	24,911,843	9,431,622	15,480,221	0
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	1,543,068	1,543,068		
7 Other salaries and wages	1,414,291,302	1,196,697,725	214,815,232	2,778,345
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	30,005,018	4,055,228	25,949,790	
9 Other employee benefits	26,713,164	22,415,419	4,236,348	61,397
10 Payroll taxes	88,514,967	72,597,373	15,717,516	200,078
11 Fees for services (non-employees)				
a Management	219,997		219,997	
b Legal	20,740,229	276,679	20,463,550	
c Accounting	1,010,217	30,810	979,407	
d Lobbying	895,063		895,063	
e Professional fundraising services See Part IV, line 17				
f Investment management fees	1,032,984		1,032,984	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	227,091,611	172,222,855	54,110,330	758,426
12 Advertising and promotion	15,747,369	995,483	14,746,716	5,170
13 Office expenses	40,289,612	31,664,422	8,331,129	294,061
14 Information technology	73,318,070	20,445,286	52,801,404	71,380
15 Royalties . .				
16 Occupancy	80,163,438	47,100,075	33,060,743	2,620
17 Travel	3,851,751	1,294,777	2,527,600	29,374
18 Payments of travel or entertainment expenses for any federal, state, or local public officials .				
19 Conferences, conventions, and meetings	11,624,345	5,121,774	6,348,283	154,288
20 Interest	45,554,691	44,006,141	1,548,550	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization . .	140,059,348	68,417,302	71,578,912	63,134
23 Insurance . . .	31,575,995	30,757,882	818,113	
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	534,076,682	534,076,682		
b OUTSIDE PROVIDER	140,491,342	140,491,342		
c BLDG EQUIP RPR MAINT	84,499,077	77,291,271	7,178,221	29,585
d COMMUNITY BENEFIT	84,016,000	84,016,000		
e All other expenses	117,142,175	102,986,210	13,939,318	216,647
25 **Total functional expenses.** Add lines 1 through 24e	3,240,904,463	2,669,460,531	566,779,427	4,664,505
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

			(A) Beginning of year		(B) End of year
Assets	1	Cash–non-interest-bearing		1	
	2	Savings and temporary cash investments	306,449,376	2	151,580,465
	3	Pledges and grants receivable, net	34,123,118	3	30,707,319
	4	Accounts receivable, net	351,799,467	4	417,572,901
	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	1,376,212	7	1,161,327
	8	Inventories for sale or use	68,063,504	8	69,754,191
	9	Prepaid expenses and deferred charges	34,381,134	9	55,410,384
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D — 10a: 2,487,029,451			
	b	Less accumulated depreciation — 10b: 1,350,970,230	815,391,327	10c	1,136,059,221
	11	Investments—publicly traded securities	527,144,951	11	516,544,620
	12	Investments—other securities See Part IV, line 11	332,665,243	12	308,164,153
	13	Investments—program-related See Part IV, line 11	0	13	
	14	Intangible assets	82,649,016	14	83,887,994
	15	Other assets See Part IV, line 11	97,186,239	15	160,044,980
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)	2,651,229,587	16	2,930,887,555
Liabilities	17	Accounts payable and accrued expenses	327,566,399	17	400,684,368
	18	Grants payable		18	
	19	Deferred revenue	35,607,608	19	35,688,037
	20	Tax-exempt bond liabilities	744,068,224	20	739,840,858
	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	318,016,141	23	352,399,992
	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	207,621,048	25	331,629,734
	26	**Total liabilities.** Add lines 17 through 25	1,685,309,420	26	1,912,672,989
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	832,938,583	27	898,925,907
	28	Temporarily restricted net assets	106,298,704	28	92,018,634
	29	Permanently restricted net assets	26,682,880	29	27,270,025
		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	965,920,167	33	1,018,214,566
	34	Total liabilities and net assets/fund balances	2,651,229,587	34	2,930,887,555

Part XI Reconcilliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	3,393,701,724
2	Total expenses (must equal Part IX, column (A), line 25)	2	3,240,904,463
3	Revenue less expenses Subtract line 2 from line 1	3	152,797,261
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	965,920,167
5	Net unrealized gains (losses) on investments	5	-68,493,526
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	-32,009,336
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	1,018,214,566

Part XII Financial Statements and Reporting

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

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

Additional Data

Software ID: 18007697
Software Version: 2018v3.1
EIN: 72-0502505
Name: OCHSNER CLINIC FOUNDATION

Form 990 (2018)

Form 990, Part III, Line 4a:

PATIENT CARE/PATIENT MEDICAL SERVICES OCHSNER CLINIC FOUNDATION CONSISTS OF SIX HOSPITALS AT TEN CAMPUSES AND MANY CLINICAL LOCATIONS SERVED 69,861 INPATIENTS RESULTING IN 340,854 PATIENT DAYS EMERGENCY ROOM VISITS TOTALED 351,586 THE NUMBER OF BIRTHS TOTALED 7,604 OUTPATIENT HOSPITAL VISITS TOTALED 551,900 PHYSICIAN CLINIC VISITS TOTAL 2,242,860 428 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 communities 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 285 residents and fellows annually in 29 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 57 residents In addition, another 325 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 129 residents in Family Practice and Internal Medicine, and approximately 90 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") A 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 2019, 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 are held annually through Regularly Scheduled Series and Live Activities providing more than 14,500 practicing physicians with 54,000 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 In addition, Ochsner is approved by the Louisiana State Board of Medical Examiners to provide CME credit for the mandatory Controlled Dangerous Substance (CDS) license requirement 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 train at Ochsner Medical Center and upon completion of this program 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 and the number continues to increase 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 Outcomes and Health Services Research (COHSR), formerly Center for Applied Health Services Research (in 2014, the mission of which is to advance knowledge, improve clinical practice, and improve the health and well-being of the community The COHSR 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 COHSR 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 COHSR 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 2,500 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 40,000 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 was established at Ochsner Baptist Medical Center in 2016

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

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

(Code) (Expenses $ 11,014,000 including grants of $) (Revenue $ 12,256,902)

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 it's physical and occupational therapy services The fitness center also provides outreach to the community, including educational programs, community nutrition outreach, and a youth obesity program

(Code) (Expenses $ 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)

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

(Code) (Expenses $ 1,942,312 including grants of $) (Revenue $ 16,310)

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 $ 3,095,461)

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	5 0 0	X		X				0	0	0
WARNER L THOMAS PRESIDENT / CEO / BOARD MEMBER	45 0 5 0	X		X				5,141,682	0	425,794
VINCENT R ADOLPH MD BOARD MEMBER/SENIOR PHYSICIAN	50 0 0	X						649,939	0	34,466
KAREN B BLESSEY MD BOARD MEMBER/SENIOR PHYSICIAN	50 0 0	X						236,027	0	8,876
PEDRO CAZABON MD BOARD MEMBER/SENIOR PHYSICIAN	50 0 0	X						414,300	0	31,414
THOMAS Duncan DAVIS COMMUNITY DIRECTOR	5 0 0	X						0	0	0
WILLIAM H HINES COMMUNITY DIRECTOR	5 0 0	X						0	0	0
R Parker LECORGNE COMMUNITY DIRECTOR	5 0 0	X						0	0	0
GEORGE E LOSS MD PHD BOARD MEMBER/SENIOR PHYSICIAN (TERM END 12/31/18)	50 0 0	X						1,074,760	0	31,924
JAMES E MAURIN PAST CHAIR/COMMUNITY DIRECTOR	5 0 0	X						0	0	0

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			
JEFFERSON G PARKER COMMUNITY DIRECTOR	5 0 0	X						0	0	0
ROBERT J PATRICK COMMUNITY DIRECTOR	5 0 0	X						0	0	0
KENNETH POLITE COMMUNITY DIRECTOR	5 0 0	X						0	0	0
TIMOTHY L RIDDELL MD BOARD MEMBER/SENIOR PHYSICIAN	50 0 0	X						342,769	0	15,430
LEONARDO B SEOANE MD BOARD MEMBER/SENIOR PHYSICIAN (TERM END 12/31/18)	50 0 0	X						439,235	0	26,495
DANA H SMETHERMAN MD BOARD MEMBER/SENIOR PHYSICIAN	50 0 0	X						574,846	0	34,534
VICTORIA A SMITH MD BOARD MEMBER/SENIOR PHYSICIAN	50 0 0	X						338,802	0	21,983
STEPHEN F STUMPF COMMUNITY DIRECTOR (TERM END 4/2/18)	5 0 0	X						0	0	0
JOSE S SUQUET COMMUNITY DIRECTOR	5 0 0	X						0	0	0
DAVID E TAYLOR MD BOARD MEMBER/SENIOR PHYSICIAN	50 0 0	X						386,578	0	33,540

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	5 0 0	X						0	0	0
BOBBY C BRANNON EXEC VP & TREASURER (TERM END 10/1/18)	45 0 5 0			X				836,246	0	21,190
MICHAEL F HULEFELD EXEC VP & CHIEF OPERATING OFFICER	49 0 1 0			X				1,255,802	0	222,609
PETER C NOVEMBER SECRETARY/EXEC VP CHIEF ADMINISTRATIVE OFFICER	44 0 6 0			X				1,172,576	0	246,657
SCOTT J POSECAI EXEC VP & CHIEF FINANCIAL OFFICER	44 0 6 0			X				1,105,592	0	272,526
DAWN J ANUSZKIEWICZ CEO-BAPTIST	50 0 0				X			401,244	0	26,871
STEVEN B DEITELZWEIG MD SR PHYSICIAN, SVC LINE LDR, HOSPITAL MED	50 0 0				X			488,000	0	34,786
BRADLEY R GOODSON CEO NORTHSHORE REGION	50 0 0				X			646,140	0	25,747
RICHARD D GUTHRIE JR MD CHIEF QUALITY OFFICER	50 0 0				X			649,129	0	30,226
ROBERT I HART MD EXEC VP-CHIEF MEDICAL OFFICER	50 0 0				X			1,012,433	0	25,373

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 REG MED DIR, WB REG	50 0 0				X			491,166	0	34,380
WILLIAM A MCDADE MD PHD EXEC VP-CHIEF ACADEMIC OFFICER	50 0 0				X			739,842	0	10,794
J Eric MCMILLEN CEO, BATON ROUGE REGION	50 0 0				X			467,593	0	26,183
DAWN M PUENTE MD REG MED DIR, NO COMM HOSP	50 0 0				X			560,153	0	32,636
ALDO J RUSSO MD REGIONAL MEDICAL DIRECTOR	50 0 0				X			580,134	0	29,132
ARMIN SCHUBERT MD VPMA-OMC-JEFF HWY	50 0 0				X			610,455	0	23,968
ROBERT WOLTERMAN CEO OMC-JEFF HWY	50 0 0				X			691,663	0	26,308
BURKE J BROOKS MD SENIOR PHYSICIAN	50 0 0					X		1,042,782	0	46,647
PAUL C CELESTRE MD SENIOR PHYSICIAN	50 0 0					X		1,328,092	0	29,886
SEBASTIAN F KOGA MD PHYSICIAN-SECTION HEAD	50 0 0					X		1,463,931	0	18,760

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		2,193,238	0	20,886
MARCUS L WARE MD SR PHYSICIAN	50 0 0					X		934,614	0	32,121
MARK A FRENCH FORMER KEY EMPLOYEE	50 0 0						X	292,586	0	26,788
BETH E WALKER FORMER KEY EMPLOYEE	50 0 0						X	377,129	0	13,967
RICHARD E DEICHMANN MD FMR BOARD MEMBER SR PHYS (TERM END 12/31/17)	50 0 0						X	50,627	0	4,328
DENNIS KAY MD FMR BOARD MEMBER SR PHYS (TERM END 12/31/17)	50 0 0						X	675,833	0	46,048

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SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

▶ **Go to *www.irs.gov/Form990* for the latest information.**

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization
OCHSNER CLINIC FOUNDATION

Employer identification number
72-0502505

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

The organization is not a private foundation because it is (For lines 1 through 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 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)

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

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

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

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

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

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

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

f Enter the number of supported organizations _____

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

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

Part II **Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv), 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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(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)2014	(b)2015	(c)2016	(d)2017	(e)2018	(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 2018 (line 6, column (f) divided by line 11, column (f)) **14**

15 Public support percentage for 2017 Schedule A, Part II, line 14 **15**

16a **33 1/3% support test—2018.** 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—2017.** 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—2018.** 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—2017.** 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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(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 2018 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2017 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2018** (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from **2017** Schedule A, Part III, line 17	18	

19a **33 1/3% support tests—2018.** 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—2017.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

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

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

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

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

1 ☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov 20, 1970 (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 2018 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-2018**	**(iii) Distributable Amount for 2018**
1 Distributable amount for 2018 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2018 (reasonable cause required-- explain in Part VI) See instructions			
3 Excess distributions carryover, if any, to 2018			
a From 2013.			
b From 2014.			
c From 2015.			
d From 2016.			
e From 2017.			
f **Total** of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2018 distributable amount			
i Carryover from 2013 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2018 from Section D, line 7 $			
a Applied to underdistributions of prior years			
b Applied to 2018 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2018, 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 2018 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 2019.** Add lines 3j and 4c			
8 Breakdown of line 7			
a Excess from 2014.			
b Excess from 2015.			
c Excess from 2016.			
d Excess from 2017.			
e Excess from 2018.			

Additional Data

Software ID: 18007697
Software Version: 2018v3.1
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

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SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

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

▶**Complete if the organization is described below.** ▶**Attach to Form 990 or Form 990-EZ.**
▶**Go to *www.irs.gov/Form990* for instructions and the latest information.**

OMB No 1545-0047

2018

Open to Public Inspection

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

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

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

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

If the organization answered "Yes" on Form 990, Part IV, Line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

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

Name of the organization	**Employer identification number**
OCHSNER CLINIC FOUNDATION	72-0502505

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

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV (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)		
b Total lobbying expenditures to influence a legislative body (direct lobbying)	895,063	
c Total lobbying expenditures (add lines 1a and 1b)	895,063	
d Other exempt purpose expenditures	2,668,565,468	
e Total exempt purpose expenditures (add lines 1c and 1d)	2,669,460,531	
f Lobbying nontaxable amount Enter the amount from the following table in both columns	1,000,000	0
g Grassroots nontaxable amount (enter 25% of line 1f)	250,000	
h Subtract line 1g from line 1a If zero or less, enter -0-	0	
i Subtract line 1f from line 1c If zero or less, enter -0-	0	

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

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

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

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(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	826,008	671,666	784,069	895,063	3,176,806
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) Yes	(a) No	(b) Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a	Volunteers?			
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			
c	Media advertisements?			
d	Mailings to members, legislators, or the public?			
e	Publications, or published or broadcast statements?			
f	Grants to other organizations for lobbying purposes?			
g	Direct contact with legislators, their staffs, government officials, or a legislative body?			
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
i	Other activities?			
j	Total Add lines 1c through 1i			
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

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

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

Part IV Supplemental Information

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

Return Reference	Explanation	

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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.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047

2018

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 7/25/06, and not on a historic structure listed in the National Register	2d

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

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

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

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

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

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

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

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

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

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

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

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

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

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

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

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

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

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

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

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

Part IV Escrow and Custodial Arrangements.

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

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

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

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

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

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

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

	(a)Current year	(b)Prior year	(c)Two years back	(d)Three years back	(e)Four years back
1a Beginning of year balance	42,805,678	37,623,379	33,770,056	33,633,473	30,504,804
b Contributions . . .	595,044	834,875	2,047,419	340,496	138,247
c Net investment earnings, gains, and losses	-2,629,342	5,240,256	2,396,581	27,886	3,916,658
d Grants or scholarships . . .					
e Other expenditures for facilities and programs . . .	960,404	892,832	590,677	231,799	926,236
f Administrative expenses					
g End of year balance	39,810,976	42,805,678	37,623,379	33,770,056	33,633,473

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

- a Board designated or quasi-endowment ▶ 3 6 %
- b Permanent endowment ▶ 68 32 %
- c Temporarily restricted endowment ▶ 28 08 %

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

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

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

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

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" 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	3,823,358	55,493,161		59,316,519
b Buildings	3,782,604	1,061,387,203	571,728,907	493,440,900
c Leasehold improvements		95,610,322	53,873,811	41,736,511
d Equipment		1,016,686,473	696,020,140	320,666,333
e Other		250,246,330	29,347,372	220,898,958
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c))* . . ▶				1,136,059,221

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)* ▶	308,164,153	

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

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

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

(a) Description	(b) Book value
(1) OTHER ASSETS	
(2) COST REPORT ASSET	27,447,679
(3) INVESTMENTS IN SUBSIDIARIES (EQUITY BASIS)	110,692,724
(4) BENEFICIAL INTEREST IN CHARITABLE REMAINDER TRUST	1,905,563
(5) DEFERRED TAX ASSET	28,844
(6) MISCELLANEOUS OTHER ASSETS	19,019,166
(7) SINKING FUND	500,000
(8) INTEREST RATE SWAP ASSET	451,004
(9)	
Total. *(Column (b) must equal Form 990, Part X, col (B) line 15)* ▶	160,044,980

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)* ▶	331,629,734

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: 18007697
Software Version: 2018v3.1
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) COMMONFUND CAPITAL INTERNATIONAL PARTNERS V	187,501	F
(A) COMMONFUND CAPITAL INTERNATIONAL PARTNERS VI	472,737	F
(B) COMMONFUND CAPITAL INTERNATIONAL PARTNERS VII	1,927,614	F
(C) COMMONFUND CAPITAL NATURAL RESOURCES VI	173,154	F
(D) COMMONFUND CAPITAL NATURAL RESOURCES VII	1,842,488	F
(E) COMMONFUND CAPITAL NATURAL RESOURCES VIII	1,827,022	F
(F) COMMONFUND CAPITAL PRIVATE EQUITY PARTNERS VI	208,563	F
(G) COMMONFUND CAPITAL PRIVATE EQUITY PARTNERS VII	615,359	F
(H) COMMONFUND CAPITAL VENTURES PARTNERS VII	211,848	F
(I) COMMONFUND CAPITAL VENTURES PARTNERS VIII	1,395,184	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 IX	5,191,295	F
(A) J O HAMBRO GLOBAL SELECT FUND	30,538,941	F
(B) LEXINGTON CAPITAL PARTNERS VII (OFFSHORE)	905,309	F
(C) MILLENNIUM INTERNATIONAL LTD	15,406,222	F
(D) PARAMETRIC GLOBAL DEFENSIVE EQUITY FUND	25,277,820	F
(E) PARK STREET CAPITAL PRIVATE EQUITY FUND VI	519,781	F
(F) POLUNIN DEVELOPING COUNTRIES FUND	13,204,589	F
(G) RENAISSANCE INSTITUTIONAL EQUITIES FUND LLC	27,474,791	F
(H) SCOPIA PX INTERNATIONAL LTD	20,345,875	F
(I) WELLINGTON DURABLE COMPANIES	30,038,901	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) US RESEARCH EQUITY EXTENDED FUND (CAYMAN) LTD	26,946,501	F
(A) ARROWSTREET INTERNATIONAL EQUITY ACWI EX US TRUST FUND	19,134,285	F
(B) COMGEST GROWTH EMERGING MARKETS	11,689,670	F
(C) SALIENT MLP TOTAL RETURN TE FUND, LP	13,305,032	F
(D) TWO SIGMA US ALL CAP CORE EQUITY FUND LP	16,533,935	F
(E) 1992 TACTICAL CREDIT FUND LTD	12,715,098	F
(F) WMQS GLOBAL EQUITY ACTIVE EXTENSION OFFSHORE FUND LTD	17,341,506	F
(G) VARDE INVESTMENT PARTNERS (OFFSHORE) LTD	12,133,132	F
(H) Define Ventures Fund I, L P	600,000	F
(I) DW Catalyst Offshore Fund LTD	0	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
(AE) Aviva Investors Multi-Strategy	0	F

Form 990, Schedule D, Part IX, - Other Assets

(a) Description	(b) Book value
(1) OTHER ASSETS	
(1) COST REPORT ASSET	27,447,679
(2) INVESTMENTS IN SUBSIDIARIES (EQUITY BASIS)	110,692,724
(3) BENEFICIAL INTEREST IN CHARITABLE REMAINDER TRUST	1,905,563
(4) DEFERRED TAX ASSET	28,844
(5) MISCELLANEOUS OTHER ASSETS	19,019,166
(6) SINKING FUND	500,000
(7) INTEREST RATE SWAP ASSET	451,004

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

1 (a) Description of Liability	(b) Book Value
PENSION & POST RETIREMENT OBLIGATIONS	145,209,506
LEASE LIABILITY	100,476,370
SELF INSURANCE LIABILITY	14,343,484
WORKER'S COMPENSATION LIABILITY	17,413,413
CONTRACT RETENTIONS	11,745,505
SPLIT INTEREST LIABILITY	552,649
OTHER LIABILITIES	15,491,735
RESERVE FOR RECOUPMENTS	5,079,243
BENEFITS LIABILITY	629,699
DUE FROM AFFILIATES	20,584,031

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 LIABILI TY 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 IN TERNAL REVENUE CODE AND ARE EXEMPT FROM FEDERAL AND STATE INCOME TAXES MANAGEMENT ANNUALL Y REVIEWS ITS TAX POSITIONS AND HAS DETERMINED THAT THERE ARE NO MATERIAL UNCERTAIN TAX PO SITIONS THAT REQUIRE RECOGNITION IN THE ACCOMPANYING CONSOLIDATED BALANCE SHEETS THE STAT UTE OF LIMITATIONS REMAINS OPEN FOR TAX YEARS 2015 THROUGH 2018 IN OCHSNER'S MAIN TAX JURI SDICTIONS THE TAX CUTS AND JOBS ACT (THE TAX ACT) WAS ENACTED ON DECEMBER 22, 2017 THE T AX 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 WERE PREVIO USLY TAX DEFERRED, AND CREATES NEW TAXES ON CERTAIN FOREIGN SOURCED EARNINGS FOR TAX-EXEM PT ENTITIES, THE TAX 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 L OSS FROM UNRELATED BUSINESS ACTIVITIES ON AN ACTIVITY-BY-ACTIVITY BASIS, AMONG OTHER PROVI SIONS THE TAX ACT DID NOT HAVE A MATERIAL IMPACT ON OCHSNER'S CONSOLIDATED FINANCIAL STAT EMENTS

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SCHEDULE F (Form 990)

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

► Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.
► Attach to Form 990.
► Go to *www.irs.gov/Form990* for instructions and the latest information.

