

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
2019
Open to Public Inspection

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

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 \$ 4,114,959,884

F Name and address of principal officer:
Warner L Thomas
1514 Jefferson Highway BH 546
NEW ORLEANS, LA 70121

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

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

H(c) Group exemption number ▶

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	20
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 2019 (Part V, line 2a)	5	26,623
6 Total number of volunteers (estimate if necessary)	6	1,076
7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	30,203,625
b Net unrelated business taxable income from Form 990-T, line 39	7b	808,363

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	12,689,575	20,969,352
9 Program service revenue (Part VIII, line 2g)	3,252,702,034	3,404,470,042
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	35,912,341	17,858,247
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	92,397,774	302,979,703
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	3,393,701,724	3,746,277,344
13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	1,525,105	2,202,992
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)	1,585,979,362	1,799,802,328
16a Professional fundraising fees (Part IX, column (A), line 11e)		0
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 5,334,906		
17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	1,653,399,996	1,783,227,007
18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	3,240,904,463	3,585,232,327
19 Revenue less expenses. Subtract line 18 from line 12	152,797,261	161,045,017
	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	2,930,887,555	3,490,558,630
21 Total liabilities (Part X, line 26)	1,912,672,989	2,284,316,606
22 Net assets or fund balances. Subtract line 21 from line 20	1,018,214,566	1,206,242,024

Part II Signature Block

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

Sign Here
Signature of officer: *****
Date: 2020-11-12
Type or print name and title: Scott J Posecai EVP, Treasurer, and CFO

Paid Preparer Use Only
Print/Type preparer's name: ERNST & YOUNG US LLP
Preparer's signature: [Signature]
Date: [Date]
Check if self-employed
PTIN: P01207335
Firm's EIN: ▶ 34-6565596
Firm's address: ▶ 425 HOUSTON ST SUITE 600 FORT WORTH, TX 761027427
Phone no. (817) 335-1900

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 \$ 2,890,773,863 including grants of \$ 2,202,992) (Revenue \$ 3,368,471,324)
See Additional Data

4b (Code:) (Expenses \$ 40,273,243 including grants of \$) (Revenue \$ 11,234,048)
See Additional Data

4c (Code:) (Expenses \$ 20,755,922 including grants of \$) (Revenue \$ 12,279,008)
See Additional Data

See Additional Data Table

4d Other program services (Describe in Schedule O.)
(Expenses \$ 13,843,631 including grants of \$) (Revenue \$ 12,485,662)

4e Total program service expenses ▶ 2,965,646,659

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 	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 	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		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 	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		
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		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		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		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		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 	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. 	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 	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		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 	Yes	
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 	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 	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII		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 	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	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 	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 	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		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)		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 	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		No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 	Yes	
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 	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 	Yes	

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 22 through 38 regarding organizational reporting, compensation, tax-exempt bonds, and controlled entities.

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 [checked]

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 1a, 1b, and 1c regarding Form 1096, Forms W-2G, and backup withholding rules.

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

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 26,623			
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? <i>If "No" to line 3b, provide an explanation in Schedule O</i> . . .		3b Yes		
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . . .		4a Yes		
b If "Yes," enter the name of the foreign country: ▶ EI , BD , CJ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).				
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . .		5a	No	
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5b		No
c If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		5c		
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		6a		No
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		6b		
7 Organizations that may receive deductible contributions under section 170(c).				
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		7a Yes		
b If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b Yes		
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		7c		No
d If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		7e		No
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . .		7f		No
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		7g		
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		7h Yes		
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		
9 Sponsoring organizations maintaining donor advised funds.				
a 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?				
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? <i>If "No," provide an explanation in Schedule O</i> . . .		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

Table with 3 columns: Question, Yes, No. Rows include: 1a (20), 1b (10), 2 (Yes), 3 (No), 4 (No), 5 (No), 6 (No), 7a (No), 7b (No), 8a (Yes), 8b (Yes), 9 (No).

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

Table with 3 columns: Question, Yes, No. Rows include: 10a (Yes), 10b (Yes), 11a (Yes), 12a (Yes), 12b (Yes), 12c (Yes), 13 (Yes), 14 (Yes), 15a (Yes), 15b (Yes), 16a (Yes), 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.
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:

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 434,684			
	b Membership dues	1b 0			
	c Fundraising events	1c 1,486,387			
	d Related organizations	1d 0			
	e Government grants (contributions)	1e 2,322,887			
	f All other contributions, gifts, grants, and similar amounts not included above	1f 16,725,394			
	g Noncash contributions included in lines 1a - 1f: \$	1g 264,188			
	h Total. Add lines 1a-1f		20,969,352		

Program Service Revenue			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
		Business Code				
2a Patient Service Revenue		621110	3,368,471,324	3,332,530,488		35,940,836
b Education Revenue		611600	11,234,048	11,234,048		
c Research Revenue		900099	12,279,008	12,279,008		
d Ochsner Fitness Center		713940	13,498,808	10,464,487		3,034,321
e Program Related Investments		523000	-3,059,936	-2,431,418	-628,523	5
f All other program service revenue			2,046,790	0	0	2,046,790
g Total. Add lines 2a-2f.			3,404,470,042			

Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			12,806,960		33,105	12,773,855
	4 Income from investment of tax-exempt bond proceeds			14,838			14,838
	5 Royalties			439,083			439,083
	6a Gross rents	(i) Real					
		(ii) Personal					
		6a	13,118,856				
		b Less: rental expenses	6b 15,813,562				
	c Rental income or (loss)	6c -2,694,706	0				
	d Net rental income or (loss)			-2,694,706			-2,694,706
	7a Gross amount from sales of assets other than inventory	(i) Securities					
		(ii) Other					
		7a	243,828,074	2,959,705			
		b Less: cost or other basis and sales expenses	7b 240,138,092	1,613,238			
	c Gain or (loss)	7c 3,689,982	1,346,467				
	d Net gain or (loss)			5,036,449			5,036,449
	8a Gross income from fundraising events (not including \$ 1,486,387 of contributions reported on line 1c). See Part IV, line 18						
		8a		733,300			
		b Less: direct expenses	8b 1,570,279				
	c Net income or (loss) from fundraising events			-836,979			-836,979
	9a Gross income from gaming activities. See Part IV, line 19						
9a							
b Less: direct expenses		9b					
c Net income or (loss) from gaming activities							
10a Gross sales of inventory, less returns and allowances							
	10a		127,256,785				
	b Less: cost of goods sold	10b 109,547,369					
c Net income or (loss) from sales of inventory			17,709,415		536,880	17,172,535	
Miscellaneous Revenue		Business Code					
11a Management Services Revenue		541611	224,696,530		19,882,936	204,813,594	
b NUCLEAR MEDICINE PREPARATIONS MANUFACTURING		325412	1,014,999		1,014,999		
c NONRESIDENTIAL PROPERTY MANAGEMENT		531312	1,813,350		1,813,350		
d All other revenue			60,838,011	0	7,550,878	53,287,133	
e Total. Add lines 11a-11d			288,362,890				
12 Total revenue. See instructions			3,746,277,344	3,364,076,613	30,203,625	331,027,754	