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization
OCHSNER CLINIC FOUNDATION

Employer identification number
72-0502505

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

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

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

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

(a) Region	**(b)** Number of offices in the region	**(c)** Number of employees, agents, and independent contractors in region	**(d)** Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region)	**(e)** If activity listed in (d) is a program service, describe specific type of service(s) in region	**(f)** Total expenditures for and investments in region
See Add'l Data					
3a Sub-total	0	2			121,397,834
b Total from continuation sheets to Part I					0
c Totals (add lines 3a and 3b)	0	2			121,397,834

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	79,908	Wire Transfer			FMV
		Sub-Saharan Africa	Equipment for indigent patient care			63,921	Medical supplies and equipment	FMV

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 . . . . . ▶ 1

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

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

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, don't 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, don't file with Form 990)*	☑ Yes	☐ No

Part V Supplemental Information

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

990 Schedule F, Supplemental Information

Return Reference	Explanation
Schedule F, Part I, Line 2 Procedures for monitoring use of grant funds	All international grants obtain an additional layer of approval from the Audit Services department The AVP of the Audit Services department ensures compliance with donor restrictions, reviews payment procedures and tracks the use of proceeds

990 Schedule F, Supplemental Information

Return Reference	Explanation
Schedule F, Part I, Line 3(f) Investment Amounts	This section reflects the book value of foreign investments made in 2018 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

990 Schedule F, Supplemental Information

Return Reference	Explanation
Schedule F, Part I, Line 2 PROCEDURES FOR MONITORING USE OF GRANT FUNDS	All international grants obtain an additional layer of approval from the 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: 18007697
Software Version: 2018v3.1
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		78,847,141
Europe (Including Iceland and Greenland)	0	0	Investments		42,228,611

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		112,572
Central America and the Caribbean	0	2	,Advertising Healthcare Services		135,213

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
South America	0	0	,Advertising Healthcare Services		4,500
East Asia and the Pacific	0	0	,Advertising Healthcare Services		5,876

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
Sub-Saharan Africa			Grantmaking		63,921
Central America and the Caribbean			Unrelated Business Activities		0

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SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

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

▶ **Go to *www irs gov/Form990* for instructions and the latest information**

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization
OCHSNER CLINIC FOUNDATION

Employer identification number
72-0502505

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

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

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

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

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least $5,000 by the organization

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

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

Part II **Fundraising Events.** Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than $15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than $5,000.

		(a) Event #1 Breast Cancer Gala (event type)	(b) Event #2 King Cake Festival (event type)	(c) Other events 2 (total number)	(d) Total events (add col (a) through col (c))
Revenue	1 Gross receipts	1,552,729	264,281	237,816	2,054,826
	2 Less Contributions	999,746	254,416	144,581	1,398,743
	3 Gross income (line 1 minus line 2)	552,983	9,865	93,235	656,083
Direct Expenses	4 Cash prizes				
	5 Noncash prizes	47,054	1,115	500	48,669
	6 Rent/facility costs	93,365	18,691	8,346	120,402
	7 Food and beverages	243,968	23,098	152,298	419,364
	8 Entertainment	31,247	12,500	1,395	45,142
	9 Other direct expenses	413,975	125,076	112,965	652,016
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				1,285,593
	11 Net income summary Subtract line 10 from line 3, column (d) ▶				-629,510

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

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

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

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

b If "No," explain _____

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

b If "Yes," explain _____

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

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? ☐ Yes ☐ No

13 Indicate the percentage of gaming activity conducted in

a The organization's facility	**13a**	%
b An outside facility	**13b**	%

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records

Name ▶ ----------

Address ▶ ----------

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? ☐ Yes ☐ No

b If "Yes," enter the amount of gaming revenue received by the organization ▶ $ _____ and the amount of gaming revenue retained by the third party ▶ $ _____

c If "Yes," enter name and address of the third party

Name ▶ ----------

Address ▶

----

16 Gaming manager information

Name ▶ ----------

Gaming manager compensation ▶ $----------

Description of services provided ▶ ----------

☐ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☐ Yes ☐ No

b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ $

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

Return Reference	Explanation

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SCHEDULE H (Form 990)

Department of the Treasury
Internal Revenue Service

Hospitals

▶ Complete if the organization answered "Yes" on Form 990, Part IV, question 20.
▶ Attach to Form 990.
▶ Go to *www.irs.gov/Form990EZ* for instructions and the latest information.

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization
OCHSNER CLINIC FOUNDATION

Employer identification number
72-0502505

Part I Financial Assistance and Certain Other Community Benefits at Cost

			Yes	No
1a	Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a	1a	Yes	
b	If "Yes," was it a written policy?	1b	Yes	
2	If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year			
	☐ Applied uniformly to all hospital facilities ☑ Applied uniformly to most hospital facilities ☐ Generally tailored to individual hospital facilities			
3	Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year			
a	Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing *free* care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care	3a	Yes	
	☐ 100% ☐ 150% ☑ 200% ☐ Other _____ %			
b	Did the organization use FPG as a factor in determining eligibility for providing *discounted* care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care	3b		No
	☐ 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"?	4	Yes	
5a	Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	5a	Yes	
b	If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	5b		No
c	If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligibile for free or discounted care?	5c		
6a	Did the organization prepare a community benefit report during the tax year?	6a	Yes	
b	If "Yes," did the organization make it available to the public?	6b		No
	Complete the following table using the worksheets provided in the Schedule H instructions Do not submit these worksheets with the Schedule H			

7 Financial Assistance and Certain Other Community Benefits at Cost

Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheet 1)			27,896,200	0	27,896,200	0 86 %
b Medicaid (from Worksheet 3, column a)			114,138,184	95,238,277	18,899,907	0 58 %
c Costs of other means-tested government programs (from Worksheet 3, column b)					0	0 %
d **Total** Financial Assistance and Means-Tested Government Programs	0	0	142,034,384	95,238,277	46,796,107	1 44 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			257,655	18,233	239,422	0 01 %
f Health professions education (from Worksheet 5)			43,195,000	35,937,000	7,258,000	0 22 %
g Subsidized health services (from Worksheet 6)			362,332,143	285,954,950	76,377,193	2 36 %
h Research (from Worksheet 7)			12,575,464	3,641,652	8,933,812	0 28 %
i Cash and in-kind contributions for community benefit (from Worksheet 8)			687,292		687,292	0 02 %
j **Total.** Other Benefits	0	0	419,047,554	325,551,835	93,495,719	2 88 %
k **Total.** Add lines 7d and 7j	0	0	561,081,938	420,790,112	140,291,826	4 33 %

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			28,417		28,417	0 %
2 Economic development					0	0 %
3 Community support			220,511		220,511	0 01 %
4 Environmental improvements			5,936		5,936	0 %
5 Leadership development and training for community members			5,750		5,750	0 %
6 Coalition building					0	0 %
7 Community health improvement advocacy			245,507	115,480	130,027	0 %
8 Workforce development			205,353		205,353	0 01 %
9 Other					0	0 %
10 Total	0	0	711,474	115,480	595,994	0 02 %

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

				Yes	No
1	Did the organization report bad debt expense in accordance with Heathcare Financial Management Association Statement No 15?		1		No
2	Enter the amount of the organization's bad debt expense Explain in Part VI the methodology used by the organization to estimate this amount	2	73,184,195		
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	353,753,625
6	Enter Medicare allowable costs of care relating to payments on line 5	6	360,535,651
7	Subtract line 6 from line 5 This is the surplus (or shortfall)	7	-6,782,026
8	Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6 Check the box that describes the method used		

☐ Cost accounting system ☑ Cost to charge ratio ☐ Other

Section C. Collection Practices

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

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

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

Part V Facility Information

Section A. Hospital Facilities

(list in order of size from largest to smallest—see instructions)

How many hospital facilities did the organization operate during the tax year? **7**

Name, address, primary website address, and state license number (and if a group return, the name and EIN of the subordinate hospital organization that operates the hospital facility)	Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (describe)	Facility reporting group
See Additional Data Table										

Part V Facility Information *(continued)*

Section B. Facility Policies and Practices

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

B

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): 6

		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	Yes	
3 During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12	3		No
If "Yes," indicate what the CHNA report describes (check all that apply)			
a ☐ A definition of the community served by the hospital facility			
b ☐ Demographics of the community			
c ☐ Existing health care facilities and resources within the community that are available to respond to the health needs of the community			
d ☐ How data was obtained			
e ☐ The significant health needs of the community			
f ☐ Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups			
g ☐ The process for identifying and prioritizing community health needs and services to meet the community health needs			
h ☐ The process for consulting with persons representing the community's interests			
i ☐ 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 ___			
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		
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		
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		
7 Did the hospital facility make its CHNA report widely available to the public?	7		
If "Yes," indicate how the CHNA report was made widely available (check all that apply)			
a ☐ Hospital facility's website (list url) _____			
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		
9 Indicate the tax year the hospital facility last adopted an implementation strategy 20 ___			
10 Is the hospital facility's most recently adopted implementation strategy posted on a website?	10		
If "Yes" (list url) _____ **a**			
b If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	10b		
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)

B

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?	13	Yes	
	If "Yes," indicate the eligibility criteria explained in the FAP			
a	☑ Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 200 0 % and FPG family income limit for eligibility for discounted care of 0 0 %			
b	☐ Income level other than FPG (describe in Section C)			
c	☑ Asset level			
d	☐ Medical indigency			
e	☐ Insurance status			
f	☐ Underinsurance discount			
g	☐ Residency			
h	☑ Other (describe in Section C)			
14	Explained the basis for calculating amounts charged to patients?	14	Yes	
15	Explained the method for applying for financial assistance?	15	Yes	
	If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply)			
a	☑ Described the information the hospital facility may require an individual to provide as part of his or her application			
b	☑ Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application			
c	☑ Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process			
d	☐ Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications			
e	☐ Other (describe in Section C)			
16	Was widely publicized within the community served by the hospital facility?	16	Yes	
	If "Yes," indicate how the hospital facility publicized the policy (check all that apply)			
a	☑ The FAP was widely available on a website (list url) https //www ochsner org/patients-visitors/billing-and-financial-services/financial-assistance			
b	☑ The FAP application form was widely available on a website (list url) https //www ochsner org/patients-visitors/billing-and-financial-services/financial-assistance			
c	☑ A plain language summary of the FAP was widely available on a website (list url) https //www ochsner org/patients-visitors/billing-and-financial-services/financial-assistance			
d	☑ The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
e	☑ The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)			
f	☑ A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
g	☑ 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

B

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)

B

Name of hospital facility or letter of facility reporting group

		Yes	No
22	Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care		
a ☐	The hospital facility used 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? **23**		No
	If "Yes," explain in Section C		
24	During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual? **24**		No
	If "Yes," explain in Section C		

Part V Facility Information *(continued)*

Section 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)

C

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): 7

			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	Yes	
2	Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C	2		No
3	During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12	3	Yes	
	If "Yes," indicate what the CHNA report describes (check all that apply)			
a	☑ A definition of the community served by the hospital facility			
b	☑ Demographics of the community			
c	☑ Existing health care facilities and resources within the community that are available to respond to the health needs of the community			
d	☑ How data was obtained			
e	☐ The significant health needs of the community			
f	☑ Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups			
g	☑ The process for identifying and prioritizing community health needs and services to meet the community health needs			
h	☑ The process for consulting with persons representing the community's interests			
i	☐ 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 18			
5	In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	5	Yes	
6a	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	6a	Yes	
b	Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities?" If "Yes," list the other organizations in Section C	6b		No
7	Did the hospital facility make its CHNA report widely available to the public?	7	Yes	
	If "Yes," indicate how the CHNA report was made widely available (check all that apply)			
a	☑ Hospital facility's website (list url) ttps //www ochsner-rehab com/about/community-health-needs-assessment aspx			
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 18			
10	Is the hospital facility's most recently adopted implementation strategy posted on a website?	10		No
a	If "Yes" (list url)			
b	If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	10b	Yes	
11	Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed			
12a	Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?	12a		No
b	If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	12b		
c	If "Yes" on line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? $			

Part V Facility Information *(continued)*

Financial Assistance Policy (FAP)

C

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?	13	Yes	
	If "Yes," indicate the eligibility criteria explained in the FAP			
a	☑ Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 200 0 % and FPG family income limit for eligibility for discounted care of 200 0 %			
b	☐ Income level other than FPG (describe in Section C)			
c	☐ Asset level			
d	☑ Medical indigency			
e	☐ Insurance status			
f	☐ Underinsurance discount			
g	☑ Residency			
h	☐ Other (describe in Section C)			
14	Explained the basis for calculating amounts charged to patients?	14	Yes	
15	Explained the method for applying for financial assistance?	15	Yes	
	If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply)			
a	☑ Described the information the hospital facility may require an individual to provide as part of his or her application			
b	☑ Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application			
c	☑ Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process			
d	☐ Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications			
e	☐ Other (describe in Section C)			
16	Was widely publicized within the community served by the hospital facility?	16	Yes	
	If "Yes," indicate how the hospital facility publicized the policy (check all that apply)			
a	☑ The FAP was widely available on a website (list url) www ochsner-rehab com			
b	☑ The FAP application form was widely available on a website (list url) www ochsner-rehab com			
c	☑ A plain language summary of the FAP was widely available on a website (list url) www ochsner-rehab com			
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

C

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		No
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)

C

Name of hospital facility or letter of facility reporting group

		Yes	No
22	Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care		
a	☑ The hospital facility used 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? **23**		No
	If "Yes," explain in Section C		
24	During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual? **24**		No
	If "Yes," explain in Section C		

Part V Facility Information *(continued)*

Section 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	**3**	Yes	
If "Yes," indicate what the CHNA report describes (check all that apply)			
a ☑ A definition of the community served by the hospital facility			
b ☑ Demographics of the community			
c ☑ Existing health care facilities and resources within the community that are available to respond to the health needs of the community			
d ☑ How data was obtained			
e ☑ The significant health needs of the community			
f ☑ Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups			
g ☑ The process for identifying and prioritizing community health needs and services to meet the community health needs			
h ☑ The process for consulting with persons representing the community's interests			
i ☐ 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 18			
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?	**7**	Yes	
If "Yes," indicate how the CHNA report was made widely available (check all that apply)			
a ☑ Hospital facility's website (list url) https //www ochsner org/GIVING/COMMUNITY-OUTREACH/COMMUNITY-HEALTH-NEEDS-ASSESSMENT			
b ☐ Other website (list url) _____			
c ☑ Made a paper copy available for public inspection without charge at the hospital facility			
d ☐ Other (describe in Section C)			
8 Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11	**8**	Yes	
9 Indicate the tax year the hospital facility last adopted an implementation strategy 20 19			
10 Is the hospital facility's most recently adopted implementation strategy posted on a website?	**10**		No
If "Yes" (list url) _____ **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?	13	Yes	
	If "Yes," indicate the eligibility criteria explained in the FAP			
a	☑ Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 200 0 % and FPG family income limit for eligibility for discounted care of 0 0 %			
b	☐ Income level other than FPG (describe in Section C)			
c	☑ Asset level			
d	☐ Medical indigency			
e	☐ Insurance status			
f	☐ Underinsurance discount			
g	☑ Residency			
h	☑ Other (describe in Section C)			
14	Explained the basis for calculating amounts charged to patients?	14	Yes	
15	Explained the method for applying for financial assistance?	15	Yes	
	If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply)			
a	☑ Described the information the hospital facility may require an individual to provide as part of his or her application			
b	☑ Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application			
c	☑ Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process			
d	☐ Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications			
e	☐ Other (describe in Section C)			
16	Was widely publicized within the community served by the hospital facility?	16	Yes	
	If "Yes," indicate how the hospital facility publicized the policy (check all that apply)			
a	☑ The FAP was widely available on a website (list url) https //www ochsner org/patients-visitors/billing-and-financial-services/financial-assistance			
b	☑ The FAP application form was widely available on a website (list url) https //www ochsner org/patients-visitors/billing-and-financial-services/financial-assistance			
c	☑ A plain language summary of the FAP was widely available on a website (list url) https //www ochsner org/patients-visitors/billing-and-financial-services/financial-assistance			
d	☑ The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
e	☑ The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)			
f	☑ A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
g	☑ 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

		Yes	No
22	Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care		
a ☐	The hospital facility used 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? **23**		No
	If "Yes," explain in Section C		
24	During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual? **24**		No
	If "Yes," explain in Section C		

Part V **Facility Information** *(continued)*

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 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.

Form and Line Reference	Explanation
See Add'l Data	

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? **103**

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, at the discretion of Ochsner, for catastrophic illness or medical indigence, with exceptions such as expensive medications, terminal illness, or multiple hospitalizations

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part I, Line 7g Subsidized Health Services	The organization included costs attributable to physician clinics on line 7g where there was an identified community need to offer such clinical services

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part I, Line 7 Costing Methodology used to calculate financial assistance	LINE 7A FINANCIAL ASSISTANCE AT COST 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 LINE 7B MEDICAID DIRECT OFFSETTING REVENUE IS MEDICAID REIMBURSEMENT FOR CLINIC LOCATIONS COMMUNITY BENEFIT EXPENSE IS THE MEDICAID REVENUE MULTIPLIED BY THE COST TO CHARGE RATIO FOR THE CLINICS, TO APPROXIMATE THE COST TO PROVIDE MEDICAID SERVICES MEDICAID NET REVENUE IS THE DIRECT OFFSETTING REVENUE LINE 7G SUBSIDIZED HEALTH SERVICES CLINICS THAT MET A DESIGNATED COMMUNITY NEED WERE INCLUDED CLINIC BOOK REVENUE FOR THE CLINIC LOCATION, LESS THE MEDICARE REIMBURSEMENT, IS THE DIRECT OFFSETTING REVENUE COMMUNITY BENEFIT EXPENSE IS MADE UP OF CLINIC BOOK EXPENSES, ADJUSTED BY THE MEDICARE EXPENSE DESCRIBED ABOVE LINE 7H RESEARCH AND LINE 7F EDUCATION ARE CALCUATED FROM THE STATEMENT OF PROFIT & LOSS FOR EACH DIVISION RESEARCH INCLUDES ONLY THE PUBLIC RESEARCH CONDUCTED LINE 7E COMMUNITY HEALTH IMPROVEMENT SERVICES AND COMMUNITY BENEFIT OPERATIONS INCLUDES DIRECT EXPENSE INCLUDING EMPLOYEE PAYROLL FOR COMMUNITY INITIATIVES LINE 7I INCLUDES DIRECT CONTRIBUTIONS TO CHARITIES THAT MEET IDENTIFIED COMMUNITY NEEDS