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	2,124,165	2,124,165		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.	78,827	78,827		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	23,647,365	8,181,259	15,466,106	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)	629,035	562,990	66,045	
7 Other salaries and wages	1,596,130,704	1,324,386,178	268,651,885	3,092,641
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	37,647,576	32,496,891	5,074,527	76,158
9 Other employee benefits	42,010,121	32,520,274	9,385,536	104,311
10 Payroll taxes	99,737,527	80,480,353	19,026,920	230,254
11 Fees for services (non-employees):				
a Management	2,070,884		2,070,884	
b Legal	28,366,680	9,705,234	18,652,276	9,170
c Accounting	1,286,419	52,030	1,234,389	
d Lobbying	588,865		588,865	
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	1,395,410		1,395,410	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	250,496,506	192,790,791	56,993,509	712,206
12 Advertising and promotion	17,198,299	1,018,310	16,177,658	2,331
13 Office expenses	52,357,978	33,214,003	18,770,234	373,741
14 Information technology	109,106,526	23,671,461	85,351,833	83,232
15 Royalties				
16 Occupancy	80,483,440	54,503,311	25,974,249	5,880
17 Travel	6,612,187	1,524,545	5,049,090	38,552
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	13,363,641	5,599,032	7,624,061	140,548
20 Interest	48,761,444	46,492,480	2,268,964	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	116,346,328	90,740,181	25,526,456	79,691
23 Insurance	36,561,476	35,975,653	583,242	2,581
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	616,948,897	616,948,897		
b OUTSIDE PROVIDER	150,312,457	150,312,457		
c BLDG EQUIP RPR MAINT	93,569,661	85,959,277	7,588,606	21,778
d COMMUNITY BENEFIT	49,814,648	49,814,648		
e All other expenses	107,585,261	86,493,412	20,730,017	361,832
25 Total functional expenses. Add lines 1 through 24e	3,585,232,327	2,965,646,659	614,250,762	5,334,906
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 <input type="checkbox"/> 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	12,299,254
	2 Savings and temporary cash investments	151,580,465	2	294,820,438
	3 Pledges and grants receivable, net	30,707,319	3	26,459,303
	4 Accounts receivable, net	417,572,901	4	486,543,788
	5 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons	0	5	0
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)	0	6	0
	7 Notes and loans receivable, net	1,161,327	7	2,108,480
	8 Inventories for sale or use	69,754,191	8	81,615,906
	9 Prepaid expenses and deferred charges	55,410,384	9	64,024,563
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 2,563,653,703		
	b Less: accumulated depreciation	10b 1,455,972,140	1,136,059,221	10c 1,107,681,563
	11 Investments—publicly traded securities	516,544,620	11	445,558,945
	12 Investments—other securities. See Part IV, line 11	307,564,153	12	402,185,893
	13 Investments—program-related. See Part IV, line 11	600,000	13	3,190,066
	14 Intangible assets	83,887,994	14	83,848,115
	15 Other assets. See Part IV, line 11	160,044,980	15	480,222,316
16 Total assets. Add lines 1 through 15 (must equal line 34)	2,930,887,555	16	3,490,558,630	
Liabilities	17 Accounts payable and accrued expenses	400,684,368	17	438,748,471
	18 Grants payable		18	
	19 Deferred revenue	35,688,037	19	43,055,803
	20 Tax-exempt bond liabilities	739,840,858	20	733,648,492
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons	0	22	0
	23 Secured mortgages and notes payable to unrelated third parties	352,399,992	23	387,294,045
	24 Unsecured notes and loans payable to unrelated third parties	52,430,000	24	99,430,000
	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	331,629,734	25	582,139,795
	26 Total liabilities. Add lines 17 through 25	1,912,672,989	26	2,284,316,606
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	898,925,907	27	1,078,211,429
	28 Net assets with donor restrictions	119,288,659	28	128,030,595
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
32 Total net assets or fund balances	1,018,214,566	32	1,206,242,024	
33 Total liabilities and net assets/fund balances	2,930,887,555	33	3,490,558,630	

Part XI Reconciliation 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	3,746,277,344
2	Total expenses (must equal Part IX, column (A), line 25)	2	3,585,232,327
3	Revenue less expenses. Subtract line 2 from line 1	3	161,045,017
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,018,214,566
5	Net unrealized gains (losses) on investments	5	75,356,722
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	-486,788
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-47,887,493
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	1,206,242,024

Part XII Financial Statements and Reporting

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

- 1** Accounting method used to prepare the Form 990: Cash Accrual Other _____
 If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant?
 If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant?
 If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- c** If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?
 If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.
- 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?
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

	Yes	No
2a		No
2b	Yes	
2c	Yes	
3a	Yes	
3b	Yes	

Additional Data

Software ID: 19010655

Software Version: 2019v5.0

EIN: 72-0502505

Name: OCHSNER CLINIC FOUNDATION

Form 990 (2019)

Form 990, Part III, Line 4a:

PATIENT CARE/PATIENT MEDICAL SERVICES: OCHSNER CLINIC FOUNDATION CONSISTS OF SEVEN HOSPITALS AT ELEVEN CAMPUSES AND MANY CLINICAL LOCATIONS. SERVED 69,749 INPATIENTS RESULTING IN 349,713 PATIENT DAYS. EMERGENCY ROOM VISITS TOTALED 463,458. THE NUMBER OF BIRTHS TOTALED 7,931. OUTPATIENT HOSPITAL VISITS TOTALED 712,752. PHYSICIAN CLINIC VISITS TOTAL 2,488,343. 506 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 290 residents and fellows annually in 31 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 75 residents. In addition, another 684 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 December 2019, there were 479 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 16,500 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 175 college and university programs throughout the United States to complete formal clinical training degree requirements. Through these affiliations, Ochsner provides clinical training and mentoring to over 1,500 students. In addition, through a long-standing partnership with the University of Holy Cross, students in radiologic technology train at Ochsner Medical Center and 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 760 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 Biorepository 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 4,000 patients have donated their tissues and biofluids. This has resulted in development of a comprehensive ExpressBank with an inventory of over 41,300 aliquots of biospecimens. They also have custody of any FFPE blocks from the Pathology department that are 10 years or older dating back to 1998. Furthermore, they have access to remnant tissue and biofluid specimens deemed leftover medical waste from clinical procedures. To provide more biospecimen donation opportunities to our patients, a new Satellite BioBank Unit was established at Ochsner Baptist Medical Center in 2016 where an effort to collect women's health specimens and well as genitourinary specimens from men was initiated.

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 \$ 11,796,841 including grants of \$) (Revenue \$ 13,498,808)

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

(Code:) (Expenses \$ 2,046,790 including grants of \$) (Revenue \$ 2,046,790)

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 \$ 0 including grants of \$) (Revenue \$ -3,059,936)

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 0	X		X				4,940,073	0	679,239
ANDREW B WISDOM COMMUNITY DIRECTOR	5.0 0	X						0	0	0
CUONG Q BUI MD SR PHYSICIAN-VICE CHAIR	50.0 0	X						1,270,958	0	30,152
DANA H SMETHERMAN MD BOARD MEMBER/SENIOR PHYSICIAN	50.0 0	X						847,668	0	34,270
DAVID E TAYLOR MD BOARD MEMBER/SENIOR PHYSICIAN	50.0 0	X						451,479	0	31,466
JAMES E MAURIN PAST CHAIR/COMMUNITY DIRECTOR	5.0 0	X						0	0	0
JEFFERSON G PARKER COMMUNITY DIRECTOR	5.0 0	X						0	0	0
JOHN EVANS COMMUNITY DIRECTOR	5.0 0	X						0	0	0
JOSE S SUQUET 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			
KAREN B BLESSEY MD BOARD MEMBER/SENIOR PHYSICIAN	50.0 0	X						253,464	0	7,857
KENNETH POLITE COMMUNITY DIRECTOR	5.0 0	X						0	0	0
PEDRO CAZABON MD BOARD MEMBER/SENIOR PHYSICIAN	50.0 0	X						462,502	0	26,876
R Parker LECORGNE COMMUNITY DIRECTOR	5.0 0	X						0	0	0
ROBERT J PATRICK COMMUNITY DIRECTOR	5.0 0	X						0	0	0
TIMOTHY L RIDDELL MD BOARD MEMBER/SENIOR PHYSICIAN	50.0 0	X						377,009	0	15,635
VICTORIA A SMITH MD BOARD MEMBER/SENIOR PHYSICIAN	50.0 0	X						336,609	0	22,477
VINCENT R ADOLPH MD BOARD MEMBER/SENIOR PHYSICIAN	50.0 0	X						708,154	0	34,851
WILLIAM H HINES COMMUNITY DIRECTOR	5.0 0	X						0	0	0
WILLIAM SUMRALL III MD BOARD MEMBER/SENIOR PHYSICIAN	50.0 0	X						645,029	0	27,960

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			
MICHAEL F HULEFELD EXEC VP & CHIEF OPERATING OFFICER	46.0 4.0			X				1,576,819	0	251,469
PETER C NOVEMBER SECRETARY/EXEC VP CHIEF ADMINISTRATIVE OFFICER	44.0 6.0			X				2,584,965	0	296,736
SCOTT J POSECAI EXEC VP, TREAS, & CHIEF FINANCIAL OFFICER	44.0 6.0			X				1,327,259	0	376,599
ALDO J RUSSO MD REG MED DIR, BR REG	50.0 0				X			761,688	0	29,395
DAWN M PUENTE MD REG MED DIR, BAP, KEN, WB REG	50.0 0				X			641,677	0	32,936
GEORGE E LOSS MD PHD REG MED DIR, SS	50.0 0				X			1,098,264	0	32,885
J Eric MCMILLEN CEO, BATON ROUGE REGION	50.0 0				X			521,437	0	27,848
LEONARDO B SEOANE MD SR VP-CHIEF ACADEMIC OFFICER (TERM BEG 10/1/2018)	50.0 0				X			710,432	0	26,598
ROBERT I HART MD EXEC VP-CHIEF MEDICAL OFFICER	50.0 0				X			1,275,982	0	25,620
ROBERT WOLTERMAN CEO OMC-JEFF HWY	50.0 0				X			818,183	0	26,848

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		2,696,811	0	15,601
BURKE J BROOKS MD SR PHYSICIAN-SYSTEM VICE CHAIR	50.0 0					X		1,287,466	0	26,422
OLAWALE A SULAIMAN MD SR PHYSICIAN	50.0 0					X		1,465,887	0	14,779
PAUL C CELESTRE MD SR PHYSICIAN	50.0 0					X		1,273,992	0	30,380
SEBASTIAN F KOGA MD PHYSICIAN-SECTION HEAD	50.0 0					X		1,238,334	0	9,454
ARMIN SCHUBERT MD FORMER KEY EMPLOYEE	50.0 0						X	682,770	0	24,461
BOBBY C BRANNON FORMER EXEC VP & TREASURER	8.0 40.0						X	375,401	0	12
BRADLEY R GOODSON FORMER KEY EMPLOYEE	50.0 0						X	647,553	0	25,848
DAWN J ANUSZKIEWICZ FORMER KEY EMPLOYEE	50.0 0						X	246,449	0	6,349
RICHARD D GUTHRIE JR MD FORMER KEY EMPLOYEE	50.0 0						X	699,513	0	30,461

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			
STEVEN B DEITELZWEIG MD FORMER KEY EMPLOYEE	50.0 0						X	463,439	0	35,471
WILLIAM A MCDADE MD PHD FORMER KEY EMPLOYEE	50.0 0						X	438,462	0	0
YVENS G LABORDE MD FORMER KEY EMPLOYEE	50.0 0						X	530,091	0	34,880

SCHEDULE A
(Form 990 or 990-EZ)

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 instructions and the latest information.