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part II Community Building Activities	OCHSNER HEALTH SYSTEM PLAYS A VITAL ROLE IN THE HEALTH OF THE ENTIRE STATE OF LOUISIANA ALONG WITH ITS NONPROFIT HOSPITALS AND OTHER FACILITIES, OCHSNER OPERATES MULTIPLE PUBLICLY-OWNED HOSPITALS, INCLUDING THE LSU TEACHING HOSPITALS IN SHREVEPORT AND MONROE, CHABERT MEDICAL CENTER IN HOUMA, ST CHARLES PARISH HOSPITAL, AND ST BERNARD PARISH HOSPITAL PUBLIC OFFICIALS IDENTIFIED THE NEED FOR PROFESSIONAL MANAGEMENT OF THESE CRITICAL FACILITIES, AND OCHSNER STEPPED IN TO NOT ONLY STABILIZE BUT IMPROVE HEALTH SERVICES FOR LOUISIANANS ACROSS THE STATE, IN BOTH DENSELY POPULATED AND RURAL AREAS WHILE THESE IMPACTFUL INVESTMENTS ARE NOT REFLECTED IN THE SCHEDULE H REPORT, THEY ARE AN IMPORTANT PART OF THE WAY OCHSNER PROVIDES ACCESS TO HIGH QUALITY HEALTH CARE TO THE COMMUNITIES WHO NEED IT MOST OCHSNER ENDEAVORS TO PROMOTE THE HEALTH OF THE COMMUNITIES IT SERVES THROUGH COMMUNITY BUILDING ACTIVITIES OCHSNER COMMUNITY HOSPITALS PROMOTE ECONOMIC GROWTH IN THESE AREAS BY PARTNERING AND SUPPORTING ORGANIZATIONS LIKE GREATER NEW ORLEANS INC, JEFFERSON ECONOMIC DEVELOPMENT CORPORATION, NEW ORLEANS CHAMBER FOUNDATION, ST TAMMANY WEST CHAMBER OF COMMERCE, UNITED NEGRO COLLEGE FUND, AND LOCAL NEIGHBORHOOD ASSOCIATIONS AND CHILD DEVELOPMENT PROGRAMS LIKE THE GIRL SCOUTS OF AMERICA AND THE GREATER NEW ORLEANS IMMUNIZATION NETWORK IT ALSO AIMS TO ENGAGE AND INSPIRE HIGH SCHOOL STUDENTS TO PURSUE FURTHER EDUCATION AND CAREERS IN SCIENCE AND MEDICINE THROUGH ITS STAR ("SCIENCE, TECHNOLOGY, ACADEMICS AND RESEARCH") PROGRAM, A FREE, FIVE-WEEK SUMMER PROGRAM THAT PROVIDES QUALIFIED HIGH SCHOOL STUDENTS WITH A UNIQUE OPPORTUNITY TO WORK IN A STUDENT HEALTHCARE LABORATORY SETTING AND BEST! SCIENCE WHICH OFFERS SCIENCE TEACHERS THE OPPORTUNITY TO BRING STUDENTS TO OCHSNER'S ILAB WHERE THEY CAN PERFORM EXPERIMENTS DESIGNED BY OUR PHD SCIENTISTS ONE OF THE GUIDING PRINCIPLES OF OCHSNER COMMUNITY OUTREACH IS TO PARTNER WITH OTHERS FOR SUCCESS AS THE LARGEST PRIVATE EMPLOYER IN THE REGION, OCHSNER MAINTAINS STRONG RELATIONSHIPS WITH THE BUSINESS AND GOVERNMENT SECTOR AS WELL AS STATE AND LOCAL COMMUNITY AGENCIES ITS STRONG PARTNERSHIPS HELP ADDRESS ISSUES SUCH AS THE HIGH UNEMPLOYMENT AND UNDEREMPLOYMENT RATES IN NEW ORLEANS OCHSNER IS WORKING WITH THE CITY OF NEW ORLEANS, 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 LIFE SKILLS LESSONS THAT PREPARE PARTICIPANTS FOR SUCCESS IN THEIR FIELD OCHSNER PROVIDES PROGRAMS TO THE COMMUNITIES WE SERVE TO INCREASE THEIR KNOWLEDGE OF HEALTHY FOODS, THROUGH OUR CHOP (COOKING HEALTHY OPTIONS AND PORTIONS) AFTER SCHOOL COOKING PROGRAM AT LOCAL SCHOOLS AND COMMUNITY CENTERS AND THROUGH EAT FIT, 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	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 Uninsured patients receive an uninsured discount, and are screened presumptively for financial assistance Remaining charges 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 may be considered bad debt, and thus reduce patient service revenue Any charges related to bankruptcy are written off as bad debt expense Most of the bad debt reduces net patient revenue A portion of the provision for bad debts Note that bad debt is usually the difference between patient charges and any insurance payments Therefore, applying the cost to charge ratio to bad debt would not properly get to bad debt at cost, as there is no relationship between the amount of bad debt and the cost to provide care Therefore, the amount expressed here is not expressed "at cost"

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 Charges for patients who have not requested financial assistance or qualified for the FAP under the presumptive process could be considered community benefit, but it is not feasible to calculate the impact

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part III, Line 4 Bad debt expense - financial statement footnote	Effective Jan 1, 2018, Ochsner adopted Accounting Standards Update (ASU) 2014-09, Revenue from Contracts with Customers (Topic 606), which outlines a single comprehensive model for entities to use in accounting for revenue arising from contracts with customers ASU 2014-09 supersedes most current revenue recognition guidance, including industry-specific guidance, and requires expanded disclosures about revenue recognition to enable financial statement users to understand the nature, timing, amount, and uncertainty of revenue and cash flows arising from contracts with customers Bad debt is no longer disclosed in the notes to the financial statements

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, is not considered community benefit Total revenue from Medicare and Medicare Allowable Costs were aggregated from the fiscal year cost reports filed with 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 1/1/2018 - 12/31/2018 The cost report for Ochsner Medical Center - Baton Rouge (Provider No 19-0202) covers the period 10/1/2017 - 9/30/2018 The cost report for OMC Kenner (Provider No 19-0274) covers the period 5/1/2017-4/30/2018 The cost report for Ochsner Medical Center - North Shore (Provider No 19-0204) covers the period 4/1/2018 - 3/31/2019 The cost report for Ochsner Medical Center - Hancock (Provider No 25-0162) covers the period 4/1/2018 - 9/30/2018

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, B - Ochsner Medical Center - Hancock Line 16a URL https //www ochsner org/patients-visitors/billing-and-financial-services/financial-assistance, C - OSR Louisiana, LLC c/o Select Medical Corporation Line 16a URL www ochsner-rehab com,

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, B - Ochsner Medical Center - Hancock Line 16b URL https //www ochsner org/patients-visitors/billing-and-financial-services/financial-assistance, C - OSR Louisiana, LLC c/o Select Medical Corporation Line 16b URL www ochsner-rehab com,

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, B - Ochsner Medical Center - Hancock Line 16c URL https //www ochsner org/patients-visitors/billing-and-financial-services/financial-assistance, C - OSR Louisiana, LLC c/o Select Medical Corporation Line 16c URL www ochsner-rehab com,

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part VI, Line 2 Needs assessment	Ochsner Clinic Foundation 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 31 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 70 countries worldwide each year Ochsner employs more than 25,000 employees and over 1,500 physicians in over 90 medical specialties and sub-specialties and conducts more than 1,200 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 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 southeast Louisiana's largest non-profit, academic, multi-specialty, healthcare delivery system consisting of nine hospitals (including three satellite locations) and approximately 87 health centers ,15 Urgent Care centers, and four Occupational Health Clinics in Southeast Louisiana Ochsner employs approximately 1,500 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 2018, Ochsner Clinic Foundation's service area includes 2 6 million of Louisiana's 4 7 million people At 19 7%, Louisiana has the third highest poverty level in the nation and about 33% of the population receives Medicaid or is uninsured Approximately 1 0 million or 20% receive Medicaid and approximately 641,000 or 13 6% 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 687- 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 34% of the population receives Medicaid or is uninsured The poverty rate in the New Orleans Metro area is 18%, 25% in New Orleans itself Approximately 264,000 or 21% receive Medicaid and approximately 170,000 or 13 2% 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 830,000 people, of which about 96,000 were uninsured and about 144,000 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 280,000 people, of which about 43,000 were uninsured and about 57,000 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 551,000 people of which about 72,000 were uninsured and about 102,000 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 37% of the population receives Medicaid or is uninsured Approximately 38,000 or 15 6% were uninsured and about 52,000 or 21 5% received Medicaid

Form and Line Reference	Explanation
Schedule H, Part VI, Line 5 Promotion of community health	Having a diverse representation of the community in the governing boards is an important p art of making sure all aspects of the community Ochsner serves are being touched by the mi ssion and vision of the organization The by-laws of Ochsner Clinic Foundation call for 10 members of the total 19 board members to be community members The Chief Executive Office r 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 memb ers 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 inte gral component of the mission, visions and strategy of the Ochsner organization The Divis ion of Academics adds emphasis, intellectual capital and focus to Ochsner's mission to edu cate and innovate, with the primary focus of providing the highest quality care and servic e to the Ochsner community and patients OCF operates one of the nation's largest independ ent academic medical centers and trains over 288 residents and fellows annually in 29 inde pendent OCF-sponsored accredited residency training programs In addition, Ochsner is a jo int sponsor with the Louisiana State University Health Science Center ("LSUHSC"), psychiat ry program, and is a joint sponsor of a pediatric program with Tulane University School of Medicine ("Tulane") The joint programs include approximately 57 residents In addition, another 325 residents and fellows rotate to OCF in various disciplines of medicine and sur gery under affiliation agreements with LSUHSC and Tulane as well as other schools from acr oss the country and around the world Ochsner also supports LSUHSC residency training prog rams at Ochsner Medical Center - Kenner where approximately 129 residents in Family Practi ce and Internal Medicine, and approximately 90 residents in medicine and surgical specialt ies training programs complete clinical rotations annually In 2009, Ochsner opened the Oc hsner Clinical School through an international partnership with the University of Queensla nd, Australia which allows US citizens to complete the first two years of Medical School i n Australia and the second two years of Medical School at Ochsner Ochsner's focus on rese arch includes approximately 700 open clinical research studies in almost every specialty Ochsner operates six basic science/transitional research laboratories and Ochsner scientis ts and physicians 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 c ommunity'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 ha s proven that many chronic health problems, such as diabetes, obesity and hypertension, ar e primarily caused by lifestyle choices In order to reduce chronic disease in the communi ty, Ochsner needs to help residents change the choices and behaviors through exercise, nut rition and promotion of preventative health behaviors Ochsner's community outreach strate gy, led by the commitment of our board of directors and executive team, deploys institutio nal resources of time, expertise and funding to encourage and support individual and commu nity wellness, focusing on root causes of preventable deaths and chronic disease Ochsner has been at the forefront of population health management, developing strategies and provi ding 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 heal thy behaviors Ochsner has embarked on an ambitious project to transform the health and we llness of its community, using schools as the focal point 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 schoo ls to help educate the students about healthy choices Ochsner also targets childhood obes ity 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 envi ronment via Elmwood Fitness Center's Mobile Fitness Unit The mobile unit provides fitness classes and weight training equipment Licensed dieticians provide healthy nutrition info rmation and the staff performs pre- and post- program measurements and exercise performanc e assessments In 2013, Ochsner implemented an after-school cooking program (CHOP) for mid dle school students in Jefferson parish public schools Knowledge and behavioral improveme nt has been promising and the program will be expa

Form and Line Reference	Explanation
Schedule H, Part VI, Line 5 Promotion of community health	nded to other venues In 2018, 580 students participated in the CHOP program Ochsner is a lso an advocate for the health and wellness of adults Ochsner provided various free healt h screenings, such as glucose, blood pressure and total cholesterol, and health informatio n to community members at public health fairs Ochsner participated in over 2,100 communit y events attended by over 970,000 people, directly impacting over 290,000 individuals in 2 018 Ochsner also educates people about the benefits of smart food and lifestyle choices t hrough health fairs and cooking demonstrations Ochsner also helps people stop smoking wit h its Tobacco Control & Prevention Program by attending corporate wellness events and part nering with area schools to provide educational materials and support Ochsner offers 22 c essation clinic sites that provide free smoking cessation services to patients who are eli gible 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 an d implemented Ochsner Eat Fit which offers a free service to local restaurants to offer he althy menu items, either by evaluating existing recipes or assisting in the development of new ones Statewide, a total of 152 unique partners with 284 menus/menu boards feature Ea t Fit items The team developed a smartphone app for Eat Fit so that you find restaurants nearby that offer these items and see nutrition information In 2018, the app had 1,873 us ers Ochsner works locally to improve the health of communities Ochsner is an active part icipant with Healthy BR, Baton Rouge's Mayor-President Sharon Westin Broome initiative to improve the health of Baton Rouge residents Ochsner is a key participant in the City of N ew Orleans Fit NOLA program which has developed partnerships aimed at improving the qualit y 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 t o low-income and needy patients Expenditures recorded by Ochsner to fund the organization s for the 2018 were approximately $84 million In 2018, Ochsner made a $56 million payment to Ochsner LSU Health System of North Louisiana to promote common charitable goals throug h the support of educational opportunities for medical and clinical professionals in the p rovision of health care services for low-income and needy patients

Additional Data

Software ID: 18007697
Software Version: 2018v3.1
EIN: 72-0502505
Name: OCHSNER CLINIC FOUNDATION

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

Section A. Hospital Facilities (list in order of size from largest to smallest—see instructions) How many hospital facilities did the organization operate during the tax year? **7** Name, address, primary website address, and state license number		Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	**Other (Describe)**	**Facility reporting group**
6	Ochsner Medical Center - Hancock 149 Drinkwater Blvd Bay St Louis, MS 39520 https //www ochsner org/locations/ochsner-medical-center-hancock 11-214	X									B
7	OSR Louisiana LLC co Select Medical Corporation 4714 Gettysburg Road Mechanicsburg, PA 17055 www ochsner-rehab com 2203783869	X									C
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

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? **7** Name, address, primary website address, and state license number		Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	**Other (Describe)**	**Facility reporting group**
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 2	This facility was acquired as of 04/01/2018

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 F ROM THE PUBLIC WAS SOLICITED IN TWO WAYS INTERVIEW OF KEY COMMUNITY STAKEHOLDERS AND SURV EYS HEALTH PROVIDERS THE HOSPITAL IDENTIFIED KEY COMMUNITY STAKEHOLDERS, LEADERS FROM ORG ANIZATIONS THAT HAVE SPECIAL KNOWLEDGE AND/OR EXPERTISE IN PUBLIC HEALTH, AGENCIES WITH IN FORMATION RELATIVE TO THE HEALTH NEEDS OF THE COMMUNITY AND REPRESENTATIVES OF MEDICALLY U NDERSERVED, LOW-INCOME, MINORITY POPULATIONS AND POPULATIONS WITH CHRONIC DISEASE NEEDS IN THE COMMUNITY SUCH PERSONS WERE INTERVIEWED, PARTICIPATED IN FOCUS GROUPS AND/OR WERE SU RVEYED AS PART OF THE NEEDS ASSESSMENT PLANNING PROCESS AS PART OF THE CHNA PHASE, TELEPH ONE INTERVIEWS WERE COMPLETED WITH COMMUNITY STAKEHOLDERS IN THE SERVICE AREA TO BETTER UN DERSTAND THE CHANGING COMMUNITY HEALTH ENVIRONMENT THE INTERVIEWS OFFERED COMMUNITY LEADE RS AN OPPORTUNITY TO PROVIDE FEEDBACK ON THE NEEDS OF THE COMMUNITY, SUGGESTIONS ON SECOND ARY DATA RESOURCES TO REVIEW AND EXAMINE, AND OTHER INFORMATION RELEVANT TO THE STUDY AS PART OF THE CHNA PROJECT, TELEPHONE INTERVIEWS WERE COMPLETED WITH COMMUNITY STAKEHOLDERS TO BETTER UNDERSTAND THE CHANGING COMMUNITY HEALTH ENVIRONMENT COMMUNITY STAKEHOLDER INTE RVIEWS WERE CONDUCTED IN FEBRUARY 2018 AND CONTINUED THROUGH APRIL 2018 COMMUNITY STAKEHO LDERS TARGETED FOR INTERVIEWS ENCOMPASSED A WIDE VARIETY OF PROFESSIONAL BACKGROUNDS INCLU DING 1) PUBLIC HEALTH EXPERTS, 2) PROFESSIONALS WITH ACCESS TO COMMUNITY HEALTH-RELATED D ATA, 3) REPRESENTATIVES OF UNDERSERVED POPULATIONS, 4) GOVERNMENT LEADERS, AND 5) RELIGIOU S LEADERS TOP COMMUNITY HEALTH NEEDS WERE IDENTIFIED AND PRIORITIZED BY COMMUNITY LEADERS DURING A REGIONAL COMMUNITY HEALTH NEEDS IDENTIFICATION FORUM HELD IN JUL 2018 CONSULTAN TS PRESENTED TO COMMUNITY LEADERS THE CHNA FINDINGS FROM ANALYZING SECONDARY DATA, KEY STA KEHOLDER INTERVIEWS, AND SURVEYS COMMUNITY LEADERS DISCUSSED THE DATA PRESENTED, SHARED T HEIR VISIONS AND PLANS FOR COMMUNITY HEALTH IMPROVEMENT IN THEIR COMMUNITIES, AND IDENTIFI ED AND PRIORITIZED THE TOP COMMUNITY HEALTH NEEDS IN THE COMMUNITY THE FOLLOWING IS A LIS T OF COMMUNITY ORGANIZATIONS THAT PARTICIPATED IN THE REGIONAL COMMUNITY HEALTH NEEDS ASSE SSMENT PROCESS 504HEALTHNET, ACCESS HEALTH LOUISIANA, AGENDA FOR CHILDREN, AMERICAN CANCE R SOCIETY, AMERICAN HEART ASSOCIATION/AMERICAN STROKE ASSOCIATION, ANDREA'S RESTAURANT, BA CKYARD GARDENERS NETWORK, BATON ROUGE HEALTH DISTRICT, BELLE CHASSE YMCA, BOYS & GIRLS CLU BS WEST BANK, BROAD COMMUNITY CONNECTIONS, BRYAN BELL METROPOLITAN LEADERSHIP FORUM, BUREA U OF CHRONIC DISEASE PREVENTION AND HEALTH PROMOTION, BUREAU OF FAMILY HEALTH, CAFE HOPE, CAFFIN AVENUE SDA CHURCH, CAPITAL AREA HUMAN SERVICES, CCOSJ, CENTRAL CHAMBER OF COMMERCE, CENTRAL LAFAYETTE HIGH SCHOOL, CHILDREN'S BUREAU NEW ORLEANS, CITY OF BATON ROUGE, CITY O F COVINGTON, CITY OF KENNER, CITY OF MANDEVILLE, CITY OF NEW ORLEANS EMERGENCY MEDICAL SER VICES, CITY OF SLIDELL, CIVIC

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	COALITION WEST BANK, COUNCIL ON AGING OF ST, COVENANT HOUSE NEW ORLEANS, COVINGTON FOOD BA NK, CRESCENT DENTAL, DAUGHTERS OF CHARITY, EAST JEFFERSON GENERAL HOSPITAL, EAST ST, EXCEL TH FAMILY HEALTH CENTER, FIFTH DISTRICT SAVINGS BANK, FRIENDS OF LAFITTE GREENWAY, GHEENS NEEDY FAMILY, GIN WEALTH MANAGEMENT PARTNERS, GOOD SAMARITAN FOOD BANK, GULF COAST BANK & TRUST COMPANY, HEALTH GUARDIANS OF CATHOLIC CHARITIES ARCHDIOCESE OF NEW ORLEANS, HOSPITAL SERVICE DISTRICT, HUB INTERNATIONAL GULF SOUTH, HUMANA, HUMANA BOLD GOAL, JEFFCAP, JEFFER SON CHAMBER OF COMMERCE, JEFFERSON PARISH COUNCIL ON AGING, JEFFERSON PARISH PUBLIC SCHOOL SYSTEM, JEWISH FAMILY SERVICES, JOHN J, JUNIOR LEAGUE OF NEW ORLEANS, KENNER DISCOVERY HE ALTH SCIENCES ACADEMY, KINGSLEY HOUSE, LAFOURCHE BEHAVIORAL HEALTH CENTER, LAFOURCHE FIRE DEPARTMENT DISTRICT #1, LAFOURCHE HOSPITAL SERVICE DISTRICT #2, LAFOURCHE PARISH GOVERNMEN T, LAFOURCHE PARISH SCHOOL BOARD, LAFOURCHE PARISH SHERIFF'S OFFICE, LAKEVIEW REGIONAL MED ICAL CENTER, LCMC HEALTH, LCMC HEALTH - CHILDREN'S HOSPITAL, LCMC HEALTH - NEW ORLEANS EAS T HOSPITAL, LCMC HEALTH - TOURO INFIRMARY, LCMC HEALTH - UNIVERSITY MEDICAL CENTER, LCMC H EALTH - WEST JEFFERSON MEDICAL CENTER, LIMB UP, LOCKPORT CITY COUNCIL, LOUISIANA CHILDREN' S RESEARCH CENTER FOR DEVELOPMENT AND LEARNING, LOUISIANA DEPARTMENT OF HEALTH, LOUISIANA ORGAN PROCUREMENT AGENCY, LOUISIANA POLICY INSTITUTE FOR CHILDREN, LOUISIANA PUBLIC HEALTH INSTITUTE, LOUISIANA PUBLIC HEALTH INSTITUTE, LOUISIANA STATE UNIVERSITY AGRICULTURAL CEN TER, LOUISIANA STATE UNIVERSITY HEALTH SCIENCES CENTER, LOUISIANA STATE UNIVERSITY/UNIVERS ITY MEDICAL CENTER, MARKET UMBRELLA, MARTIN LUTHER KING, JR, METHODIST HEALTH SYSTEM FOUND ATION, INC, METROPOLITAN HUMAN SERVICES DISTRICT, NEW ORLEANS CHAMBER OF COMMERCE, NEW ORL EANS COUNCIL ON AGING, NEW ORLEANS EMERGENCY MEDICINE, NEW ORLEANS HEALTH DEPARTMENT, NEW ORLEANS MISSION/GIVING HOPE RETREAT, NEW PATHWAYS NEW ORLEANS, NEWMAN, MATHIS, BRADY & SPE DALE, NOLA BUSINESS ALLIANCE, NORTHSHORE COMMUNITY FOUNDATION, NORTHSHORE HEALTHCARE ALLIA NCE, NURSE FAMILY PARTNERSHIP, OCHSNER BAPTIST MEDICAL CENTER, OCHSNER HEALTH SYSTEM, OCHS NER HEALTH SYSTEM BOARD OF TRUSTEES, OCHSNER MEDICAL CENTER - BATON ROUGE, OCHSNER MEDICAL CENTER - KENNER, OCHSNER MEDICAL CENTER - KENNER HOSPITAL BOARD, OCHSNER MEDICAL CENTER - NORTH SHORE, OCHSNER MEDICAL CENTER - WEST BANK, OCHSNER REHABILITATION HOSPITAL IN PARTN ERSHIP WITH SELECT MEDICAL, OCHSNER ST, ONE HAVEN INC, PEOPLE'S HEALTH, RAINBOW CHILD CARE CENTER, INC, READY RESPONDERS, REGINA COELI CHILD DEVELOPMENT CENTER, RIVER PARISH BEHAVI ORAL CENTER, RIVER PLACE BEHAVIORAL HEALTH A SERVICE OF OCHSNER HEALTH SYSTEM, SAIRP, SALV ATION CHRISTIAN FELLOWSHIP, SECOND BAPTIST CHURCH, SECOND HARVEST FOOD BANK, SLIDELL MEMOR IAL HOSPITAL, SOUTH CENTRAL PLANNING & DEVELOPMENT COMMISSION (SCPDC), ST JOHN COUNCIL, S T JOHN VOLUNTEER CITIZEN, ST TAMMANY CORONER'S OFFICE, ST TAMMANY DEPARTMENT OF HEALTH & HUMAN SERVICES, ST TAMMANY