OMB No. 1545-0047

2019

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 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations _____
- g Provide the following information about the supported organization(s).

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

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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 ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f))	14	
15 Public support percentage for 2018 Schedule A, Part II, line 14	15	
16a 33 1/3% support test—2019. 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 ▶ <input type="checkbox"/>		
b 33 1/3% support test—2018. 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 ▶ <input type="checkbox"/>		
17a 10%-facts-and-circumstances test—2019. 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 ▶ <input type="checkbox"/>		
b 10%-facts-and-circumstances test—2018. 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 ▶ <input type="checkbox"/>		
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 ▶ <input type="checkbox"/>		

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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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 2019 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2018 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for 2019 (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from 2018 Schedule A, Part III, line 17	18	

19a 33 1/3% support tests—2019. 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—2018. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

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?		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization (s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

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

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	<input type="checkbox"/> 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 2019 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-2019	(iii) Distributable Amount for 2019
1 Distributable amount for 2019 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required-- explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2019:			
a From 2014.			
b From 2015.			
c From 2016.			
d From 2017.			
e From 2018.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2019 distributable amount			
i Carryover from 2014 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2019 from Section D, line 7:			
\$			
a Applied to underdistributions of prior years			
b Applied to 2019 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2019, 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 2019. 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 2020. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2015.			
b Excess from 2016.			
c Excess from 2017.			
d Excess from 2018.			
e Excess from 2019.			

Additional Data

Software ID: 19010655

Software Version: 2019v5.0

EIN: 72-0502505

Name: OCHSNER CLINIC FOUNDATION

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

Facts And Circumstances Test

SCHEDULE C
(Form 990 or 990-EZ)

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

2019
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If the organization answered "Yes" on Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

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

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

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

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

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

Name of the organization OCHSNER CLINIC FOUNDATION	Employer identification number 72-0502505
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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)	792,849	
c Total lobbying expenditures (add lines 1a and 1b)	792,849	
d Other exempt purpose expenditures	2,964,853,810	
e Total exempt purpose expenditures (add lines 1c and 1d)	2,965,646,659	
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) 2016	(b) 2017	(c) 2018	(d) 2019	(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	671,666	784,069	895,063	792,849	3,143,647
d Grassroots nontaxable amount	250,000	250,000	250,000	250,000	1,000,000
e Grassroots ceiling amount (150% of line 2d, column (e))					1,500,000
f Grassroots lobbying expenditures	0	0	0	0	0

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

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.

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

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

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

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

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

Part IV Supplemental Information

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

Return Reference	Explanation
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SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

OMB No. 1545-0047
2019
Open to Public Inspection

▶ **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 instructions and the latest information.**

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 |
|---|--------|
| 1c Beginning balance | |
| 1d Additions during the year | |
| 1e Distributions during the year | |
| 1f Ending balance | |
- 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	39,810,976	42,805,678	37,623,379	33,770,056	33,633,473
b Contributions	1,794,151	595,044	834,875	2,047,419	340,496
c Net investment earnings, gains, and losses	4,934,096	-2,629,342	5,240,256	2,396,581	27,886
d Grants or scholarships					
e Other expenditures for facilities and programs	872,412	960,404	892,832	590,677	231,799
f Administrative expenses					
g End of year balance	45,666,811	39,810,976	42,805,678	37,623,379	33,770,056

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a** Board designated or quasi-endowment ▶ 3.47 %
 - b** Permanent endowment ▶ 63.68 %
 - c** Temporarily restricted endowment ▶ 32.85 %
- 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 | Yes | No |
| (ii) related organizations | Yes | No |
| b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? | | |
- 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	57,543,352		61,366,710
b Buildings	3,782,604	1,221,441,777	614,653,651	610,570,730
c Leasehold improvements		93,334,504	54,687,344	38,647,160
d Equipment		1,076,042,956	756,393,584	319,649,372
e Other		107,685,152	30,237,561	77,447,591
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶				1,107,681,563

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.)	▶ 402,185,893	

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) RIGHT OF USE ASSET	319,822,565
(2) COST REPORT ASSET	32,564,674
(3) INVESTMENTS IN SUBSIDIARIES (EQUITY BASIS)	110,343,365
(4) BENEFICIAL INTEREST IN CHARITABLE REMAINDER TRUST	1,042,010
(5) DEFERRED TAX ASSET	28,844
(6) MISCELLANEOUS OTHER ASSETS	15,920,858
(7) SINKING FUND	500,000
(8) INTEREST RATE SWAP ASSET	0
(9)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.)	▶ 480,222,316

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.

(a) Description of liability	(b) Book value
1. (1) Federal income taxes	145,347
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.)	▶ 582,139,795

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: 19010655
Software Version: 2019v5.0
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
COMMONFUND CAPITAL INTERNATIONAL PARTNERS V	156,137	F
COMMONFUND CAPITAL INTERNATIONAL PARTNERS VI	300,622	F
COMMONFUND CAPITAL INTERNATIONAL PARTNERS VII	1,731,453	F
COMMONFUND CAPITAL NATURAL RESOURCES VI	81,299	F
COMMONFUND CAPITAL NATURAL RESOURCES VII	955,517	F
COMMONFUND CAPITAL NATURAL RESOURCES VIII	1,224,510	F
COMMONFUND CAPITAL PRIVATE EQUITY PARTNERS VI	148,791	F
COMMONFUND CAPITAL PRIVATE EQUITY PARTNERS VII	508,782	F
COMMONFUND CAPITAL VENTURES PARTNERS VII	185,076	F
COMMONFUND CAPITAL VENTURES PARTNERS VIII	1,125,011	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
COMMONFUND CAPITAL VENTURES PARTNERS IX	4,773,540	F
J O HAMBRO GLOBAL SELECT FUND	58,596,805	F
LEXINGTON CAPITAL PARTNERS VII (OFFSHORE)	699,928	F
MILLENNIUM INTERNATIONAL LTD	15,861,049	F
PARAMETRIC GLOBAL DEFENSIVE EQUITY FUND	28,534,573	F
PARK STREET CAPITAL PRIVATE EQUITY FUND VI	356,189	F
POLUNIN DEVELOPING COUNTRIES FUND	15,436,678	F
RENAISSANCE INSTITUTIONAL EQUITIES FUND LLC	35,733,181	F
SCOPIA PX INTERNATIONAL LTD	1,100,496	F
WELLINGTON DURABLE COMPANIES	39,815,680	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
US RESEARCH EQUITY EXTENDED FUND (CAYMAN) LTD	38,022,055	F
ARROWSTREET INTERNATIONAL EQUITY ACWI EX US TRUST FUND	43,753,426	F
COMGEST GROWTH EMERGING MARKETS	0	F
SALIENT MLP TOTAL RETURN TE FUND, LP	12,087,473	F
TWO SIGMA US ALL CAP CORE EQUITY FUND LP	21,389,253	F
1992 TACTICAL CREDIT FUND LTD	21,555,538	F
WMQS GLOBAL EQUITY ACTIVE EXTENSION OFFSHORE FUND LTD	21,387,686	F
VARDE INVESTMENT PARTNERS (OFFSHORE) LTD	23,405,725	F
Green Court China Opportunity Fund LTD	13,259,420	F

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

(a) Description	(b) Book value
RIGHT OF USE ASSET	319,822,565
COST REPORT ASSET	32,564,674
INVESTMENTS IN SUBSIDIARIES (EQUITY BASIS)	110,343,365
BENEFICIAL INTEREST IN CHARITABLE REMAINDER TRUST	1,042,010
DEFERRED TAX ASSET	28,844
MISCELLANEOUS OTHER ASSETS	15,920,858
SINKING FUND	500,000
INTEREST RATE SWAP ASSET	0

Supplemental Information

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

Supplemental Information

Return Reference	Explanation
Schedule D, Part X, Line 2 FIN 48 (ASC 740) footnote	THE TEXT OF THE FOOTNOTE TO THE CONSOLIDATED FINANCIAL STATEMENTS THAT REPORTS THE LIABILITY FOR UNCERTAIN TAX POSITIONS IS AS FOLLOWS: Ochsner and its subsidiaries qualify as tax-exempt organizations under Section 501(a) and are described in Section 501(c)(3) of the Internal Revenue Code and are exempt from federal and state income taxes. Management annually reviews its tax positions and has determined that there are no material uncertain tax positions that require recognition in the accompanying consolidated balance sheets. The statute of limitations remains open for tax years 2016 through 2019 in Ochsner's main tax jurisdictions.

**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

2019

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" on Form 990, Part IV, line 14b.

- 1 For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2 For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.
- 3** Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in region (by type) (such as, 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 the region	(f) Total expenditures for and investments in the region
See Add'l Data					
3a Sub-total	0	3			156,116,275
b Total from continuation sheets to Part I	0	0			0
c Totals (add lines 3a and 3b)	0	3			156,116,275

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on 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 noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		Central America and the Caribbean	MEDICAL EDUCATION AND PROVISION OF MEDICAL SERVICES FOR INDIGENT PATIENTS	78,827	Wire Transfer			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 **0**

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: * Scopia PX International LTD, Bermuda, \$1,100,496 * Green Court China Opportunity Fund LTD Class Q USD Unrestricted, Cayman Islands, \$13,259,420 * Highbridge, 1992 Tactical Credit Fund, Ltd, Cayman Islands, \$21,555,538 * Lexington Capital Partners VII (Offshore), Cayman Islands, \$699,928 * Millennium International LTD, Cayman Islands: \$15,861,049 * WMQS Global Equity Active Extension Offshore Fund, Ltd, Cayman Islands: \$21,387,686 * Varde Investment Partners (Offshore), Ltd. , Cayman Islands, \$23,405,725 EUROPE: * J O Hambro Global Select Fund, Ireland: \$58,596,807

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: 19010655

Software Version: 2019v5.0

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		97,269,841
Europe (Including Iceland and Greenland)	0	0	Investments		58,596,807

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		89,342
Central America and the Caribbean	0	2	,Advertising Healthcare Services		131,340

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		6,241
East Asia and the Pacific	0	0	,Advertising Healthcare Services		12,689

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	0	0	Grantmaking		0
Central America and the Caribbean	0	1	Unrelated Business Activities		7,806

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
North America (Canada & Mexico only)	0	0	,Advertising Healthcare Services		2,209

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.

Revenue	(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
	<u>Breast Cancer GALA</u> (event type)	<u>Color of the Minds</u> (event type)	<u>3</u> (total number)	(add col. (a) through col. (c))
1 Gross receipts	1,580,985	270,919	367,783	2,219,687
2 Less: Contributions	1,002,065	180,792	303,530	1,486,387
3 Gross income (line 1 minus line 2)	578,920	90,127	64,253	733,300
Direct Expenses	4 Cash prizes	0	0	0
	5 Noncash prizes	42,395	30,515	4,654
	6 Rent/facility costs	100,611	1,105	0
	7 Food and beverages	214,392	38,204	153,938
	8 Entertainment	61,175	0	7,210
	9 Other direct expenses	565,847	10,724	339,509
10 Direct expense summary. Add lines 4 through 9 in column (d) ▶				1,570,279
11 Net income summary. Subtract line 10 from line 3, column (d) ▶				-836,979

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.

Revenue	(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col.(a) through col.(c))
	1 Gross revenue			
Direct Expenses	2 Cash prizes			
	3 Noncash prizes			
	4 Rent/facility costs			
	5 Other direct expenses			
	6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> 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

OMB No. 1545-0047
2019
Open to Public Inspection

- ▶ 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.