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	PARISH CLERK OF COURT, 22ND JUDICIAL DISTRICT COURT, ST TAMMANY PARISH GOVERNMENT HEALTH & HUMAN SERVICES, ST TAMMANY PARISH HOSPITAL, ST THOMAS HEALTH CENTER, SUSAN G KOMEN, TH E BLOOD CENTER, THE HAVEN, THE LOUISIANA CAMPAIGN FOR TOBACCO-FREE LIVING, THE METROPOLITA N HOSPITAL COUNCIL OF NEW ORLEANS, THE NATIONAL ALLIANCE ON MENTAL ILLNESS, TPRC, TULANE L AKESIDE HOSPITAL FOR WOMEN AND CHILDREN, TULANE MEDICAL CENTER, US HOUSE OF REPRESENTATIVE S, UMCNO FORENSICS, UNITED HEALTHCARE, UNITED WAY, UNITED WAY FOR GREATER NEW ORLEANS, UNI TED WAY OF SOUTHEAST LOUISIANA, UNITY OF GREATER NEW ORLEANS, VACHERIE-GHEENS COMMUNITY CE NTER, VIET, VOLUNTEERS OF AMERICA, WELL-AHEAD LOUISIANA REGION 9, WEST JEFFERSON MEDICAL C ENTER, WEST JEFFERSON MEDICAL CENTER FOUNDATION DIRECTOR, WEST JEFFERSON MEDICAL CENTER, A UXILIARY THE CHNA WAS DESIGNED IN ACCORDANCE WITH CHNA REQUIREMENTS IDENTIFIED IN THE PATI ENT PROTECTION AND AFFORDABLE CARE ACT AND FURTHER ADDRESSED IN THE INTERNAL REVENUE SERVI CE FINAL REGULATIONS RELEASED IN DECEMBER 29, 2014 THE CHNA WAS APPROVED BY THE BOARD OF DIRECTORS IN OCTOBER 2018 AND THE CHNA IMPLEMENTATION STRATEGY WAS APPROVED BY THE BOARD O F DIRECTORS IN APRIL 2019

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 (INCLUDING SATELLITE LOCATIONS) 2018 UPDATE ON 2015 COMMUNITY HEALTH NEEDS ASSESSMENT SIGNIFICANT NEEDS IDENTIFIED & MEASURES TAKEN & RE SOURCES AVAILABLE TO ADDRESS THOSE NEEDS NEED ACCESS TO HEALTHCARE & MEDICAL SERVICES * P ROVIDED MEDICAL SVCS 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 UPTOWN NEW ORLEANS & MIDCITY IN 2018 OFFERED EXTENDED HOURS FOR PRIMARY CARE, LAB, RADIOLOGY, COLONOSCOPY SVCS * INCREA SED AVAILABLE HEALTHCARE PROVIDERS BY PROVIDING CLINICAL TRAINING OPPORTUNITIES TO STUDENT S FROM THE UNIVERSITY OF QUEENSLAND, LOYOLA, OUR LADY OF HOLY CROSS & DELGADO & MANY OTHER S # OF SCHOOLS/PROGRAMS WITH ACTIVE AGREEMENTS INCREASED TO 256 IN 2018 SYSTEM-WIDE *OPEN ED CHAMBERLAIN NURSING SCHOOL AT OCHSNER IN NEW ORLEANS IN 2018 TO INCREASE AVAILABILITY O F NURSES TO ALL AREA HOSPITALS * ENGAGED & PREPARED K-12 STUDENTS IN STEM & HEALTH CAREER EXPLORATION THROUGH FIELD TRIPS, GIRL SCOUT PROGRAMS & JOB SHADOWS 7775 STUDENTS IMPACTED AT 186 EVENTS, AN INCREASE OF 33% FROM 2017 * RAISED AWARENESS IN HEALTHCARE FIELD FOR T HE UNEMPLOYED & UNDEREMPLOYED MEMBERS OF THE COMMUNITY, PREPARING PARTICIPANTS WITH LIFE S KILLS (FINANCIAL EDUCATION, JOB READINESS, BASIC LITERACY & COMPUTER SKILLS) - OFFERED MA/ PT ACCESS REP TRAINING PROGRAM IN JEFFERSON PARISH & PT ACCESS REP TRAINING PROGRAM IN ORL EANS & JEFFERSON PARISHES 100% GRADUATION RATE FROM BOTH PROGRAMS * PROVIDED ACCESS TO HE ALTHCARE THROUGH SCHOOL BASED HEALTH CENTERS AT BONNABEL HS (3588 VISITS) & EHRET HS (3601 VISITS) * PROVIDED HEALTHCARE SVCS TO STUDENTS AT LOYOLA UNIVERSITY STUDENT HEALTH CENTER * OCHSNER OFFERS URGENT CARE IN 19 LOCATIONS IN ALL REGIONS- THROUGH A PARTNERSHIP WITH M HM URGENT CARE & OTHERS URGENT CARE 3 LOCATIONS IN BR, 2 LOCATIONS IN THE BAYOU, 1 IN ST CHARLES, 3 ON THE NORTHSHORE/COVINGTON, 10 IN METRO NO FREESTANDING ED SVCS IN IBERVILL E (BR), RIVER PARISHES & ON THE WESTBANK (MARRERO) FULL ED SVCS OFFERED AT ALL HOSPITALS *PILOTED OCHSNER ANYWHERE CARE, OFFERING ONLINE VIRTUAL URGENT CARE VISITS 24 HOURS A DAY 7 DAYS A WEEK, EXPANDED SYSTEM WIDE IN EARLY 2019 OFFERING VIRTUAL BEHAVIORAL HEALTH VISI TS IN EARLY 2019 6AM TO 10PM 7 DAYS A WEEK * DEVELOPED & OFFERED HIGH PERFORMANCE NETWORK TO INSURERS & BUSINESSES -809 COMPANIES PARTICIPATING (INCREASE OF 136% OVER 2017) WITH 22 ,988 ENROLLEES SYSTEM WIDE (INCREASE OF 25%) * OPENED OCHSNER REHABILITATION HOSPITAL (PAR TNERSHIP WITH SELECT MEDICAL) PROVIDING 56 INPATIENT REHAB BEDS WITH 8 BEDS DEDICATED TO P ATIENTS WITH BRAIN INJURIES * ASSISTED COMMUNITY MEMBERS & PATIENTS WITH THE MEDICAID APPL ICATION PROCESS & PAYMENT PLANS OMC IS AN APPROVED MEDICAID APPLICATION CENTER 3947 APPR OVED APPLICATIONS, 6742 PATIENTS SCREENED & 19,168 PATIENTS FUNDED THROUGH PAYMENT PLANS * IMPROVED ACCESS TO MEDICAL R

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	ECORD INFORMATION ACROSS REGION/PROVIDERS UTILIZED EPIC CARE EVERYWHERE & CARE ELSEWHERE TO SHARE RECORDS, EXCHANGED 5,940,595 RECORDS WITH EXTERNAL PARTIES IN 2018, ACROSS ALL 50 STATES, INCLUDING 1710 HOSPITALS, 1484 EMERGENCY DEPARTMENTS, 38,952 CLINICS OVER 552,99 9 ACTIVE ACCOUNTS IN THE MY CHART PATIENT PORTAL TO ACCESS THEIR RECORDS & COMMUNICATE WIT H THEIR PROVIDERS * IMPROVED ACCESS TO CRITICAL CARE EXPERTISE ACROSS LA UTILIZING TELEME DICINE E-ICU TO CONNECT 9 HOSPITALS INCLUDING OMC, BAPTIST & WESTBANK TO CENTRALIZED MONIT ORING SVCS * IMPROVED EVALUATION & TREATMENT OF PATIENTS WITH SIGNS/SYMPTOMS OF A STROKE T HROUGH TELE-STROKE PROGRAM WITH 55 SITES INCLUDING OMC, BAPTIST & WESTBANK - 3683 PATIENTS SEEN SYSTEM WIDE WITH 76% ABLE TO STAY AT THEIR HOME HOSPITAL * IMPLEMENTED BEDSIDE DELIV ERY SVCS IN 2016 INCREASED # OF PATIENTS SERVED FROM 11,344 IN 2017 TO 21,155 IN 2018 AND # OF SCRIPTS PROVIDED FROM 24,787 IN 2017 TO 48,753 IN 2018 * PROVIDED INTERPRETATION SVCS AT ALL LOCATIONS FACE TO FACE, ONLINE, & VIA DEVICES * UTILIZED CMS ACO MODEL TO REDUCE THE COST OF HEALTHCARE & IMPROVE OUTCOMES CMS SHARED SAVINGS PROGRAM * FACILITATED & SUPP ORTED IMPLEMENTATION OF AFFORDABLE INSURANCE EXCHANGES IN OUR COMMUNITIES BY PARTICIPATING AS A CHAMPION FOR COVERAGE & A CERTIFIED COUNSELOR ORGANIZATION AT OMC-WB 200 FAMILIES E NROLLED SYSTEM NEED RESOURCE AWARENESS & HEALTH LITERACY AND NEED NEED TO IMPROVE ACCES S TO HEALTHY OPTIONS & NEED TO IMPROVE BEHAVIORS THAT IMPACT HEALTH * PROVIDED EDUCATION O N CHRONIC HEALTH CONDITIONS, NUTRITION & WELLNESS THROUGH COMMUNITY EDUCATION, SCREENINGS & NURSE CONSULTATIONS (FRERET STREET FEST, LAKESIDE EXPO, MEN'S HEALTH EVENT) IN 2018, BA PTIST PARTICIPATED IN 144 EVENTS, IMPACTING 10,412 PEOPLE, JEFFERSON HIGHWAY PARTICIPATED IN 69 EVENTS IMPACTING 10,404 PEOPLE & WESTBANK PARTICIPATED IN 89 EVENTS IMPACTING 1483 P EOPLE * CONTINUED TO OFFER CHOP PROGRAM TO METRO NO REGION, PURCHASED A NEW KIT FOR BATON ROUGE IN 2018 862 STUDENTS PARTICIPATED IN 2018 * IMPROVED PHYSICAL FITNESS & ACTIVITY IN THE COMMUNITY BY PROVIDING MOBILE FITNESS SESSIONS WITH SCHOOLS & COMMUNITY EVENTS IN JEF FERSON & ORLEANS PARISHES PARTICIPATED IN 15 EVENTS IMPACTING 1603 CHILDREN IN 2018 * OCH SNER SPORTS MEDICINE PROVIDED 1330 STUDENT SPORTS PHYSICALS ACROSS THE METRO AREA * CONTIN UED OCHSNER COMMUNITY CONNECTIONS (AUNTBERTHA COM) IN LOUISIANA, PROVIDING FREE DATABASE O F RESOURCES FOR PATIENTS, FAMILY MEMBERS & THE COMMUNITY 786 USERS ACCESSED COMMUNITY RES OURCES IN THEIR NEIGHBORHOODS ACROSS THE SYSTEM & TOOK 17,589 ACTIONS OVER 2315 SESSIONS I N 2018 * ENCOURAGED EDUCATION ABOUT HEALTHY LIFESTYLES & IMPROVE STUDENT & TEACHER WELLNES S AT JEFFERSON PARISH PUBLIC SCHOOLS PROVIDED FREE WELLNESS SCREENINGS TO TEACHERS AT BON NABEL & EHRET HIGH SCHOOLS * PARTNERED WITH EMPLOYERS TO IMPROVE THE HEALTH & WELLNESS OF THEIR EMPLOYEES SYSTEM-WIDE, 20,100 EMPLOYEES WERE SCREENED AT 457 EVENTS AT WORKSITES * IMPROVED THE HEALTH & WELLNES

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	S OF THE COMMUNITIES SERVED BY OCHSNER BY PROVIDING EAT FIT NOLA TO LOCAL RESTAURANTS STA TEWIDE TOTAL OF 170 UNIQUE PARTNERS WITH 318 MENUS/MENU BOARDS FEATURING EAT FIT ITEMS EA T FIT NOLA 86 UNIQUE PARTNERS, 182 LOCATIONS IN NOLA, EAT FIT BR 34 UNIQUE PARTNERS, 52 LO CATIONS IN BR REGION, EAT FIT BAYOU 7 UNIQUE PARTNERS, 11 LOCATIONS IN BAYOU REGION, EAT F IT NORTHSHORE 20 UNIQUE PARTNERS, 40 LOCATIONS IN NS REGION * INCREASED COMMUNITY AWARENES S OF OUTREACH PROGRAMS AVAILABLE TO ADDRESS COMMUNITY HEALTH NEEDS BY EDUCATING PATIENTS, FAMILIES & EMPLOYEES 285 EVENTS WERE LISTED ON COMMUNITY CALENDAR & CALENDAR VIEWS SYSTEM WIDE OVER 54,763 PAGE VIEWS * PROVIDED MULTIPLE FORUMS FOR EDUCATION OF COMMUNITY ON CUR RENT HEALTH TOPICS INCLUDING IN PERSON SESSIONS & HELLO HEALTH ON TV SYSTEM-WIDE, OVER 98 0 INDIVIDUALS ATTENDED 39 IN PERSON SESSIONS, & 18 SESSIONS WERE BROADCAST LIVE ON WLAE * OFFERED FREE COST SMOKING CESSATION CLINICS FOR ADULTS AT 8 SITES IN THE OMC REGION SYST EM-WIDE TREATED OVER 6100 UNIQUE PATIENTS, DEMONSTRATED 29 3% QUIT RATE AT 12 MONTHS * IMP ROVED THE HEALTH & QUALITY OF OCHSNER EMPLOYEES & FAMILIES UTILIZING PATHWAY TO WELLNESS & GO 365 57% OF ELIGIBLE EMPLOYEES PARTICIPATING IN THE PROGRAM REACHED BRONZE LEVEL OR AB OVE * PARTICIPATED IN STATE-WIDE EFFORTS TO DECREASE PREMATURE BIRTH RATES & IMPROVE BIRTH OUTCOMES * PROVIDED EDUCATION ON CHRONIC HEALTH CONDITIONS THROUGH COMMUNITY EDUCATION & SCREENINGS TO LOCAL CHURCHES (SECOND BAPTIST CHURCH IN ALGIERS, ISRAELITE BAPTIST CHURCH I N CENTRAL CITY) * CONTINUED COMMUNITY GARDEN AT BAPTIST HOSPITAL NEED ADDRESSING BEHAVIOR AL HEALTH ISSUES INCLUDING SUBSTANCE ABUSE * CONTINUED PROVIDING INPATIENT PSYCHIATRIC SVC S AT OMC JEFFERSON HIGHWAY * CONTINUED PROVIDING CLINICAL PSYCHIATRIC SVCS THROUGH PARTIAL HOSPITAL PROGRAM (ADDICTIVE BEHAVIORS UNIT & BEHAVIORAL MEDICINE UNIT) AT OMC JEFFERSON H IGHWAY * CONTINUED PROVIDING OUTPATIENT MENTAL HEALTH SVCS AT OCHSNER CLINICS (JEFFERSON H IGHWAY, WESTBANK, LAPALCO, METARIE & LAKEVIEW) * PROVIDED TELEMEDICINE PSYCHIATRIC SVCS TO 21 EDS ACROSS THE STATE INCLUDING OMC KENNER, OMS BATON ROUGE, OMC- NORTHSHORE, OMC- WEST BANK & OMC- RIVER PARISHES TO IMPROVE TIMELY ACCESS FOR EVALUATION 1971 INITIAL CONSULTS & 33 FOLLOW UP CONSULTS PERFORMED 618 OF INITIAL CONSULTS WERE DISCHARGED HOME * DEVELOP ED SYSTEM-WIDE OPIOID STEWARDSHIP COMMITTEE TO IDENTIFY EDUCATION (PROVIDER & PATIENT), P ROTOCOLS BASED ON NATIONAL BEST PRACTICES & COMMUNITY PARTNERSHIPS TO DECREASE THE USE OF OPIOIDS DEVELOPED ONLINE MD EDUCATION, EMR TOOLS FOR PRESCRIBING, DECREASED THE STANDARD PRESCRIPTION TO 3 DAYS * INCREASED NALOXONE AVAILABILITY- STANDING ORDERS AVAILABLE AT ALL OCHSNER PHARMACIES * CONVERTED OLD RIVER PARISHES HOSPITAL BUILDING TO 82 BED BEHAVIORAL HEALTH HOSPITAL (PARTNERSHIP WITH ACADIA HEALTH)-OPENED IN JULY 2018 1394 PATIENTS DISCHA RGED FROM FACILITY IN 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 2018 UPDATE ON 2015 COMMUNITY HEAL TH NEEDS ASSESSMENT SIGNIFICANT NEEDS IDENTIFIED AND MEASURES TAKEN AND RESOURCES AVAILABL E TO ADDRESS THOSE NEEDS NEED HIV AND OTHER STDS * IN PARTNERSHIP WITH OTHER LOCAL HOSPIT ALS, PARTICIPATED IN EDUCATIONAL SESSIONS AND EVENTS FOR THE COMMUNITY ON HIV AND STDS * C ONTINUED TO PROVIDE HIV AND STD TESTING AS APPROPRIATE IN HOSPITAL AND CLINIC SETTINGS NEE D MENTAL HEALTH AND SUBSTANCE ABUSE * CONTINUED PROVIDING OUTPATIENT MENTAL HEALTH SERVIC ES AT OCHSNER CLINIC IN BATON ROUGE * DEVELOPED SYSTEM-WIDE OPIOID STEWARDSHIP COMMITTEE T O IDENTIFY EDUCATION (PROVIDER AND PATIENT), PROTOCOLS BASED ON NATIONAL BEST PRACTICES A ND COMMUNITY PARTNERSHIPS TO DECREASE THE USE OF OPIOIDS DEVELOPED ONLINE MD EDUCATION, E MR TOOLS FOR PRESCRIBING, DECREASED THE STANDARD PRESCRIPTION TO 3 DAYS * PROVIDED TELEMED ICINE PSYCHIATRIC SERVICES TO 21 EDS ACROSS THE STATE INCLUDING OMC KENNER, OMS BATON ROUG E, OMC- NORTHSHORE, OMC- WESTBANK AND OMC- RIVER PARISHES TO IMPROVE TIMELY ACCESS FOR EVA LUATION 1971 INITIAL CONSULTS AND 33 FOLLOW UP CONSULTS PERFORMED 618 OF INITIAL CONSULT S WERE DISCHARGED HOME * OCHSNER REPRESENTATIVE SERVES ON COUNCIL FOR ICARE TO SUPPORT CO MMUNITY INITIATIVES FOR MENTAL HEALTH NEED OBESITY * IMPROVED THE HEALTH AND WELLNESS OF THE COMMUNITIES SERVED BY OCHSNER BY PROVIDING EAT FIT NOLA TO LOCAL RESTAURANTS STATEWID E TOTAL OF 170 UNIQUE PARTNERS WITH 318 MENUS/MENU BOARDS FEATURING EAT FIT ITEMS EAT FIT BR 34bUNIQUE PARTNERS, 52 LOCATIONS IN BR REGION * PROMOTED THE 5210+10 PROGRAM TO PROVID ERS/STAFF AND THE COMMUNITY * PARTNERED WITH CAPITAL CITY PRODUCE AND MORRISON'S TO PROVID E A FARMER'S MARKET OPEN TO EMPLOYEES AND THE COMMUNITY * PROVIDED DIABETES EDUCATION INCL UDING CLASSES, COUNSELING * PARTNERED WITH LOCAL YMCA FOR DIABETES EDUCATION IN THE COMMU NITY * PROVIDED HEALTHY OPTION TOPIC TALKS IN THE COMMUNITY (CHURCHES, BUSINESSES, SCHOOLS) * PARTICIPATED IN HEALTHY BATON ROUGE ANNUAL FAMILY FIT FUN DAY EVENT - ATTENDEES RECEIV ED HEALTHY LIVING INFORMATION AND BLOOD PRESSURE SCREENINGS * SPONSORED LOUISIANA MARATHON EVENT IN BATON ROUGE- * PROVIDED WALKING PATH AROUND THE LAKE ON THE HOSPITAL CAMPUS PROV IDING A SAFE ENVIRONMENT FOR EXERCISE NEED OVERUSE OF EMERGENCY DEPARTMENTS * CONTINUED T O OFFER MEDICAL SERVICES IN NEIGHBORHOODS ACROSS REGION (DENHAM SPRINGS, HAMMOND, PRAIRIEV ILLE) - AND CLINIC AND FREESTANDING ED IN IBERVILLE PARISH (PLAQUEMINE), OFFERED URGENT CA RE CLINICS AT 3 SITES IN BR REGION * INCREASED AVAILABLE HEALTHCARE PROVIDERS BY PROVIDING CLINICAL TRAINING OPPORTUNITIES TO STUDENTS FROM THE UNIVERSITY OF QUEENSLAND, LOYOLA, OU R LADY OF HOLY CROSS AND DELGADO AND MANY OTHERS # OF SCHOOLS/PROGRAMS WITH ACTIVE AGREEM ENTS SYSTEM-WIDE INCREASED TO 256 IN 2018 SYSTEM-WIDE * ENGAGED AND PREPARED K-12 STUDENTS IN STEM AND HEALTH CAREER EXPLORATION THROUGH FIELD TRIPS AND JOB SHADOWS * DEVELOPED AN D OFFERED HIGH PERFORMANCE NET

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	WORK TO INSURERS AND BUSINESSES -809 COMPANIES PARTICIPATING (INCREASE OF 136% OVER 2017) WITH 22,988 ENROLLEES SYSTEM WIDE (INCREASE OF 25%) * ASSISTED COMMUNITY MEMBERS AND PATIE NTS WITH THE MEDICAID APPLICATION PROCESS AND PAYMENT PLANS BATON ROUGE IS AN APPROVED ME DICAID APPLICATION CENTER 2102 APPROVED APPLICATIONS, 2998 PATIENTS SCREENED AND 2849 PAT IENTS FUNDED THROUGH PAYMENT PLANS * IMPROVED ACCESS TO MEDICAL RECORD INFORMATION ACROSS REGION/PROVIDERS UTILIZED EPIC CARE EVERYWHERE AND CARE ELSEWHERE TO SHARE RECORDS, EXCHA NGED 5,940,595 RECORDS WITH EXTERNAL PARTIES IN 2018, ACROSS ALL 50 STATES, INCLUDING 1710 HOSPITALS, 1484 EMERGENCY DEPARTMENTS, 38,952 CLINICS OVER 552,999 ACTIVE ACCOUNTS IN TH E MY CHART PATIENT PORTAL TO ACCESS THEIR RECORDS AND COMMUNICATE WITH THEIR PROVIDERS * IMPROVED ACCESS TO CRITICAL CARE EXPERTISE ACROSS LA UTILIZING TELEMEDICINE E-ICU TO CONNE CT 9 HOSPITALS INCLUDING BATON ROUGE TO CENTRALIZED MONITORING SERVICES * IMPROVED EVALUAT ION AND TREATMENT OF PATIENTS WITH SIGNS/SYMPTOMS OF A STROKE THROUGH TELE-STROKE PROGRAM WITH 55 SITES INCLUDING BATON ROUGE-3683 PATIENTS SEEN SYSTEM WIDE WITH 76% ABLE TO STAY A T THEIR HOME HOSPITAL * PROVIDED INTERPRETATION SERVICES AT ALL LOCATIONS FACE TO FACE, O NLINE, AND VIA DEVICES * UTILIZED CMS ACO MODEL TO REDUCE THE COST OF HEALTHCARE AND IMPR OVE OUTCOMES CMS SHARED SAVINGS PROGRAM * PARTNERED WITH EMPLOYERS TO IMPROVE THE HEALTH A ND WELLNESS OF THEIR EMPLOYEES SYSTEM-WIDE, 20,100 EMPLOYEES WERE SCREENED AT 457 EVENTS AT WORKSITES * CONTINUED OCHSNER COMMUNITY CONNECTIONS (AUNTBERTHA COM) IN LOUISIANA, PRO VIDING FREE DATABASE OF RESOURCES FOR PATIENTS, FAMILY MEMBERS AND THE COMMUNITY 786 USER S ACCESSED COMMUNITY RESOURCES IN THEIR NEIGHBORHOODS ACROSS THE SYSTEM AND TOOK 17,589 AC TIONS OVER 2315 SESSIONS IN 2018 * INCREASED COMMUNITY AWARENESS OF OUTREACH PROGRAMS AVAI LABLE TO ADDRESS COMMUNITY HEALTH NEEDS BY EDUCATING PATIENTS, FAMILIES AND EMPLOYEES 223 EVENTS WERE LISTED ON COMMUNITY CALENDAR AND CALENDAR VIEWS SYSTEM WIDE OVER 54,763 PAGE VIEWS * PROVIDED MULTIPLE FORUMS FOR EDUCATION OF COMMUNITY ON CURRENT HEALTH TOPICS INCL UDING IN PERSON SESSIONS AND HELLO HEALTH ON TV SYSTEM-WIDE, OVER 980 INDIVIDUALS ATTENDE D 39 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 SYSTEM-WIDE TREATED OVER 6100 UNIQUE PATIENTS, DEMONSTRATED 29 3% QUIT RATE AT 12 MONTHS * IMPROVED THE HEALT H AND QUALITY OF OCHSNER EMPLOYEES AND FAMILIES UTILIZING PATHWAY TO WELLNESS AND GO 365 57% OF ELIGIBLE EMPLOYEES PARTICIPATING IN THE PROGRAM REACHED BRONZE LEVEL OR ABOVE * PAR TICIPATED IN STATE-WIDE EFFORTS TO DECREASE PREMATURE BIRTH RATES AND IMPROVE BIRTH OUTCOM E 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 2018 UPDATE ON 2015 COMMUNITY HEAL TH NEEDS ASSESSMENT SIGNIFICANT NEEDS IDENTIFIED AND MEASURES TAKEN AND RESOURCES AVAILABL E TO ADDRESS THOSE NEEDS NEED ACCESS TO HEALTHCARE AND MEDICAL SERVICES * PROVIDED MEDICA L SERVICES IN NEIGHBORHOODS ACROSS REGION (KENNER, DRIFTWOOD, LULING, LAPLACE, DESTREHAN, ST JAMES) * INCREASED AVAILABLE HEALTHCARE PROVIDERS BY PROVIDING CLINICAL TRAINING OPPOR TUNITIES 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 INCREAS ED TO 256 IN 2018 SYSTEM-WIDE * ENGAGED AND PREPARED K-12 STUDENTS IN STEM AND HEALTH CARE ER EXPLORATION THROUGH FIELD TRIPS, GIRL SCOUT PROGRAMS AND JOB SHADOWS * PROVIDED ACCESS TO HEALTHCARE THROUGH SCHOOL BASED HEALTH CENTERS AT BONNABEL HS - 3588 VISITS * PROVIDED SERVICES TO SUPPORT NON-ENGLISH SPEAKING INDIVIDUALS TO ACCESS HEALTH SERVICES (ACA EXCHA NGE EDUCATION, PRENATAL CLASSES) * DEVELOPED AND OFFERED HIGH PERFORMANCE NETWORK TO INSUR ERS AND BUSINESSES -809 COMPANIES PARTICIPATING (INCREASE OF 136% OVER 2017) WITH 22,988 E NROLLEES SYSTEM WIDE (INCREASE OF 25%) * ASSISTED COMMUNITY MEMBERS AND PATIENTS WITH MEDI CAID APPLICATION PROCESS AND PAYMENT PLANS KENNER IS AN APPROVED MEDICAID APPLICATION CEN TER, 1521 APPROVED APPLICATIONS, 3224 PATIENTS SCREENED AND 1801 PATIENTS FUNDED THROUGH P AYMENT PLANS * IMPROVED ACCESS TO MEDICAL RECORD INFORMATION ACROSS REGION/PROVIDERS UTI LIZED EPIC CARE EVERYWHERE AND CARE ELSEWHERE TO SHARE RECORDS, EXCHANGED 5,940,595 RECORD S WITH EXTERNAL PARTIES IN 2018, ACROSS ALL 50 STATES, INCLUDING 1710 HOSPITALS, 1484 EMER GENCY DEPARTMENTS, 38,952 CLINICS OVER 552,999 ACTIVE ACCOUNTS IN THE MY CHART PATIENT PO RTAL TO ACCESS THEIR RECORDS AND COMMUNICATE WITH THEIR PROVIDERS * IMPROVED ACCESS TO CR ITICAL CARE EXPERTISE ACROSS LA UTILIZING TELEMEDICINE E-ICU TO CONNECT 9 HOSPITALS INCLUD ING KENNER TO CENTRALIZED MONITORING SERVICES * IMPROVED EVALUATION AND TREATMENT OF PATIE NTS WITH SIGNS/SYMPTOMS OF A STROKE THROUGH TELE-STROKE PROGRAM WITH 55 SITES INCLUDING KE NNER 3683 PATIENTS SEEN SYSTEM WIDE WITH 76% ABLE TO STAY AT THEIR HOME HOSPITAL * PROVIDE D INTERPRETATION SERVICES AT ALL LOCATIONS FACE TO FACE, ONLINE, AND VIA DEVICES * UTILI ZED CMS ACO MODEL TO REDUCE THE COST OF HEALTHCARE AND IMPROVE OUTCOMES CMS SHARED SAVINGS PROGRAM NEED RESOURCE AWARENESS AND HEALTH LITERACY * PROVIDED EDUCATION ON CHRONIC HEAL TH CONDITIONS THROUGH COMMUNITY EDUCATION, SCREENINGS AND NURSE CONSULTATIONS, PARTICIPATE D IN 163 EVENTS IMPACTING 4156 COMMUNITY MEMBERS * INCREASED EDUCATIONAL RESOURCES AND CLA SSES OFFERED IN SPANISH - FREE PRENATAL, BREASTFEEDING AND MY OCHSNER CLASSES AVAILABLE IN SPANISH, INTERVIEWS PROVIDED BY KENNER STAFF ON LOCAL HISPANIC TV CHANNEL AND ON YOU TUBE * EDUCATED K-12 STUDENTS ON HOW TO ACCESS AND PREPARE HEALTHY FOOD OPTIONS THROUGH A TARG ETED AFTER SCHOOL HANDS-ON CUR

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	RICULUM DEVELOPED BY OCHSNER AT KENNER DISCOVERY ACADEMY * CONTINUED TO OFFER CHOP PROGRAM TO METRO NO REGION, PURCHASED A NEW KIT FOR BATON ROUGE IN 2018 862 STUDENTS PARTICIPATE D IN 2018 * IMPROVED PHYSICAL FITNESS AND ACTIVITY IN THE COMMUNITY BY PROVIDING MOBILE FI TNESS SESSIONS WITH SCHOOLS AND COMMUNITY EVENTS IN JEFFERSON AND ORLEANS PARISHES PARTIC IPATED IN 15 EVENTS IMPACTING 1603 CHILDREN IN 2018 * OCHSNER SPORTS MEDICINE PROVIDED 133 0 STUDENT SPORTS PHYSICALS ACROSS THE METRO NO AREA * CONTINUED OCHSNER COMMUNITY CONNECTI ONS (AUNTBERTHA COM) IN LOUISIANA, PROVIDING FREE DATABASE OF RESOURCES FOR PATIENTS, FAMI LY MEMBERS AND THE COMMUNITY 786 USERS ACCESSED COMMUNITY RESOURCES IN THEIR NEIGHBORHOOD S ACROSS THE SYSTEM AND TOOK 17,589 ACTIONS OVER 2315 SESSIONS IN 2018 * ENCOURAGED EDUCAT ION ABOUT HEALTHY LIFESTYLES AND IMPROVE STUDENT AND TEACHER WELLNESS AT JEFFERSON PARISH PUBLIC SCHOOLS * PARTNERED WITH EMPLOYERS TO IMPROVE THE HEALTH AND WELLNESS OF THEIR EMP LOYEES SYSTEM-WIDE, 20,100 EMPLOYEES WERE SCREENED AT 457 EVENTS AT WORKSITES * IMPROVED COMMUNITY WELLNESS BY BUILDING VEGETABLE GARDEN TO GROW AND HARVEST FRESH VEGETABLES TO A SSIST FAMILIES IN NEED IN PARTNERSHIP WITH VINEYARD CHURCH OVER 100 FAMILIES VISIT THE FO OD PANTRY AT THE CHURCH TO RECEIVE FREE FOOD * IMPROVED THE HEALTH AND WELLNESS OF THE CO MMUNITIES SERVED BY OCHSNER BY PROVIDING EAT FIT NOLA TO LOCAL RESTAURANTS STATEWIDE TOTA L OF 170 UNIQUE PARTNERS WITH 318 MENUS/MENU BOARDS FEATURING EAT FIT ITEMS EAT FIT NOLA 86 UNIQUE PARTNERS, 182 LOCATIONS IN NOLA * INCREASED COMMUNITY AWARENESS OF OUTREACH PROG RAMS AVAILABLE TO ADDRESS COMMUNITY HEALTH NEEDS BY EDUCATING PATIENTS, FAMILIES AND EMPLO YEES 223 EVENTS WERE LISTED ON COMMUNITY CALENDAR AND CALENDAR VIEWS SYSTEM WIDE OVER 54, 763 PAGE VIEWS * PROVIDED MULTIPLE FORUMS FOR EDUCATION OF COMMUNITY ON CURRENT HEALTH TO PICS INCLUDING IN PERSON SESSIONS AND HELLO HEALTH ON TV SYSTEM-WIDE, OVER 980 INDIVIDUAL S ATTENDED 39 IN PERSON SESSIONS, AND 18 SESSIONS WERE BROADCAST LIVE ON WLAE * OFFERED F REE COST SMOKING CESSATION CLINICS FOR ADULTS AT 5 SITES IN KENNER REGION SYSTEM-WIDE TRE ATED OVER 6100 UNIQUE PATIENTS, DEMONSTRATED 29 3% QUIT RATE AT 12 MONTHS * IMPROVED THE H EALTH AND QUALITY OF OCHSNER EMPLOYEES AND FAMILIES UTILIZING PATHWAY TO WELLNESS AND GO 3 65 57% OF ELIGIBLE EMPLOYEES PARTICIPATING IN THE PROGRAM REACHED BRONZE LEVEL OR ABOVE * PARTICIPATED IN STATE-WIDE EFFORTS TO DECREASE PREMATURE BIRTH RATES AND IMPROVE BIRTH OU TCOMES NEED ADDRESSING BEHAVIORAL HEALTH ISSUES INCLUDING SUBSTANCE ABUSE * PROVIDED TELE MEDICINE PSYCHIATRIC SERVICES TO 21 EDS ACROSS THE STATE INCLUDING OMC KENNER, OMS BATON R OUGE, OMC- NORTHSHORE, OMC- WESTBANK AND OMC- RIVER PARISHES TO IMPROVE TIMELY ACCESS FOR EVALUATION 1971 INITIAL CONSULTS AND 33 FOLLOW UP CONSULTS PERFORMED 618 OF INITIAL CONS ULTS WERE DISCHARGED HOME * DEVELOPED SYSTEM-WIDE OPIOID STEWARDSHIP COMMITTEE TO IDENTIF Y EDUCATION (PROVIDER AND PAT

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	IENT), PROTOCOLS BASED ON NATIONAL BEST PRACTICES AND COMMUNITY PARTNERSHIPS TO DECREASE T HE USE OF OPIOIDS DEVELOPED ONLINE MD EDUCATION, EMR TOOLS FOR PRESCRIBING, DECREASED THE STANDARD PRESCRIPTION TO 3 DAYS * CONVERTED OLD RIVER PARISHES HOSPITAL BUILDING TO 82 BE D BEHAVIORAL HEALTH HOSPITAL (PARTNERSHIP WITH ACADIA HEALTH)-OPENED IN JULY 2018 1394 PA TIENTS DISCHARGED FROM FACILITY IN 2018

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 2018 UPDATE ON 2015 COMMUNITY HEALT H 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 SPRING S, AND SLIDELL) * INCREASED AVAILABLE HEALTHCARE PROVIDERS BY PROVIDING CLINICAL TRAINING OPPORTUNITIES TO STUDENTS FROM THE UNIVERSITY OF QUEENSLAND, LOYOLA, OUR LADY OF HOLY CROS S AND DELGADO AND MANY OTHERS # OF SCHOOLS/PROGRAMS WITH ACTIVE AGREEMENTS SYSTEM-WIDE IN CREASED TO 256 IN 2018 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 -809 COMPANIES PARTICIPATI NG (INCREASE OF 136% OVER 2017) WITH 22,988 ENROLLEES SYSTEM WIDE (INCREASE OF 25%) * ASSI STED COMMUNITY MEMBERS AND PATIENTS WITH THE MEDICAID APPLICATION PROCESS AND PAYMENT PLAN S NORTH SHORE IS AN APPROVED MEDICAID APPLICATION CENTER 213 APPROVED APPLICATIONS, 646 PATIENTS SCREENED AND 1873 PATIENTS FUNDED THROUGH PAYMENT PLANS * IMPROVED ACCESS TO MEDI CAL RECORD INFORMATION ACROSS REGION/PROVIDERS UTILIZED EPIC CARE EVERYWHERE AND CARE ELS EWHERE TO SHARE RECORDS, EXCHANGED 5,940,595 RECORDS WITH EXTERNAL PARTIES IN 2018, ACROSS ALL 50 STATES, INCLUDING 1710 HOSPITALS, 1484 EMERGENCY DEPARTMENTS, 38,952 CLINICS OVER 552,999 ACTIVE ACCOUNTS IN THE MY CHART PATIENT PORTAL TO ACCESS THEIR RECORDS AND COMMUN ICATE WITH THEIR PROVIDERS * IMPROVED ACCESS TO CRITICAL CARE EXPERTISE ACROSS LA UTILIZI NG TELEMEDICINE E-ICU TO CONNECT 9 HOSPITALS INCLUDING NORTH SHORE TO CENTRALIZED MONITORI NG SERVICES * IMPROVED EVALUATION AND TREATMENT OF PATIENTS WITH SIGNS/SYMPTOMS OF A STROK E THROUGH TELE-STROKE PROGRAM WITH 55 SITES INCLUDING OCHSNER NORTHSHORE-3683 PATIENTS SEE N SYSTEM WIDE WITH 76% ABLE TO STAY AT THEIR HOME HOSPITAL * PROVIDED INTERPRETATION SERVI CES AT ALL LOCATIONS FACE TO FACE, ONLINE, AND VIA DEVICES * UTILIZED CMS ACO MODEL TO R EDUCE THE COST OF HEALTHCARE AND IMPROVE OUTCOMES CMS SHARED SAVINGS PROGRAM NEED RESOURC E AWARENESS AND HEALTH LITERACY * PROVIDED EDUCATION ON CHRONIC HEALTH CONDITIONS THROUGH COMMUNITY EDUCATION, SCREENINGS AND NURSE CONSULTATIONS, ATTENDED OR HOSTED 109 EVENTS IMP ACTING 25,615 COMMUNITY MEMBERS * INCREASED COMMUNITY AWARENESS OF OUTREACH PROGRAMS AVAIL ABLE TO ADDRESS COMMUNITY HEALTH NEEDS BY EDUCATING PATIENTS, FAMILIES AND EMPLOYEES 223 EVENTS WERE LISTED ON COMMUNITY CALENDAR AND CALENDAR VIEWS SYSTEM WIDE OVER 54,763 PAGE V IEWS * PROVIDED MULTIPLE FORUMS FOR EDUCATION OF COMMUNITY ON CURRENT HEALTH TOPICS INCLU DING IN PERSON SESSIONS AND HELLO HEALTH ON TV SYSTEM-WIDE, OVER 980 INDIVIDUALS ATTENDED 39 IN PERSON SESSIONS, AND 18 SESSIONS WERE BROADCAST LIVE ON WLAE * CONTINUED OCHSNER C OMMUNITY CONNECTIONS (AUNTBERT

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	HA COM) IN LOUISIANA, PROVIDING FREE DATABASE OF RESOURCES FOR PATIENTS, FAMILY MEMBERS AN D THE COMMUNITY 786 USERS ACCESSED COMMUNITY RESOURCES IN THEIR NEIGHBORHOODS ACROSS THE SYSTEM AND TOOK 17,589 ACTIONS OVER 2315 SESSIONS IN 2018 * IMPROVED THE HEALTH AND WELLNE SS OF THE COMMUNITIES SERVED BY OCHSNER BY PROVIDING EAT FIT TO RESTAURANTS STATEWIDE TOT AL OF 170 UNIQUE PARTNERS WITH 318MENUS/MENU BOARDS FEATURING EAT FIT ITEMS EAT FIT NORTH SHORE 20 UNIQUE PARTNERS, 40 LOCATIONS IN NS REGION * PARTNERED WITH EMPLOYERS TO IMPROVE THE HEALTH AND WELLNESS OF THEIR EMPLOYEES SYSTEM-WIDE, 20,100 EMPLOYEES WERE SCREENED AT 457 EVENTS AT WORKSITES * OFFERED FREE COST SMOKING CESSATION CLINICS FOR ADULTS AT 2 SI TES IN NORTH SHORE REGION SYSTEM-WIDE TREATED OVER 6100 UNIQUE PATIENTS, DEMONSTRATED 29 3% QUIT RATE AT 12 MONTHS * IMPROVED THE HEALTH AND QUALITY OF OCHSNER EMPLOYEES AND FAMIL IES UTILIZING PATHWAY TO WELLNESS AND GO 365 57% OF ELIGIBLE EMPLOYEES PARTICIPATING IN T HE PROGRAM REACHED BRONZE LEVEL OR ABOVE * 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 MAN DEVILLE) * DEVELOPED SYSTEM-WIDE OPIOID STEWARDSHIP COMMITTEE TO IDENTIFY EDUCATION (PROV IDER AND PATIENT), PROTOCOLS BASED ON NATIONAL BEST PRACTICES AND COMMUNITY PARTNERSHIPS T O DECREASE THE USE OF OPIOIDS DEVELOPED ONLINE MD EDUCATION, EMR TOOLS FOR PRESCRIBING, D ECREASED THE STANDARD PRESCRIPTION TO 3 DAYS * PROVIDED TELEMEDICINE PSYCHIATRIC SERVICES TO 21 EDS ACROSS THE STATE INCLUDING OMC KENNER, OMS BATON ROUGE, OMC- NORTHSHORE, OMC- WE STBANK AND OMC-RIVER PARISHES TO IMPROVE TIMELY ACCESS FOR EVALUATION 1971 INITIAL CONSU LTS AND 33 FOLLOW UP CONSULTS PERFORMED 618 OF INITIAL CONSULTS WERE DISCHARGED HOME