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	Yes	
1b If "Yes," was it a written policy?	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. <input type="checkbox"/> Applied uniformly to all hospital facilities <input checked="" type="checkbox"/> Applied uniformly to most hospital facilities <input type="checkbox"/> Generally tailored to individual hospital facilities		
3 Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year. a Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing <i>free</i> care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care: <input type="checkbox"/> 100% <input type="checkbox"/> 150% <input checked="" type="checkbox"/> 200% <input type="checkbox"/> Other _____ %	Yes	
b Did the organization use FPG as a factor in determining eligibility for providing <i>discounted</i> care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care: <input type="checkbox"/> 200% <input type="checkbox"/> 250% <input type="checkbox"/> 300% <input type="checkbox"/> 350% <input type="checkbox"/> 400% <input type="checkbox"/> Other _____ %		No
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"?	Yes	
5a Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	Yes	
b If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?		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 eligible for free or discounted care?		
6a Did the organization prepare a community benefit report during the tax year?	Yes	
b If "Yes," did the organization make it available to the public?		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)			36,784,204	0	36,784,204	1.03 %
b Medicaid (from Worksheet 3, column a)					0	0 %
c Costs of other means-tested government programs (from Worksheet 3, column b)					0	0 %
d Total Financial Assistance and Means-Tested Government Programs	0	0	36,784,204	0	36,784,204	1.03 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4).			2,066,159	102,544	1,963,615	0.05 %
f Health professions education (from Worksheet 5)			43,300,000	37,034,000	6,266,000	0.17 %
g Subsidized health services (from Worksheet 6)			480,977,604	400,696,201	80,281,403	2.24 %
h Research (from Worksheet 7)			16,417,412	6,504,031	9,913,381	0.28 %
i Cash and in-kind contributions for community benefit (from Worksheet 8)			1,393,586	0	1,393,586	0.04 %
j Total. Other Benefits	0	0	544,154,761	444,336,776	99,817,985	2.78 %
k Total. Add lines 7d and 7j	0	0	580,938,965	444,336,776	136,602,189	3.81 %

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			218,500		218,500	0.01 %
2 Economic development			36,000		36,000	0 %
3 Community support			245,590	43,652	201,938	0.01 %
4 Environmental improvements			15,000	3,000	12,000	0 %
5 Leadership development and training for community members					0	0 %
6 Coalition building					0	0 %
7 Community health improvement advocacy			75,700	10,000	65,700	0 %
8 Workforce development			134,950		134,950	0 %
9 Other					0	0 %
10 Total	0	0	725,740	56,652	669,088	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 Healthcare Financial Management Association Statement No. 15?		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.		
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.		
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	365,054,871
6	Enter Medicare allowable costs of care relating to payments on line 5	6	387,826,255
7	Subtract line 6 from line 5. This is the surplus (or shortfall)	7	-22,771,384
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: <input type="checkbox"/> Cost accounting system <input checked="" type="checkbox"/> Cost to charge ratio <input type="checkbox"/> Other		

Section C. Collection Practices

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

Part IV Management Companies and Joint Ventures

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

Part V Facility Information**Section A. Hospital Facilities**

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

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

8

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

Table with 3 columns: Question, Yes, No. Contains 'Community Health Needs Assessment' section with questions 1 through 12b regarding CHNA, data collection, and implementation strategies.

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? If "Yes," indicate the eligibility criteria explained in the FAP:	13 Yes	
a	<input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>200.0</u> % and FPG family income limit for eligibility for discounted care of <u>0.0</u> %		
b	<input type="checkbox"/> Income level other than FPG (describe in Section C)		
c	<input checked="" type="checkbox"/> Asset level		
d	<input type="checkbox"/> Medical indigency		
e	<input type="checkbox"/> Insurance status		
f	<input type="checkbox"/> Underinsurance discount		
g	<input checked="" type="checkbox"/> Residency		
h	<input checked="" type="checkbox"/> Other (describe in Section C)		
14	Explained the basis for calculating amounts charged to patients?	14 Yes	
15	Explained the method for applying for financial assistance? If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply):	15 Yes	
a	<input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application		
b	<input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application		
c	<input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process		
d	<input type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
e	<input type="checkbox"/> Other (describe in Section C)		
16	Was widely publicized within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply):	16 Yes	
a	<input checked="" type="checkbox"/> The FAP was widely available on a website (list url): <u>HTTPS://WWW.OCHSNER.ORG/PATIENTS-VISITORS/BILLING-AND-FINANCIAL-SERVICES/FINANCIALASSISTANCE</u>		
b	<input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url): <u>HTTPS://WWW.OCHSNER.ORG/PATIENTS-VISITORS/BILLING-AND-FINANCIAL-SERVICES/FINANCIALASSISTANCE</u>		
c	<input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url): <u>HTTPS://WWW.OCHSNER.ORG/PATIENTS-VISITORS/BILLING-AND-FINANCIAL-SERVICES/FINANCIALASSISTANCE</u>		
d	<input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
e	<input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)		
f	<input checked="" type="checkbox"/> 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	<input checked="" type="checkbox"/> 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	<input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP		
i	<input checked="" type="checkbox"/> The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations		
j	<input checked="" type="checkbox"/> 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 <input type="checkbox"/> Reporting to credit agency(ies)		
	b <input type="checkbox"/> Selling an individual's debt to another party		
	c <input type="checkbox"/> 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 <input type="checkbox"/> Actions that require a legal or judicial process		
	e <input type="checkbox"/> Other similar actions (describe in Section C)		
	f <input checked="" type="checkbox"/> 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 <input type="checkbox"/> Reporting to credit agency(ies)		
	b <input type="checkbox"/> Selling an individual's debt to another party		
	c <input type="checkbox"/> 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 <input type="checkbox"/> Actions that require a legal or judicial process		
	e <input type="checkbox"/> 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 <input checked="" type="checkbox"/> 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 (if not, describe in Section C)		
	b <input checked="" type="checkbox"/> Made a reasonable effort to orally notify individuals about the FAP and FAP application process (if not, describe in Section C)		
	c <input checked="" type="checkbox"/> Processed incomplete and complete FAP applications (if not, describe in Section C)		
	d <input checked="" type="checkbox"/> Made presumptive eligibility determinations (if not, describe in Section C)		
	e <input type="checkbox"/> Other (describe in Section C)		
	f <input type="checkbox"/> 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 <input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions		
	b <input type="checkbox"/> The hospital facility's policy was not in writing		
	c <input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)		
	d <input type="checkbox"/> 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 _____

- 22** Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care.
- a The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period
 - b The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
 - c The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
 - d The hospital facility used a prospective Medicare or Medicaid method

23 During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care?

If "Yes," explain in Section C.