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 2018 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 CLINI CS 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 * I MPROVED ACCESS TO CRITICAL CARE EXPERTISE ACROSS LA UTILIZING TELEMEDICINE E-ICU TO CONNEC T 9 HOSPITALS INCLUDING ST ANNE TO CENTRALIZED MONITORING SERVICES * PROVIDED JOB SHADOW OPPORTUNITIES TO LOCAL HIGH SCHOOL STUDENTS * PROVIDED INTERPRETATION SERVICES AT ALL LOC ATIONS FACE TO FACE, ONLINE, AND VIA DEVICES * ASSISTED COMMUNITY MEMBERS AND PATIENTS W ITH MEDICAID APPLICATION PROCESS AND PAYMENT PLANS ST ANNE IS AN APPROVED MEDICAID APPLI CATION CENTER, 404 APPROVED APPLICATIONS, 527 PATIENTS SCREENED AND 815 PATIENTS FUNDED TH ROUGH PAYMENT PLANS * IMPROVED ACCESS TO MEDICAL RECORD INFORMATION ACROSS REGION/PROVIDER S UTILIZED EPIC CARE EVERYWHERE AND CARE ELSEWHERE TO SHARE RECORDS, EXCHANGED 5,940,595 RECORDS WITH EXTERNAL PARTIES IN 2018, ACROSS ALL 50 STATES, INCLUDING 1710 HOSPITALS, 148 4 EMERGENCY DEPARTMENTS, 38,952 CLINICS OVER 552,999 ACTIVE ACCOUNTS IN THE MY CHART PATI ENT PORTAL TO ACCESS THEIR RECORDS AND COMMUNICATE WITH THEIR PROVIDERS * IMPROVED EVALUA TION AND TREATMENT OF PATIENTS WITH SIGNS/SYMPTOMS OF A STROKE THROUGH TELE-STROKE PROGRAM WITH 55 SITES INCLUDING OCHSNER ST ANNE-683 PATIENTS SEEN SYSTEM WIDE WITH 76% ABLE TO ST AY AT THEIR HOME HOSPITAL NEED RESOURCE AWARENESS AND HEALTH LITERACY AND NEED NEED TO I MPROVE ACCESS TO HEALTHY OPTIONS * PROVIDED EDUCATION ON CHRONIC HEALTH CONDITIONS THROUGH COMMUNITY EDUCATION, SCREENINGS AND NURSE CONSULTATIONS (SENIOR CITIZENS CENTERS (GRAND I SLE, LAROSE, BAYOU BLUE, RACELAND, GHEENS, LOCKPORT), COMMUNITY HEALTH FAIR, WOMEN'S EXPO, MEN'S EXPO, DIABETES CLASSES WITH CERTIFIED DIABETES EDUCATOR AND THE DIETICIAN, PRENATAL CLASSES, BREASTFEEDING CLASSES, SIBLING CLASSES, CPR AND FIRST AID CLASSES, HELLO HEALTH SEMINARS, AND NUTRITIONAL SEMINARS OFFERED 238 FREE HEALTH EDUCATIONAL PROGRAMS WITH OVER 6152 ATTENDEES * INCREASED COMMUNITY AWARENESS OF OUTREACH PROGRAMS AVAILABLE TO ADDRESS COMMUNITY HEALTH NEEDS BY EDUCATING PATIENTS, FAMILIES AND EMPLOYEES 223 EVENTS WERE LIST ED ON COMMUNITY CALENDAR AND CALENDAR VIEWS SYSTEM WIDE OVER 54,763 PAGE VIEWS * PARTNERE D WITH EMPLOYERS TO IMPROVE THE HEALTH AND WELLNESS OF THEIR EMPLOYEES (OXYCHEM, , LAFOURC HE COUNCIL ON AGING, LAFOURCHE PARISH SHERIFF'S DEPARTMENT, GULF COAST GAS, RACELAND SUGAR MILL) * CONTINUED OCHSNER COMMUNITY CONNECTIONS (AUNTBERTHA COM) IN LOUISIANA, PROVIDING F REE DATABASE OF RESOURCES FOR PATIENTS, FAMILY MEMBERS AND THE COMMUNITY 786 USERS ACCESS ED COMMUNITY RESOURCES IN THEI

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	R NEIGHBORHOODS ACROSS THE SYSTEM AND TOOK 17,589 ACTIONS OVER 2315 SESSIONS IN 2018 * PAR TICIPATED IN COMMUNITY EVENTS THAT ENCOURAGE HEALTHY ACTIVITY AND LIFESTYLES (THIBODAUX RE LAY FOR LIFE, CANCER SURVIVOR CELEBRATION) * PARTNERED WITH EMPLOYERS TO IMPROVE THE HEALT H AND WELLNESS OF THEIR EMPLOYEES SYSTEM-WIDE, 20,100 EMPLOYEES WERE SCREENED AT 457 EVEN TS AT WORKSITES *IMPROVED THE HEALTH AND WELLNESS OF THE COMMUNITIES SERVED BY OCHSNER BY PROVIDING EAT FIT NOLA TO LOCAL RESTAURANTS STATEWIDE TOTAL OF 170 UNIQUE PARTNERS WITH 318 MENUS/MENU BOARDS FEATURING EAT FIT ITEMS EAT FIT BAYOU 7 UNIQUE PARTNERS, 11 LOCATIO NS IN BAYOU REGION * DEVELOPED AND OFFERED HIGH PERFORMANCE NETWORK TO INSURERS AND BUSINE SSES -809 COMPANIES PARTICIPATING (INCREASE OF 136% OVER 2017) WITH 22,988 ENROLLEES SYSTE M WIDE (INCREASE OF 25%) * OFFERED FREE SMOKING CESSATION CLINICS FOR ADULTS AT ST ANNE H OSPITAL SYSTEM-WIDE TREATED OVER 6100 UNIQUE PATIENTS, DEMONSTRATED 29 3% QUIT RATE AT 12 MONTHS * IMPROVED THE HEALTH AND QUALITY OF OCHSNER EMPLOYEES AND FAMILIES UTILIZING PATHW AY TO WELLNESS AND GO 365 57% OF ELIGIBLE EMPLOYEES PARTICIPATING IN THE PROGRAM REACHED BRONZE LEVEL OR ABOVE * PROVIDED MULTIPLE FORUMS FOR EDUCATION OF COMMUNITY ON CURRENT HEA LTH TOPICS INCLUDING IN PERSON SESSIONS AND HELLO HEALTH ON TV SYSTEM-WIDE, OVER 980 INDI VIDUALS ATTENDED 39 IN PERSON SESSIONS, AND 18 SESSIONS WERE BROADCAST LIVE ON WLAE NEED ADDRESSING BEHAVIORAL HEALTH ISSUES INCLUDING SUBSTANCE ABUSE * CONTINUED PROVIDING INPAT IENT PSYCHIATRIC SERVICES AT OCHSNER ST ANNE HOSPITAL * CONTINUED PROVIDING OUTPATIENT ME NTAL HEALTH SERVICES AT OCHSNER CLINIC ST ANNE * 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 DEVELOPED ONLINE MD EDUCATION, EMR TOOLS FOR PRESCRIBING, DECREASED THE STANDARD PRESCRIPTION TO 3 DAYS * TAUG HT AHA HEARTSAVER AED CLASSES TO THE COMMUNITY, WHICH INCLUDES AWARENESS OF THE OPIOID EPI DEMIC AND THE AVAILABILITY OF NALOXONE

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

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

Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

(list in order of size, from largest to smallest)

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

	Name and address	Type of Facility (describe)
1	Ochsner Medical Complex - The Grove 10310 The Grove Blvd Baton Rouge, LA 70836	Health Center
1	Ochsner Health Center - Covington 1000 Ochsner Blvd Covington, LA 70433	Health Center
2	St Tammany Cancer Center 1203 South Tyler St Ste 210 Covington, LA 70433	Health Center
3	Ochsner Health Center - Kenner 200 West Esplanade Ave Kenner, LA 70065	Health Center
4	Ochsner Imaging Center 1601 Jefferson Hwy New Orleans, LA 70121	Health Center
5	Ochsner Health Center - Baptist Napoleon Medical Plaza 2820 Napoleon Ave New Orleans, LA 70115	Health Center
6	Ochsner Health Center - ONeal 16777 Medical Center Dr Baton Rouge, LA 70816	Health Center
7	Ochsner Emergency Room - Marrero 4837 Lapalco Blvd Marrero, LA 70072	Health Center
8	Ochsner Health Center For Children - New Orleans 1315 Jefferson Hwy New Orleans, LA 70121	Health Center
9	Ochsner Center for Primary Care and Wellness 1401 Jefferson Hwy New Orleans, LA 70121	Health Center
10	Lieselotte Tansey Breast Center at Ochsner Michael R Boh Center for Child Development 1319 Jefferson Highway New Orleans, LA 70121	Health Center
11	Ochsner Neurosciences Institue - Slidell 104 Medical Center Dr Slidell, LA 70461	Health Center
12	Ochsner Health Center - Lapalco 4225 Lapalco Blvd Marrero, LA 70072	Health Center
13	Ochsner Health Center - Metairie 2005 Veterans Memorial Blvd Metairie, LA 70002	Health Center
14	Ochsner Health Center - Elmwood 1221 S Clearview Pkwy Harahan, LA 70121	Health Center

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

Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

(list in order of size, from largest to smallest)

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

	Name and address	Type of Facility (describe)
16	Ochsner Medical Complex - Iberville 25455 La Hwy 1 Plaquemine, LA 70764	Health Center
1	Ochsner Health Center - West Bank 120 Ochsner Blvd Gretna, LA 70056	Health Center
2	Ochsner Specialty Health Center One Slidell 1850 Gause Blvd East Slidell, LA 70461	Health Center
3	Ochsner Fitness Center - Harahan 1200 South Clearview Pkwy Ste 1200 Harahan, LA 70123	Fitness Center
4	Ochsner Health Center - Belle Meade 605 Lapalco Blvd Gretna, LA 70056	Health Center
5	Therapy & Wellness - Veterans 850 Veterans Memorial Blvd Metairie, LA 70005	Health Center
6	Ochsner Health Center - Driftwood 2120 Driftwood Blvd Kenner, LA 70065	Health Center
7	Ochsner Health Center - Luling 1057 Paul Maillard Rd Luling, LA 70070	Health Center
8	Ochsner Neurosciences Institue - Covington 1341 Ochsner Blvd Covington, LA 70433	Health Center
9	Ochsner Health Center - Slidell 2750 E Gause Blvd Slidell, LA 70461	Health Center
10	Ochsner Health Center - Tangipahoa 41676 Veterans Ave Hammond, LA 70403	Health Center
11	Ochsner Family Doctor Clinic - Matthews 111 Acadia Dr Raceland, LA 70394	Health Center
12	Therapy & Wellness - Driftwood 3700 Williams Blvd Kenner, LA 70065	Health Center
13	Ochsner Specialty Health Center Two Slidell 105 Medical Center Dr North Shore T wo Bldg Suites 101-305 Slidell, LA 70461	Health Center
14	Ochsner Women's Health Center - Raceland 104 Acadia Park Dr Raceland, LA 70394	Health Center

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

Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

(list in order of size, from largest to smallest)

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

	Name and address	Type of Facility (describe)
31	Ochsner Health Center - East Causeway Approach 3235 East Causeway Approach Mandeville, LA 70448	Health Center
1	Ochsner Health Center - Baptist McFarland Medical Plaza 4429 Clara St New Orleans, LA 70115	Health Center
2	Ochsner Health Center - Tchoupitoulas 5300 Tchoupitoulas St New Orleans, LA 70115	Health Center
3	Ochsner Health Center for Children - Slidell 2370 E Gause Blvd Slidell, LA 70461	Health Center
4	Therapy & Wellness - O'Neal 2077 ONeal Lane Baton Rouge, LA 70816	Health Center
5	Ochsner Cancer Center - Baton Rouge 17050 Medical Center Dr 1st Floor Baton Rouge, LA 70816	Health Center
6	Ochsner Specialty Health Center - Raceland 141 Twin Oaks Raceland, LA 70394	Health Center
7	Ochsner Health Center - Destrehan 13100 River Rd Destrehan, LA 70047	Health Center
8	Ochsner Health Center - Prairieville 16220 Airline Hwy Prairieville, LA 70769	Health Center
9	Ochsner Urgent Care & Occupational Health - West Bank 1625 Barataria Blvd Ste A Marrero, LA 70072	Health Center
10	Ochsner Health Center - Denham Springs South 139 Veterans Blvd Denham Springs, LA 70726	Health Center
11	Ochsner Health Center For Children - Metairie 4901 Veterans Memorial Blvd Metairie, LA 70006	Health Center
12	Ochsner Health Center - Raceland 106 Cypress St Raceland, LA 70394	Health Center
13	Ochsner Health Center - St Bernard 8050 West Judge Perez Dr Chalmette, LA 70043	Health Center
14	Ochsner Health Center - Clearview 4500 Clearview Pkwy 1st floor Metairie, LA 70006	Health Center

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

Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

(list in order of size, from largest to smallest)

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

	Name and address	Type of Facility (describe)
46	Ochsner Health Center - Jefferson Place 8150 Jefferson Hwy Baton Rouge, LA 70809	Health Center
1	Ochsner Health Center for Children - Monroe 300 Pavilion Rd West Monroe, LA 71292	Health Center
2	Ochsner Health Center - River Parishes 502 Rue de Sante LaPlace, LA 70068	Health Center
3	Ochsner Urgent Care - Metairie 2215 Veterans Blvd Metairie, LA 70002	Health Center
4	Therapy & Wellness - Mandeville 1119 N Causeway Blvd Ste 1 Mandeville, LA 70471	Health Center
5	Ochsner Health Center - Zachary 4845 Main St Ste D Zachary, LA 70791	Health Center
6	Ochsner Therapy & Wellness for Children 3211 North Causeway Blvd Metairie, LA 70002	Health Center
7	Ochsner Urgent Care - Houma 5922 W Main St Ste A Houma, LA 70360	Health Center
8	Ochsner Health Center - Belle Chasse 7772 Highway 23 Belle Chasse, LA 70037	Health Center
9	Ochsner Urgent Care - Lakeview 111C Robert E Lee Blvd New Orleans, LA 70124	Health Center
10	The Gayle and Tom Benson Cancer Center 1514 Jefferson Hwy New Orleans, LA 70121	Health Center
11	Ochsner Health Center - Mid-City at Canal 4100 Canal Street New Orleans, LA 70119	Health Center
12	Ochsner Urgent Care - Kenner 3417 Williams Blvd Kenner, LA 70065	Health Center
13	Pelican Urgent Care 2375 East Gause Blvd Slidell, LA 70461	Health Center
14	Ochsner Health Center - Algiers 3401 Behrman Pl Algiers, LA 70114	Health Center

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

Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

(list in order of size, from largest to smallest)

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

	Name and address	Type of Facility (describe)
61	Ochsner Health Center - Abita Springs 22070 Hwy 59 Abita Springs, LA 70420	Health Center
1	Ochsner Health Center for Children Pediatric Subspecialities - Covington 71121 Hwy 21 Covington, LA 70433	Health Center
2	Ochsner Health Center - Uptown 3423 St Charles Ave New Orleans, LA 70115	Health Center
3	Ochsner Health Center - LaPlace Medical 735 W 5th St LaPlace, LA 70068	Health Center
4	Ochsner Urgent Care - Thibodaux 318 North Canal Blvd Thibodaux, LA 70301	Health Center
5	Ochsner Urgent Care - Uptown 4605 Magazine St New Orleans, LA 70115	Health Center
6	Ochsner Health Center - Shepherd Square 4540 Shepherd Square Diamondhead, MS 39525	Health Center
7	Ochsner Fitness Center - Metairie 111 Veterans Memorial Blvd Metairie, LA 70005	Fitness Center
8	Ochsner Urgent Care & Occupational Health - Covington 1111 Greengate Dr Ste B Covington, LA 70433	Health Center
9	Ochsner Health Center for Children - River Ridge 9605 Jefferson Hwy Ste J River Ridge, LA 70123	Health Center
10	Ochsner Urgent Care - River Ridge 9605 Jefferson Hwy Ste G River Ridge, LA 70123	Health Center
11	Ochsner Health Center - Central 11424-2 Sullivan Rd Baton Rouge, LA 70818	Health Center
12	Ochsner Urgent Care - Luling 12895 US Highway 90 Ste H Luling, LA 70070	Health Center
13	Ochsner Urgent Care - Mandeville 2735 Highway 190 Ste D Mandeville, LA 70471	Health Center
14	Ochsner Health Center - Mandeville 2810 E Causeway Appr Mandeville, LA 70448	Health Center

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

Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

(list in order of size, from largest to smallest)

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

	Name and address	Type of Facility (describe)
76	Ochsner Urgent Care - Warehouse District 900 Magazine St New Orleans, LA 70130	Health Center
1	Ochsner Health Center - Denham Springs 30819 Hwy 16 Denham Springs, LA 70726	Health Center
2	Ochsner Health Center - Bay St Louis 202-A Drinkwater Blvd Bay St Louis, MS 39520	Health Center
3	Ochsner Health Center - Mid-City 411 N Carrollton Ave Ste 4 New Orleans, LA 70119	Health Center
4	Ochsner Health Center - Lockport 1015 Crescent Ave Lockport, LA 70374	Health Center
5	Ochsner Women's Health Center - Covington 71380 Hwy 21 Covington, LA 70433	Health Center
6	Therapy & Wellness - LaplaceRiver Parishes 506 Rue de Sante Laplace, LA 70068	Health Center
7	Ochsner Heart and Vascular Health Center - Hammond 16045 Doctors Blvd Hammond, LA 70403	Health Center
8	Ochsner Health Center for Children - Lafayette 1460 S College Road Lafayette, LA 70503	Health Center
9	Ochsner Health Center - Pearl River 64629 LA 41 Pearl River, LA 70452	Health Center
10	Ochsner Health Center - Old Metairie 123 Metairie Road Metairie, LA 70005	Health Center
11	Ochsner Fitness Center - Downtown 701 Poydras St Ste 1300 New Orleans, LA 70139	Fitness Center
12	Ochsner Health Center - Sherwood 170 McGehee Dr Baton Rouge, LA 70815	Health Center
13	Ochsner Occupational Health - Metairie 3530 Houma Blvd Ste 201 Metairie, LA 70006	Health Center
14	Ochsner Urgent Care - French Quarter 201 Decatur St New Orleans, LA 70130	Health Center

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

Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

(list in order of size, from largest to smallest)

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

	Name and address	Type of Facility (describe)
91	Ochsner Health Center - Bogalusa 2781-C South Columbia Bogalusa, LA 70427	Health Center
1	Ochsner Health Center - Lakeview 101 W Robert E Lee Blvd Ste 201 New Orleans, LA 70124	Health Center
2	Ochsner Health Center - Michoud 13800 Old Gentilly Rd Building 101 Suite 101-1-EC32 New Orleans, LA 70129	Health Center
3	Ochsner Health Center for Children Pediatric Subspecialties - Houma 8120 Main St Ste 303 Houma, LA 70360	Health Center
4	Ochsner Specialty Health Center - Cedar Lake 1721 Medical Park Dr Ste 200 Biloxi, MS 39532	Health Center
5	Pharmacy & Wellness - St Anne 108 Acadia Park Dr Raceland, LA 70394	Pharmacy
6	Ochsner Specialty Health Center - Cut Off 102 West 112th St Cut Off, LA 70345	Health Center
7	Ochsner Health Center - Diamondhead 5435 Gex Drive Diamondhead, MS 39525	Health Center
8	Ochsner Health Center - St James 1731 Lutcher Ave Lutcher, LA 70071	Health Center
9	Ochsner Health Center for Children - Jackson 2470 Flowood Dr Flowood, MS 39232	Health Center
10	Ochsner Health Center - Port Bienville 3068 Port and Harbor Drive Bay St Louis, MS 39525	Health Center
11	Ochsner Health Center for Children - Madison 401 Baptist Dr Ste 301 Madison, MS 39110	Health Center
12	Ochsner Health Center for Children - McComb 309 Llewellyn Ave McComb, MS 39648	Health Center

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Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

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

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

▶ **Attach to Form 990.**

▶ **Go to *www.irs.gov/Form990* for the latest information.**

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization
OCHSNER CLINIC FOUNDATION

Employer identification number
72-0502505

Part I General Information on Grants and Assistance

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

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

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of 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 . . . . . ▶ 48

3 Enter total number of other organizations listed in the line 1 table . . . . . ▶ 0

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: 18007697
Software Version: 2018v3.1
EIN: 72-0502505
Name: OCHSNER CLINIC FOUNDATION

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
LSU HEALTH SCIENCE CENTER SHREVEPORT 1501 KINGS HWY SHREVEPORT, LA 71103	36-4774713	501(c)(3)	110,000				GENERAL ASSISTANCE
UNITED NEGRO COLLEGE FUND 1100 POYDRAS ST NEW ORLEANS, LA 70163	13-1624241	501(c)(3)	75,000				GENERAL ASSISTANCE

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
UNIVERSITY OF NEW ORLEANS FOUNDATION 2021 Lakeshore Drive NEW ORLEANS, LA 70122	72-1051326	501(c)(3)	65,833				GENERAL ASSISTANCE
ANTI-DEFAMATION LEAGUE 605 Third Avenue NEW YORK, NY 10158	13-1818723	501(c)(3)	55,000				GENERAL ASSISTANCE

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 ACADEMY OF FAMILY PHYSICIANS FOUNDATION 919 TARA BLVD BATON ROUGE, LA 70806	58-1757802	501(c)(3)	50,000				GENERAL ASSISTANCE
2018 NOLA FOUNDATION 201 SAINT CHARLES AVE NEW ORLEANS, LA 70170	47-2294693	501(c)(3)	50,000				GENERAL ASSISTANCE

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 AREA FOUNDATION 100 North Street BATON ROUGE, LA 70802	72-6030391	501(c)(3)	50,000				GENERAL ASSISTANCE
AMERICAN CANCER SOCIETY 2605 River Road NEW ORLEANS, LA 70121	13-1788491	501(c)(3)	32,000				GENERAL ASSISTANCE

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
CRISTO REY BATON ROUGE 4000 ST GERARD AVE BATON ROUGE, LA 70805	47-2311473	501(c)(3)	31,000				GENERAL ASSISTANCE
FORWARD JEFFERSON CORPORATION 700 CHURCHILL PKWY AVONDALE, LA 70094	20-0334197	501(c)(3)	27,500				GENERAL ASSISTANCE

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 NORTHPARK BLVD COVINGTON, LA 70433	61-1517784	501(c)(3)	25,000				GENERAL ASSISTANCE
BETTER THAN EZRA FOUNDATION 1053 W Tunnel Blvd HOUMA, LA 70360	20-8014826	501(c)(3)	25,000				GENERAL ASSISTANCE

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
THE IDEA VILLAGE 900 CAMP STREET NEW ORLEANS, LA 70130	45-0470675	501(c)(3)	25,000				GENERAL ASSISTANCE
LEUKEMIA AND LYMPHOMA 3636 S 1-10 SERVICE ROAD W METAIRIE, LA 70001	13-5644916	501(c)(3)	25,000				GENERAL ASSISTANCE

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
UNITED STATES CATHOLIC CONFERENCE 7887 WALMSLEY AVE NEW ORLEANS, LA 70125	72-0408966	501(c)(3)	24,000				GENERAL ASSISTANCE
HOGS for the Cause PO BOX 792300 NEW ORLEANS, LA 70179	32-0273586	501(c)(3)	22,500				GENERAL ASSISTANCE

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
DELGADO COMMUNITY COLLEGE FOUNDATION 501 CITY PARK AVE NEW ORLEANS, LA 70119	72-1123204	501(c)(3)	22,000				GENERAL ASSISTANCE
TRES DOUX FOUNDATION PO BOX 792054 NEW ORLEANS, LA 70179	81-0762986	501(c)(3)	20,000				GENERAL ASSISTANCE

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 HEART ASSOCIATION INC 110 VETERANS MEMORIAL BLVD METAIRIE, LA 70005	13-5613797	501(c)(3)	17,500				GENERAL ASSISTANCE
CAGNOBREASTORATION 824 ELMWOOD PARK BLVD NEW ORLEANS, LA 70123	46-3045169	501(c)(3)	14,500				GENERAL ASSISTANCE

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
LEGACY DONOR FOUNDATION 2701 KINGMAN ST METAIRIE, LA 70006	72-1454097	501(c)(3)	13,500				GENERAL ASSISTANCE
LOUISIANA POLITICAL MUSEUM AND HALL OF FAME 499 East Main St Winnfield, LA 71483	35-2292622	501(c)(3)	12,500				GENERAL ASSISTANCE

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 ASSOCIATION OF BUSINESS AND INDUSTRY PO BOX 80258 BATON ROUGE, LA 70898	72-0780313	501(c)(6)	12,500				GENERAL ASSISTANCE
MANDEVILLE SOCCER CLUB 790 FLORIDA ST MANDEVILLE, LA 70448	72-1270410	501(c)(3)	10,150				GENERAL ASSISTANCE

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
AUDUBON NATURE INSTITUTE 1 canal st NEW ORLEANS, LA 70130	51-0157624	501(c)(3)	10,000				GENERAL ASSISTANCE
SBP-LONG-TERM HOME REBUILDING 2645 TOULOUSE STREET NEW ORLEANS, LA 70119	26-2189665	501(c)(3)	10,000				GENERAL ASSISTANCE

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 FIRST FOUNDATION 1001 Capitol Access Road BATON ROUGE, LA 70802	81-5192457	501(c)(3)	10,000				GENERAL ASSISTANCE
SISTERS OF THE HOLY FAMILY 6901 Chef Menteur HWY NEW ORLEANS, LA 70126	72-0445322	501(c)(3)	10,000				GENERAL ASSISTANCE

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
BOY SCOUTS OF AMERICA PO BOX 1146 METAIRIE, LA 70004	72-0408954	501(c)(3)	10,000				GENERAL ASSISTANCE
ST FRANCES CABRINI HOSPITAL FOUNDATION OF ALEXANDRIA 3330 MASONIC DRIVE ALEXANDRIA, LA 71301	72-0998302	501(c)(3)	10,000				GENERAL ASSISTANCE

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)	10,000				GENERAL ASSISTANCE
KENNER DISCOVER HEALTH SCIENCES ACADEMY 2504 MAINE AVE METAIRIE, LA 70003	45-3761886	501(c)(3)	10,000				GENERAL ASSISTANCE

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
METANOIA INC PO BOX 87279 BATON ROUGE, LA 70879	72-1179031	501(c)(3)	10,000				GENERAL ASSISTANCE
CHILDREN'S MUSEUM OF ST TAMMANY PO BOX 5351 COVINGTON, LA 70434	45-3788694	501(c)(3)	10,000				GENERAL ASSISTANCE

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
NEW ORLEANS MISSION SERVICES INC 625 DISTRIBUTORS ROW HARAHAN, LA 70123	72-1502114	501(c)(3)	10,000				GENERAL ASSISTANCE
GRACE AT THE GREEN LIGHT 330 CARDONDELET STREET NEW ORLEANS, LA 70130	47-1409798	501(c)(3)	10,000				GENERAL ASSISTANCE

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
FOREKIDS FOUNDATION 11005 LAPALCO BLVD AVONDALE, LA 70094	58-1940111	501(c)(3)	9,860				GENERAL ASSISTANCE
MARCH OF DIMES FOUNDATION 11960 BRICKSOME AVENUE BATON ROUGE, LA 70816	13-1846366	501(c)(3)	9,000				GENERAL ASSISTANCE

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
NEUROENDOCRINE CANCER AWARENESS NETWORK 2570 DEVENPORT PLACE NORTH BELTMORE, NY 11710	20-1544357	501(c)(3)	8,750				GENERAL ASSISTANCE
RIVER REGION CHAMBER OF COMMERCE 390 BELLE TERRE BLVD LA PLACE, LA 70068	81-0640374	501(c)(3)	7,945				GENERAL ASSISTANCE

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
STUART HALL 2032 S CARROLLTON AVE NEW ORLEANS, LA 70118	72-0988860	501(c)(3)	7,500				GENERAL ASSISTANCE
THE GREAT 100 NURSES FOUNDATION 2748 METAIRIE LAWN DRIVE METAIRIE, LA 70002	46-5606080	501(c)(3)	7,500				GENERAL ASSISTANCE

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)	7,500				GENERAL ASSISTANCE
MAYORS HEALTHY CITY INITIATIVE 222 ST LOUIS STREET BATON ROUGE, LA 70802	27-2515190	501(c)(3)	6,667				GENERAL ASSISTANCE

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
ST ROSE ELEMENTARY 230 PIRATE DRIVE ST ROSE, LA 70087	72-6001209	GOVERNMENTAL	6,000				GENERAL ASSISTANCE
URBAN LEAGUE OF LOUISIANA 4640 SOUTH CARROLTON AVE NEW ORLEANS, LA 70119	72-0423627	501(c)(3)	6,000				GENERAL ASSISTANCE

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
CYSTIC FIBROSIS FOUNDATION 6931 ARLINGTON RD BETHESDA, MD 20814	13-1930701	501(c)(3)	5,600				GENERAL ASSISTANCE
PUBLIC AFFAIRS RESEARCH COUNCIL OF LOUISIANA INC PO BOX 14776 BATON ROUGE, LA 70898	72-0436118	501(c)(3)	5,200				GENERAL ASSISTANCE

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Schedule J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

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

▶ **Attach to Form 990.**

▶ **Go to *www.irs.gov/Form990* for instructions and the latest information.**

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization
OCHSNER CLINIC FOUNDATION

Employer identification number
72-0502505

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropiate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items			
	☑ First-class or charter travel	☐ Housing allowance or residence for personal use		
	☑ Travel for companions	☐ Payments for business use of personal residence		
	☑ Tax idemnification and gross-up payments	☐ Health or social club dues or initiation fees		
	☐ Discretionary spending account	☐ Personal services (e g , maid, chauffeur, chef)		
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	**1b**	Yes	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?	**2**	Yes	
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III			
	☑ Compensation committee	☐ Written employment contract		
	☑ Independent compensation consultant	☑ Compensation survey or study		
	☑ Form 990 of other organizations	☑ Approval by the board or compensation committee		
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization			
a	Receive a severance payment or change-of-control payment?	**4a**	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 accured pursuant to a contract that was subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III	**8**		No
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	**9**		

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

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

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

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

Part III Supplemental Information

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

Return Reference	Explanation
Schedule J, Part I, Line 1a First-class or charter travel	OCHSNER OCCASIONALLY ALLOWS EMPLOYEES TO FLY FIRST-CLASS, SUCH AS WHEN OTHER SEATING IS NOT AVAILABLE OR FOR TRANS-OCEANIC FLIGHTS 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 OR COST-EFFECTIVE BECAUSE OF THE NUMBER OF INDIVIDUALS MAKING THE TRIP

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 PROVIDE THE DIRECTORS AND MANAGERS WITH INFORMATION AND TRAINING AS IT RELATES TO THEIR GOVERNANCE AT OCHSNER AS THESE EVENTS ARE RELATIONSHIP-BUILDING EVENTS, 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	OCHSNER GROSSES UP NON-CASH COMPENSATION TO BOARD MEMBERS AND OFFICERS FOR SPOUSAL TRAVEL TO THE BOARD AND MANAGEMENT DEVELOPMENTAL MEETINGS THESE EXPENSES ARE EVALUATED FOR INCOME TAX PURPOSES, AND IN SITUATIONS WHERE THEY ARE TAXABLE TO EMPLOYEES OR 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 2018 ALL OF THE BOARD MEMBERS AND OFFICERS, AND MANY OF THE KEY EMPLOYEES, RECEIVED GROSS UPS IN 2018

Return Reference	Explanation
Schedule J, Part I, Line 4a Severance or change-of-control payment	THE FOLLOWING SEVERANCE PAYMENT WAS MADE IN 2018, PURSUANT TO THE TERMS OF A SEPARATION AGREEMENT * WILLIAM A MCDADE, MD, PHD, EXECUTIVE VP & CHIEF ACADEMICS OFFICER, IN THE AMOUNT OF $301,671 68

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 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 2018 * WARNER THOMAS, PRESIDENT AND CHIEF EXECUTIVE OFFICER, DISTRIBUTION OF $809,002 * MICHAEL HULEFELD, EXECUTIVE VICE PRESIDENT AND CHIEF OPERATING OFFICER, NO DISTRIBUTION * 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, DISTRIBUTION OF $126,039 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 2018 THE FOLLOWING INDIVIDUALS 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 2018 * VINCENT R ADOLPH, MD, DISTRIBUTION OF $14,947 * BURKE J BROOKS, MD, DISTRIBUTION OF $23,837 * STEVEN B DEITELZWEIG, MD, DISTRIBUTION OF $46,102 * RICHARD D GUTHRIE, JR, MD, DISTRIBUTION OF $6,797 * DENNIS KAY, MD, DISTRIBUTION OF $24,139 * YVENS G LABORDE, MD, DISTRIBUTION OF $55,507 * GEORGE E LOSS, JR, MD, PHD, DISTRIBUTION OF $3,953 * DAWN M PUENTE, MD, DISTRIBUTION OF $9,213 * ALDO J RUSSO, MD, NO DISTRIBUTION * DANA H SMETHERMAN, MD, NO DISTRIBUTION * DAVID E TAYLOR, MD, DISTRIBUTION OF $5,258 * CRISTINA R WHEAT, NO DISTRIBUTION THE FOLLOWING PEOPLE PARTICIPATE IN FROM 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 2018 * FRANK A BOCKLUD, DISTRIBUTION OF $17,126 * BRADLEY R GOODSON, DISTRIBUTION OF $33,876 * RICHARD D GUTHRIE, JR, MD, DISTRIBUTION OF $31,876 * ROBERT I HART, MD, DISTRIBUTION OF $47,527 * YVENS G LABORDE, MD, DISTRIBUTION OF $16,563 * J ERIC MCMILLEN, DISTRIBUTION OF $24,875 * DAWN M PUENTE, MD, DISTRIBUTION OF $37,475 * BETH E WALKER, DISTRIBUTION OF $19,726 * ROBERT WOLTERMAN, DISTRIBUTION OF $32,863 * DAWN J ANUSZKIEWICZ, DISTRIBUTION OF $15,064

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 THERE IS DISCRETION AS TO THE AMOUNT OF INCENTIVE COMPENSATION FOR SENIOR MANAGEMENT IN ADDITION, NON-FIXED PAYMENTS WERE MADE IN 2018 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: 18007697
Software Version: 2018v3.1
EIN: 72-0502505
Name: OCHSNER CLINIC FOUNDATION

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
WARNER L THOMAS	(i)	1,338,936	2,937,500	865,246	406,633	19,161	5,567,476	383,761
PRESIDENT / CEO / BOARD MEMBER	(ii)	0	0	0	0	0	0	0
RICHARD E DEICHMANN MD	(i)	50,627	0	0	0	4,328	54,955	0
FMR BOARD MEMBER SR PHYS (TERM END 12/31/17)	(ii)	0	0	0	0	0	0	0
DENNIS KAY MD	(i)	608,493	29,487	37,853	27,652	18,396	721,881	20,852
FMR BOARD MEMBER SR PHYS (TERM END 12/31/17)	(ii)	0	0	0	0	0	0	0
VINCENT R ADOLPH MD	(i)	628,257	491	21,190	19,712	14,754	684,405	12,912
BOARD MEMBER/SENIOR PHYSICIAN	(ii)	0	0	0	0	0	0	0
KAREN B BLESSEY MD	(i)	217,516	97	18,415	6,800	2,076	244,904	0
BOARD MEMBER/SENIOR PHYSICIAN	(ii)	0	0	0	0	0	0	0
PEDRO CAZABON MD	(i)	356,223	47,809	10,267	12,104	19,310	445,713	0
BOARD MEMBER/SENIOR PHYSICIAN	(ii)	0	0	0	0	0	0	0
GEORGE E LOSS MD PHD	(i)	986,495	50,644	37,620	9,815	22,110	1,106,684	3,415
BOARD MEMBER/SENIOR PHYSICIAN (TERM END 12/31/18)	(ii)	0	0	0	0	0	0	0
TIMOTHY L RIDDELL MD	(i)	288,840	44,757	9,173	6,800	8,630	358,199	0
BOARD MEMBER/SENIOR PHYSICIAN	(ii)	0	0	0	0	0	0	0
LEONARDO B SEOANE MD	(i)	392,900	30,221	16,113	6,800	19,695	465,730	0
BOARD MEMBER/SENIOR PHYSICIAN (TERM END 12/31/18)	(ii)	0	0	0	0	0	0	0
DANA H SMETHERMAN MD	(i)	561,853	437	12,556	13,318	21,217	609,380	0
BOARD MEMBER/SENIOR PHYSICIAN	(ii)	0	0	0	0	0	0	0
VICTORIA A SMITH MD	(i)	279,646	40,238	18,918	6,800	15,183	360,786	0
BOARD MEMBER/SENIOR PHYSICIAN	(ii)	0	0	0	0	0	0	0
DAVID E TAYLOR MD	(i)	351,635	20,508	14,435	11,342	22,198	420,118	4,542
BOARD MEMBER/SENIOR PHYSICIAN	(ii)	0	0	0	0	0	0	0
BOBBY C BRANNON	(i)	376,244	302,941	157,061	6,800	14,390	857,436	0
EXEC VP & TREASURER (TERM END 10/1/18)	(ii)	0	0	0	0	0	0	0
MICHAEL F HULEFELD	(i)	779,153	450,058	26,591	196,566	26,043	1,478,411	0
EXEC VP & CHIEF OPERATING OFFICER	(ii)	0	0	0	0	0	0	0
PETER C NOVEMBER	(i)	702,964	450,010	19,602	223,492	23,165	1,419,234	0
SECRETARY/EXEC VP CHIEF ADMINISTRATIVE OFFICER	(ii)	0	0	0	0	0	0	0
SCOTT J POSECAI	(i)	654,975	401,635	48,982	256,421	16,105	1,378,118	0
EXEC VP & CHIEF FINANCIAL OFFICER	(ii)	0	0	0	0	0	0	0
MARK A FRENCH	(i)	223,684	67,723	1,180	6,800	19,988	319,374	0
FORMER KEY EMPLOYEE	(ii)	0	0	0	0	0	0	0
BETH E WALKER	(i)	294,180	60,000	22,948	6,800	7,167	391,096	0
FORMER KEY EMPLOYEE	(ii)	0	0	0	0	0	0	0
DAWN J ANUSZKIEWICZ	(i)	311,991	60,894	28,359	6,800	20,071	428,115	0
CEO-BAPTIST	(ii)	0	0	0	0	0	0	0
STEVEN B DEITELZWEIG MD	(i)	397,384	32,738	57,878	12,655	22,131	522,786	35,130
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)	421,166	138,294	86,680	6,497	19,250	671,888	0
CEO NORTHSHORE REGION	(II)	0	0	0	0	0	0	0
RICHARD D GUTHRIE JR MD	(I)	449,428	150,000	49,701	12,672	17,554	679,355	5,872
CHIEF QUALITY OFFICER	(II)	0	0	0	0	0	0	0
ROBERT I HART MD	(I)	606,342	325,010	81,081	6,800	18,573	1,037,806	0
EXEC VP-CHIEF MEDICAL OFFICER	(II)	0	0	0	0	0	0	0
YVENS G LABORDE MD	(I)	332,294	65,642	93,230	13,849	20,531	525,546	42,296
REG MED DIR, WB REG	(II)	0	0	0	0	0	0	0
WILLIAM A MCDADE MD PHD	(I)	192,427	210,810	336,605	0	10,794	750,636	0
EXEC VP-CHIEF ACADEMIC OFFICER	(II)	0	0	0	0	0	0	0
J Eric MCMILLEN	(I)	320,219	110,000	37,374	6,800	19,383	493,776	0
CEO, BATON ROUGE REGION	(II)	0	0	0	0	0	0	0
DAWN M PUENTE MD	(I)	374,825	125,220	60,108	14,759	17,877	592,789	7,959
REG MED DIR, NO COMM HOSP	(II)	0	0	0	0	0	0	0
ALDO J RUSSO MD	(I)	513,362	41,500	25,272	8,363	20,769	609,266	0
REGIONAL MEDICAL DIRECTOR	(II)	0	0	0	0	0	0	0
ARMIN SCHUBERT MD	(I)	537,087	60,300	13,068	6,800	17,168	634,422	0
VPMA-OMC-JEFF HWY	(II)	0	0	0	0	0	0	0
ROBERT WOLTERMAN	(I)	484,508	158,201	48,954	6,800	19,508	717,971	0
CEO OMC-JEFF HWY	(II)	0	0	0	0	0	0	0
BURKE J BROOKS MD	(I)	996,472	2,885	43,424	27,391	19,256	1,089,429	20,591
SENIOR PHYSICIAN	(II)	0	0	0	0	0	0	0
PAUL C CELESTRE MD	(I)	1,294,071	435	33,586	6,800	23,086	1,357,979	0
SENIOR PHYSICIAN	(II)	0	0	0	0	0	0	0
SEBASTIAN F KOGA MD	(I)	1,418,229	0	45,702	6,800	11,960	1,482,691	0
PHYSICIAN-SECTION HEAD	(II)	0	0	0	0	0	0	0
BENJAMIN B PEELER MD	(I)	2,148,928	0	44,310	6,800	14,086	2,214,124	0
PHYSICIAN-SECTION HEAD	(II)	0	0	0	0	0	0	0
MARCUS L WARE MD	(I)	935,965	600	-1,951	6,800	25,321	966,735	0
SR PHYSICIAN	(II)	0	0	0	0	0	0	0

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Schedule K (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax-Exempt Bonds

▶ Complete if the organization answered "Yes" to Form 990, Part VI, line 24a. Provide descriptions, explanations, and any additional information in Part VI.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization
OCHSNER CLINIC FOUNDATION

Employer identification number
72-0502505

Part I Bond Issues

	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
							Yes	No	Yes	No	Yes	No
A	LOUISIANA PUBLIC FACILITIES AUTHORITY SERIES 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	6,120,000		0	
2	Amount of bonds legally defeased	0	1,600,000	0	
3	Total proceeds of issue	121,536,607	174,368,478	459,620,697	
4	Gross proceeds in reserve funds	0	0		
5	Capitalized interest from proceeds	0	0	0	
6	Proceeds in refunding escrows	0	159,545,619	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	176,596,278	
11	Other spent proceeds	120,274,150	12,728,814	278,661,562	
12	Other unspent proceeds	0	0	0	
13	Year of substantial completion	2015	2016		

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue?		X		X	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		

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

Additional Data

Software ID: 18007697
Software Version: 2018v3.1
EIN: 72-0502505
Name: OCHSNER CLINIC FOUNDATION

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

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Schedule L (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions with Interested Persons

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.**
▶ **Attach to Form 990 or Form 990-EZ.**
▶**Go to *www.irs.gov/Form990* for the latest information.**

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization
OCHSNER CLINIC FOUNDATION

Employer identification number
72-0502505

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

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

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

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

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

Part II Loans to and/or From Interested Persons.