24 During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual?

If "Yes," explain in Section C.

	Yes	No
23		No
24		No

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?	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.		No
3	During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12. If "Yes," indicate what the CHNA report describes (check all that apply):	Yes	
a	<input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
b	<input checked="" type="checkbox"/> Demographics of the community		
c	<input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d	<input checked="" type="checkbox"/> How data was obtained		
e	<input checked="" type="checkbox"/> The significant health needs of the community		
f	<input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g	<input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h	<input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
i	<input type="checkbox"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)		
j	<input type="checkbox"/> Other (describe in Section C)		
4	Indicate the tax year the hospital facility last conducted a CHNA: 20 <u>18</u>		
5	In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	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	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.		No
7	Did the hospital facility make its CHNA report widely available to the public? If "Yes," indicate how the CHNA report was made widely available (check all that apply):	Yes	
a	<input checked="" type="checkbox"/> Hospital facility's website (list url): <u>HTTPS://WWW.OCHSNER-REHAB.COM/ABOUT/COMMUNITY-HEALTH-NEEDS-ASSESSMENT.ASPX</u>		
b	<input type="checkbox"/> Other website (list url): _____		
c	<input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
d	<input type="checkbox"/> 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.	Yes	
9	Indicate the tax year the hospital facility last adopted an implementation strategy: 20 <u>19</u>		
10	Is the hospital facility's most recently adopted implementation strategy posted on a website? If "Yes" (list url): _____		No
a			
b	If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	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)?		No
b	If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax?		
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? If "Yes," indicate the eligibility criteria explained in the FAP:	Yes	
a	<input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>200.0</u> % and FPG family income limit for eligibility for discounted care of _____ %		
b	<input type="checkbox"/> Income level other than FPG (describe in Section C)		
c	<input type="checkbox"/> Asset level		
d	<input checked="" type="checkbox"/> Medical indigency		
e	<input checked="" type="checkbox"/> Insurance status		
f	<input type="checkbox"/> Underinsurance discount		
g	<input checked="" type="checkbox"/> Residency		
h	<input checked="" type="checkbox"/> Other (describe in Section C)		
14	Explained the basis for calculating amounts charged to patients?	Yes	
15	Explained the method for applying for financial assistance? If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply):	Yes	
a	<input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application		
b	<input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application		
c	<input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process		
d	<input type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
e	<input type="checkbox"/> Other (describe in Section C)		
16	Was widely publicized within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply):	Yes	
a	<input checked="" type="checkbox"/> The FAP was widely available on a website (list url): <u>https://www.ochsner-rehab.com/Referral-Sources/financial-assistance.aspx</u>		
b	<input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url): <u>https://www.ochsner-rehab.com/Referral-Sources/financial-assistance.aspx</u>		
c	<input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url): <u>https://www.ochsner-rehab.com/Referral-Sources/financial-assistance.aspx</u>		
d	<input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
e	<input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)		
f	<input checked="" type="checkbox"/> 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	<input checked="" type="checkbox"/> 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	<input type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP		
i	<input checked="" type="checkbox"/> The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations		
j	<input type="checkbox"/> 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 <input type="checkbox"/> Reporting to credit agency(ies) b <input type="checkbox"/> Selling an individual's debt to another party c <input type="checkbox"/> 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 <input type="checkbox"/> Actions that require a legal or judicial process e <input type="checkbox"/> Other similar actions (describe in Section C) f <input checked="" type="checkbox"/> 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? If "Yes," check all actions in which the hospital facility or a third party engaged: a <input type="checkbox"/> Reporting to credit agency(ies) b <input type="checkbox"/> Selling an individual's debt to another party c <input type="checkbox"/> 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 <input type="checkbox"/> Actions that require a legal or judicial process e <input type="checkbox"/> Other similar actions (describe in Section C)	19	No
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 <input checked="" type="checkbox"/> 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 (if not, describe in Section C) b <input checked="" type="checkbox"/> Made a reasonable effort to orally notify individuals about the FAP and FAP application process (if not, describe in Section C) c <input checked="" type="checkbox"/> Processed incomplete and complete FAP applications (if not, describe in Section C) d <input type="checkbox"/> Made presumptive eligibility determinations (if not, describe in Section C) e <input type="checkbox"/> Other (describe in Section C) f <input type="checkbox"/> 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? If "No," indicate why: a <input checked="" type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions b <input type="checkbox"/> The hospital facility's policy was not in writing c <input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C) d <input type="checkbox"/> Other (describe in Section C)	21	No
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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 _____

- 22** Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care.
- a** The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period
 - b** The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
 - c** The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
 - d** The hospital facility used a prospective Medicare or Medicaid method

23 During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care?

If "Yes," explain in Section C.

24 During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual?

If "Yes," explain in Section C.

	Yes	No
23		No
24		No

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)

D

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): _____ **8**

		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?		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.	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. If "Yes," indicate what the CHNA report describes (check all that apply):		No
	a <input type="checkbox"/> A definition of the community served by the hospital facility		
	b <input type="checkbox"/> Demographics of the community		
	c <input type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
	d <input type="checkbox"/> How data was obtained		
	e <input type="checkbox"/> The significant health needs of the community		
	f <input type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
	g <input type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
	h <input type="checkbox"/> The process for consulting with persons representing the community's interests		
	i <input type="checkbox"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)		
	j <input type="checkbox"/> 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		
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		
6 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.		
7	Did the hospital facility make its CHNA report widely available to the public? If "Yes," indicate how the CHNA report was made widely available (check all that apply):		
	a <input type="checkbox"/> Hospital facility's website (list url): _____		
	b <input type="checkbox"/> Other website (list url): _____		
	c <input type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
	d <input type="checkbox"/> 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.		
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? If "Yes" (list url): _____		
	a		
	b If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?		
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.		
12 a	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)?		No
	b If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax?		
	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)