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

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

Part III Grants or Assistance Benefiting Interested Persons.

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

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

Part IV Business Transactions Involving Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) RENEE REYMOND MD	WIFE OF MR HULEFELD, AN OFFICER OF OCF	47,428	COMPENSATION AS A PHYSICIAN		No
(2) RICHARD D GUTHRIE III	SON OF DR GUTHRIE, A KEY EMPLOYEE OF OCF	58,318	COMPENSATION AS A RN		No
(3) ALEXIS GUTHRIE	DAUGHTER-IN-LAW OF DR GUTHRIE, A KEY EMPLOYEE OF OCF	40,039	COMPENSATION AS A RN		No
(4) ANDREW GUTHRIE MD	SON OF DR GUTHRIE, A KEY EMPLOYEE OF OCF	52,448	COMPENSATION AS A RESIDENT		No
(5) JACLYN POSECAI	WIFE OF SCOTT POSECAI, OFFICER	60,765	COMPENSATION AS EMPLOYEE		No
(6) SUSAN NELSON	WIFE OF DR ROBERT HART, KEY EMPLOYEE OF OCF	326,459	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.
▶Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047

2018

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	1	150	Market value
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods	X		260	Market value
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded	X	3	14,084	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	14	44,838	Market value
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (Miscellaneous)	X	19	40,573	Market value
26 Other ▶ (Miscellaneous)	X	7	3,304	Cost
27 Other ▶ ( )				
28 Other ▶ ( )				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement — 29: 0

		Yes	No
30a	During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?		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?	Yes	
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		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 - This organization is reporting the number of contributions and/or the number of items received Securities - Publicly traded - This organization is reporting the number of contributions and/or the number of items received Food inventory - This organization is reporting the number of contributions and/or the number of items received Other - Miscellaneous This organization is reporting the number of contributions and/or the number of items received Other - Miscellaneous This organization is reporting the number of contributions and/or the number of items received

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SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.
▶ Go to *www.irs.gov/Form990* for the latest information.

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization
OCHSNER CLINIC FOUNDATION

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 $ 12,256,902) Ochsner Fitness Center Designed to meet the health and fitness goals of its members, Ochsner Fitness Center ("t he 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 O chsner's patient care services through its medical fitness referral program and it's physi cal and occupational therapy services The fitness center also provides outreach to the co mmunity, 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 Och sner Clinic Foundation rents its physical plant to related 501(c)(3) organizations The ma jority of the rental is to Brent House Corporation, a wholly-owned subsidiary and exempt 5 01(c)(3) organization Brent House fully reimburses Ochsner for expenses related to the Ho tel

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 $ 16,310) Ochsner maintains a free pa rking garage for employees and patients Revenue is attributable to the optional valet par king 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 $ 3,095,461) Program Related Investments Equit y 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 rega rd to the arrangement and to ensure tax compliance The operations of the joint venture ar e carefully reviewed by management and legal counsel, and the transaction is not entered i nto unless it is a reflection of the organization's tax-exempt purpose

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 SITUATION S WHERE THERE IS NOT AN ABSOLUTE MAJORITY OF INDEPENDENT DIRECTORS IN OFFICE, THOSE INDEPE NDENT DIRECTORS IN OFFICE CONTROL OCHSNER CLINIC FOUNDATION'S ACTIVITIES THE FOLLOWING AC TIONS REQUIRE THE MAJORITY APPROVAL OF TOTAL MEMBERS OF THE SENIOR PHYSICIAN CLASS, REGARD LESS 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 APPR OVAL BY TWO-THIRDS 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 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 A COPY OF THE RETURN IS THEN PROVIDED TO EACH MEMBER OF THE BOARD OF DIRECTORS ELECTRONICALLY AND COMMENTS ARE SOLICITED FROM TH E 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 CLINIC FOUNDATION AND ITS SUBS IDIARIES AND AFFILIATES ARE REQUIRED TO COMPLETE A CONFLICT OF INTEREST DISCLOSURE FORM AN NUALLY, OR WITHIN 40 DAYS OF BECOMING AN EMPLOYEE, OR IF A CURRENT EMPLOYEE HAS A CHANGE I N BUSINESS CIRCUMSTANCES NOT PREVIOUSLY DISCLOSED THE CONFLICT OF INTEREST PROGRAM ADMINI STRATOR REVIEWS DISCLOSURES AND DETERMINES WHETHER ACTION IS NECESSARY OR IF THE DISCLOSUR E NEEDS TO BE REVIEWED BY THE CONFLICT OF INTEREST STEERING COMMITTEE THE CONFLICT OF INT EREST STEERING COMMITTEE WILL MAKE MITIGATION RECOMMENDATIONS, INCLUDING, BUT NOT LIMITED TO, DIVESTITURE AND TERMINATION OF BUSINESS RELATIONSHIPS OCHSNER CLINIC FOUNDATION REQUI RES 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 TH E CONFLICT OF INTEREST DISCLOSURE POLICY ANNUALLY COMPLETE CONFLICT OF INTEREST TRAINING I N 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 INC ENTIVE PLANS, ARE REVIEWED AND APPROVED BY THE EXECUTIVE AND SENIOR PHYSICIAN COMPENSATION COMMITTEE OF THE BOARD OF DIRECTORS (COMPENSATION COMMITTEE) NO SUBSTANTIVE CHANGE TO TH E COMPENSATION OR BENEFITS PACKAGES IS MADE UNTIL COMMITTEE APPROVAL IS GRANTED IN ACCORDA NCE WITH INTERMEDIATE SANCTIONS GUIDELINES THE COMPENSATION COMMITTEE IS WITHOUT CONFLICT S 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 DOC UMENTED IN ORDER TO MEET THE REQUIREMENTS OF THE IRS INTERMEDIATE SANCTIONS REGULATIONS, THE COMPENSATION COMMITTEE IDENTIFIED THE "DISQUALIFIED INDIVIDUALS" THAT ARE IN A POSITIO N TO EXERCISE SUBSTANTIAL INFLUENCE OVER THE COMPANY'S OPERATIONS THESE INDIVIDUALS ARE T HE MEMBERS OF THE EXECUTIVE OFFICERS COMMITTEE (EOC), REGIONAL MEDICAL DIRECTORS, PHYSICIA N BOARD MEMBERS AND SECTION HEADS FOR KEY DEPARTMENTS FOR DISQUALIFIED INDIVIDUALS, THE C OMPENSATION REVIEW ALSO INCLUDES THE COST OF BENEFITS SUCH AS THE COMPANY PORTION OF MEDIC AL AND DENTAL BENEFITS, MALPRACTICE INSURANCE, PAYMENTS FOR 401K MATCHING AND PENSION PAYM ENTS

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, A ND SR PHYSICIAN BOARD MEMBERS A DIFFERENT REVIEW PROCESS IS USED FOR PHYSICIANS ANNUALLY , THE PHYSICIAN COMPENSATION DEPARTMENT REVIEWS THE COMPENSATION OF EACH EMPLOYED PHYSICIA N THIS REVIEW INCLUDES A COMPARISON OF PHYSICIAN SALARIES AGAINST NATIONAL SURVEY DATA FO R THEIR SPECIALTY THE PHYSICIAN COMPENSATION DEPARTMENT COMPILES THE COMPENSATION DATA FO R EACH PHYSICIAN INCLUDING BASE SALARY, STIPENDS, ON-CALL PAY, ETC EACH PHYSICIAN'S COMPE NSATION AS WELL AS THE TOTAL WORK RELATIVE VALUE UNITS (RVUS) ARE COMPARED TO THE SURVEY D ATA COMPENSATION FOR OTHER NON-OFFICER AND NON-PHYSICIAN KEY EMPLOYEES IS REVIEWED BY SEN IOR EXECUTIVES WHO TAKE MARKET VALUE RESEARCH INTO CONSIDERATION WHEN DETERMINING COMPENSA TION 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 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 OCHS NER 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 THE AMOUNT OF TIME SHOWN FOR EACH AS "AVERAGE H OURS PER WEEK DEVOTED TO POSITION" CONSISTS PRIMARILY OF HIS/HER TIME SPENT ON HIS/HER ROL E WITH OCHSNER CLINIC FOUNDATION IN REALITY, HIS/HER TIME IS SPENT ON FULFILLING RESPONSI BILITIES THROUGH THEIR ROLES WITH THE RELATED ORGANIZATION AND/OR ACROSS ALL OTHER ORGANIZ ATIONS 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	- Total Revenue 2047229, Related or Exempt Function Revenue , Unrelated Business Revenue , Revenue Excluded from Tax Under Sections 512, 513, or 514 2047229,

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VIII, Line 11d Other Miscellaneous Revenue	LABORATORY SERVICES - Total Revenue 540671, Related or Exempt Function Revenue , Unrelat ed Business Revenue 540671, Revenue Excluded from Tax Under Sections 512, 513, or 514 , NUCLEAR MEDICINE PREP MANUF - Total Revenue 1288485, Related or Exempt Function Revenue , Unrelated Business Revenue 647070, Revenue Excluded from Tax Under Sections 512, 513, o r 514 641415, LA TAX CREDIT - Total Revenue 1202805, Related or Exempt Function Revenue , Unrelated Business Revenue , Revenue Excluded from Tax Under Sections 512, 513, or 514 1202805,

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 - -11884506, Pension-related changes other than net periodic pension costs - -13197220, Change in Net Assets for subsidiaries - 1037284, Investment Gains (Losses) included in Restricted Net Assets - -2836000, Net Assets released for Operations - -5155000, Other Changes in Net Assets or Fund Balances - 26106,

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

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SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047

2018

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	(g) No
(1)BRENT HOUSE CORPORATION 1512 JEFFERSON HIGHWAY NEW ORLEANS, LA 70121 72-0872457	RENTS HOTEL ROOMS TO PATIENTS/GUESTS	LA	501(c)(3)	Type I	Ochsner Clinic Foundation	Yes	
(2)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	
(3)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	
(4)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	
(5)OMCNS MEDICAL FACILITIES INC 1514 JEFFERSON HIGHWAY NEW ORLEANS, LA 70121 47-2642764	REAL ESTATE TITLE HOLDING COMPANY	LA	501(c)(2)		Ochsner Clinic Foundation	Yes	
(6)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) Disproprtionate allocations? Yes	(h) No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership
(1) OCHSNER HEALTH PARTNERS LLC (UNTIL 12218) 2941 LAKE VISTA DRIVE LEWISVILLE, TX 75067 81-1116852	HEALTHCARE	DE	Ochsner Clinic Foundation	Related	0	0		No	0		No	0 50 %

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity? Yes	(i) No
(1)COMMUNITY MEDICAL GROUP-ST CHARLES INC 320 SOMERULOS ST BATON ROUGE, LA 708026129 46-3447107	CLINICAL SERVICES	LA	Satyr Clinical Services Inc	C Corporation	0	0	100 %	Yes	
(2)DEUTERON REALTY 1514 JEFFERSON HIGHWAY NEW ORLEANS, LA 70121 72-1079347	NOMINEE REAL ESTATE CORPORATION	LA	NA	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	NA	C Corporation	2,750,000	59,773	100 %	Yes	
(4)SATYR CLINICAL SERVICES INC 2801 VIA FORTUNA STE 500 AUSTIN, TX 78746 46-4147298	MEDICAL SERVICES-INDIGENT CARE	LA	NA	C Corporation	1,226,925	947,876	100 %	Yes	
(5)MILLENNIUM HEALTHCARE MANAGEMENT INC 3510 N CAUSEWAY BLVD STE 110 METAIRIE, LA 70002 27-4327342	MEDICAL SERVICES	LA	NA	C Corporation	15,052,000	1,024,000	100 %	Yes	

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

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

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

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

See Additional Data Table

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

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

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

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

Part VII Supplemental Information

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

Return Reference	Explanation
Schedule R, Part IV Related Organizations Taxable as a Corporation or Trust	OCHSNER CLINIC FOUNDATION IS SOLE MEMBER OF SATYR CLINICAL SERVICES, INC AND HYDRA CLINICAL SERVICES, INC , BOTH LOUISIANA NON-PROFIT CORPORATIONS 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, HYDRA CLINICAL SERVICES, INC , 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 IN JANUARY 2017, OCHSNER CLINIC FOUNDATION COMPLETED THE ACQUISITION OF MILLENNIUM HEALTHCARE MANAGEMENT, INC WHICH ADDED 12 URGENT CARE AND 4 OCCUPATIONAL HEALTH CLINIC LOCATIONS TO PROVIDE BETTER ACCESS TO THE APPROPRIATE CARE AT A WIDER RANGE OF DESTINATIONS

Return Reference	Explanation
Schedule R, Part I OCHSNER HEALTH PARTNERS, LLC	ON 1/1/18, OCHSNER CLINIC FOUNDATION OWNED 51% OF OCHSNER HEALTH PARTNERS, LLC ON 1/22/18, OCHSNER ACQUIRED THE MINORITY INTEREST IN OCHSNER HEALTH PARTNERS, LLC, WHICH RESULTED IN OCHSNER HAVING 100% MEMBERSHIP IN THE LLC, AND IT BECAME A DISREGARDED ENTITY

Additional Data

Software ID: 18007697
Software Version: 2018v3.1
EIN: 72-0502505
Name: OCHSNER CLINIC FOUNDATION

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary Activity	(c) Legal Domicile (State or Foreign Country)	(d) Total income	(e) End-of-year assets	(f) Direct Controlling Entity
(1) 1201 Dickory LLC 1514 Jefferson Highway New Orleans, LA 70121 72-0502505	Real Estate Title-Holding Company	LA	0	0	Ochsner Clinic Foundation
(1) Chabert Operational Management Company LLC 1514 Jefferson Highway New Orleans, LA 70121 46-2840691	Performs Hospital Management Services	LA	25,526,914	8,710,673	Ochsner Clinic Foundation
(2) Clinical Operational Management Company LLC 1514 Jefferson Highway New Orleans, LA 70121 83-2040090	Performs Physician/Clinical Management Services	LA	585,304	163,916	Ochsner Clinic Foundation
(3) East Baton Rouge Medical Center LLC 17000 Medical Center Dr Baton Rouge, LA 70816 20-1729674	Patient Care	DE	276,231,241	93,467,467	Ochsner Clinic Foundation
(4) East Jefferson After Hours - Kenner LLC 3510 N Causeway Blvd Suite 110 Metairie, LA 70002 75-3045183	Patient Care	DE	2,055,223	1,293,379	Ochsner Urgent Care 1 LLC
(5) East Jefferson After Hours Metairie LLC 3510 N Causeway Blvd Suite 110 Metairie, LA 70002 20-3802765	Patient Care	DE	2,973,650	249,836	Ochsner Urgent Care 1 LLC
(6) 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	295,633	855,104	Ochsner Clinic Foundation
(7) iO LLC 1514 Jefferson Highway New Orleans, LA 70121 72-0502505	Foster and support patient centered innovative health care solutions	LA	209,428	184,821	Ochsner Clinic Foundation
(8) Lakeview Urgent Care LLC 3510 N Causeway Blvd Suite 110 Metairie, LA 70002 45-3935671	Patient Care	DE	2,210,498	411,846	Ochsner Urgent Care 1 LLC
(9) Luling Urgent Care LLC 3510 N Causeway Blvd Suite 110 Metairie, LA 70002 45-3935716	Patient Care	DE	1,395,514	424,320	Ochsner Urgent Care 1 LLC
(10) Ochsner Accountable Care Network 1514 Jefferson Highway New Orleans, LA 70121 45-5446191	Accountable Care Organization	LA	5,119,608	837,591	Ochsner Clinic Foundation
(11) Ochsner Bayou LLC 4608 Highway 1 Raceland, LA 70394 20-4670876	Operation of Ochsner St Anne General Hospital	LA	46,525,516	23,781,054	Ochsner Clinic Foundation
(12) Ochsner Baptist Medical Center LLC 1514 Jefferson Hwy New Orleans, LA 70121 20-5432631	inactive holding company	LA	0	0	Ochsner Clinic Foundation
(13) Ochsner Center for Molecular Imaging LLC 1514 Jefferson Highway New Orleans, LA 70121 47-1743566	produce imaging agents for clinical and research applications	LA	1,288,485	206,873	Ochsner Clinic Foundation
(14) Ochsner Clinic LLC 1514 Jefferson Highway New Orleans, LA 70121 72-0276883	Physician Services	LA	850,444,215	-214,687,360	Ochsner Clinic Foundation
(15) Ochsner Health Foundation LLC 1514 Jefferson Highwy New Orleans, LA 70121 45-2211764	Philanthropic Support	LA	7,288	64,590	Ochsner Clinic Foundation
(16) Ochsner Health Network LLC 1514 Jefferson Highway New Orleans, LA 70121 47-2540787	Operates a Network of healthcare organizations	LA	35,287,178	35,788,847	Ochsner Clinic Foundation
(17) Ochsner Health Partners Hospital LLC 2941 Lake Vista Drive Lewisville, TX 75067 36-4827436	Leasehold	DE	0	0	Ochsner Health Partners LLC
(18) Ochsner Home Medical Equipment LLC 1514 Jefferson Highway New Orleans, LA 70121 72-0502505	Sales of Durable Medical Equipment to Patients	LA	10,779,625	6,493,441	Ochsner Clinic Foundation
(19) Ochsner Medical Center - Hancock LLC 1514 Jefferson Highway New Orleans, LA 70121 82-2869576	Patient Care	MS	20,100,096	38,918,396	N/A

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
(21) Ochsner Medical Center-Kenner LLC 1514 Jefferson Highway New Orleans, LA 70121 20-5432782	Operation of Ochsner Medical Center-Kenner	LA	190,332,457	18,862,360	Ochsner Clinic Foundation
(1) Ochsner Medical Center - Northshore LLC 1514 Jefferson Highway New Orleans, LA 70121 27-1770321	Patient Care	LA	108,946,818	36,734,756	Ochsner Clinic Foundation
(2) Ochsner Medical Center Westbank LLC 1514 Jefferson Highway New Orleans, LA 70121 20-5432716	Patient Care	LA	0	0	Ochsner Clinic Foundation
(3) Ochsner Mississippi LLC 1514 Jefferson Highway New Orleans, LA 70121 75-3009725	Patient Care	LA	3,957,038	3,384,685	Ochsner Clinic Foundation
(4) Ochsner Outpatient and Home Infusion Pharmacy LLC 1514 Jefferson Highway New Orleans, LA 70121 83-2662144	Pharmacy	LA	0	0	Ochsner Clinic Foundation
(5) Ochsner Pharmacy and Wellness LLC 1514 Jefferson Highway New Orleans, LA 70121 46-5235153	Sale and distribution of health care products	LA	88,842,593	33,626,239	Ochsner Clinic Foundation
(6) Ochsner Physician Partners LLC 1514 Jefferson Highway New Orleans, LA 70121 45-4962130	Operates a Clinically Integrated Network of Physicians and Hospitals	LA	31,070,660	3,095,005	Ochsner Clinic Foundation
(7) 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
(8) Ochsner Urgent Care 1 LLC 1514 Jefferson Highway New Orleans, LA 70121 81-5088821	Holding company	LA	0	0	Ochsner Clinic LLC
(9) OLH Operational Management Company LLC 1514 Jefferson Highway New Orleans, LA 70121 83-2034040	Performs Hospital Management Services	LA	12,933,150	9,825,499	Ochsner Clinic Foundation
(10) 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	43,357	0	Ochsner Medical Center-Kenner LLC
(11) Southern Strategic Sourcing Partners LLC 1514 Jefferson Highway New Orleans, LA 70121 47-2552418	Reduce supply costs for members	LA	3,701,767	2,192,681	Ochsner Clinic Foundation
(12) Sculpting Center of New Orleans LLC 4500 Clearview Pkwy Metairie, LA 70006 46-3469427	Patient Care	LA	560,194	145,217	Ochsner Clinic Foundation
(13) St Bernard Operational Management Company 1514 Jefferson Highway New Orleans, LA 70121 82-2875545	Performs Hospital Management Services	LA	6,225,003	7,729,280	Ochsner Clinic Foundation
(14) St Charles Operational Management Company 1514 Jefferson Highway New Orleans, LA 70121 47-1714076	Performs Hospital Management Services	LA	7,489,854	6,839,751	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
(1)	Brent House Corporation	A	2,047,230	Intercompany Billings - Mkt Value
(1)	Hydra Clinical Services	B	2,750,000	Cash transferred
(2)	Paeon Health Services Inc	B	2,465,000	Cash transferred
(3)	Satyr Clinical Services Inc	B	13,000,000	Cash transferred
(4)	Brent House Corporation	K	2,089,929	Intercompany Billings - Mkt Value
(5)	Millennium Healthcare Management Inc	K	262,851	Intercompany Billings - Mkt Value
(6)	Paeon Health Services Inc	L	29,780	Intercompany Billings - Mkt Value
(7)	Satyr Clinical Services Inc	L	24,836	Intercompany Billings - Mkt Value
(8)	Brent House Corporation	M	1,170,162	Intercompany Billings - Mkt Value
(9)	Millennium Healthcare Management Inc	R	14,672,002	Intercompany Billings - Mkt Value
(10)	Brent House Corporation	Q	754	Intercompany Billings - Mkt Value
(11)	Millennium Healthcare Management Inc	Q	13,931,257	Intercompany Billings - Mkt Value