D

Name of hospital facility or letter of facility reporting group _____

		Yes	No
Did the hospital facility have in place during the tax year a written financial assistance policy that:			
13	Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP:	13	Yes
a	<input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>200.0</u> % and FPG family income limit for eligibility for discounted care of <u>0.0</u> %		
b	<input type="checkbox"/> Income level other than FPG (describe in Section C)		
c	<input checked="" type="checkbox"/> Asset level		
d	<input type="checkbox"/> Medical indigency		
e	<input type="checkbox"/> Insurance status		
f	<input type="checkbox"/> Underinsurance discount		
g	<input checked="" type="checkbox"/> Residency		
h	<input checked="" type="checkbox"/> Other (describe in Section C)		
14	Explained the basis for calculating amounts charged to patients?	14	Yes
15	Explained the method for applying for financial assistance? If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply):	15	Yes
a	<input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application		
b	<input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application		
c	<input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process		
d	<input type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
e	<input type="checkbox"/> Other (describe in Section C)		
16	Was widely publicized within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply):	16	Yes
a	<input checked="" type="checkbox"/> The FAP was widely available on a website (list url): <u>HTTPS://WWW.OCHSNER.ORG/PATIENTS-VISITORS/BILLING-AND-FINANCIAL-SERVICES/FINANCIALASSISTANCE</u>		
b	<input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url): <u>HTTPS://WWW.OCHSNER.ORG/PATIENTS-VISITORS/BILLING-AND-FINANCIAL-SERVICES/FINANCIALASSISTANCE</u>		
c	<input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url): <u>HTTPS://WWW.OCHSNER.ORG/PATIENTS-VISITORS/BILLING-AND-FINANCIAL-SERVICES/FINANCIALASSISTANCE</u>		
d	<input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
e	<input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)		
f	<input checked="" type="checkbox"/> 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	<input checked="" type="checkbox"/> 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	<input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP		
i	<input checked="" type="checkbox"/> The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations		
j	<input checked="" type="checkbox"/> Other (describe in Section C)		

Part V Facility Information (continued)

Billing and Collections

D

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 <input type="checkbox"/> Reporting to credit agency(ies) b <input type="checkbox"/> Selling an individual's debt to another party c <input type="checkbox"/> 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 <input type="checkbox"/> Actions that require a legal or judicial process e <input type="checkbox"/> Other similar actions (describe in Section C) f <input checked="" type="checkbox"/> 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? If "Yes," check all actions in which the hospital facility or a third party engaged: a <input type="checkbox"/> Reporting to credit agency(ies) b <input type="checkbox"/> Selling an individual's debt to another party c <input type="checkbox"/> 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 <input type="checkbox"/> Actions that require a legal or judicial process e <input type="checkbox"/> Other similar actions (describe in Section C)	19	No
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 <input checked="" type="checkbox"/> 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 (if not, describe in Section C) b <input checked="" type="checkbox"/> Made a reasonable effort to orally notify individuals about the FAP and FAP application process (if not, describe in Section C) c <input checked="" type="checkbox"/> Processed incomplete and complete FAP applications (if not, describe in Section C) d <input checked="" type="checkbox"/> Made presumptive eligibility determinations (if not, describe in Section C) e <input type="checkbox"/> Other (describe in Section C) f <input type="checkbox"/> 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? If "No," indicate why: a <input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions b <input type="checkbox"/> The hospital facility's policy was not in writing c <input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C) d <input type="checkbox"/> Other (describe in Section C)	21	Yes
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Part V Facility Information *(continued)*

Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)

D

Name of hospital facility or letter of facility reporting group _____

22 Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care.

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

23 During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care?

If "Yes," explain in Section C.

24 During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual?

If "Yes," explain in Section C.

	Yes	No
23		No
24		No

Part V Facility Information (continued)

Section B. Facility Policies and Practices

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

Name of hospital facility or letter of facility reporting group _____

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?		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.		No
3	During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12. If "Yes," indicate what the CHNA report describes (check all that apply):	Yes	
a	<input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
b	<input checked="" type="checkbox"/> Demographics of the community		
c	<input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d	<input checked="" type="checkbox"/> How data was obtained		
e	<input checked="" type="checkbox"/> The significant health needs of the community		
f	<input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g	<input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h	<input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
i	<input type="checkbox"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)		
j	<input type="checkbox"/> Other (describe in Section C)		
4	Indicate the tax year the hospital facility last conducted a CHNA: 20 <u>18</u>		
5	In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	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	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		No
7	Did the hospital facility make its CHNA report widely available to the public? If "Yes," indicate how the CHNA report was made widely available (check all that apply):	Yes	
a	<input checked="" type="checkbox"/> Hospital facility's website (list url): <u>HTTPS://WWW.OCHSNER.ORG/GIVING/COMMUNITY-OUTREACH/COMMUNITY-HEALTH-NEEDS-ASSESSMENT</u>		
b	<input type="checkbox"/> Other website (list url): _____		
c	<input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
d	<input type="checkbox"/> 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.	Yes	
9	Indicate the tax year the hospital facility last adopted an implementation strategy: 20 <u>19</u>		
10	Is the hospital facility's most recently adopted implementation strategy posted on a website? If "Yes" (list url): _____		No
a			
b	If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	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)?		No
b	If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax?		
c	If "Yes" on line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$ _____		

Part V Facility Information (continued)

Financial Assistance Policy (FAP)

A

Name of hospital facility or letter of facility reporting group _____

		Yes	No
Did the hospital facility have in place during the tax year a written financial assistance policy that:			
13	Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP:	Yes	
a	<input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>200.0</u> % and FPG family income limit for eligibility for discounted care of <u>0.0</u> %		
b	<input type="checkbox"/> Income level other than FPG (describe in Section C)		
c	<input checked="" type="checkbox"/> Asset level		
d	<input type="checkbox"/> Medical indigency		
e	<input type="checkbox"/> Insurance status		
f	<input type="checkbox"/> Underinsurance discount		
g	<input checked="" type="checkbox"/> Residency		
h	<input checked="" type="checkbox"/> Other (describe in Section C)		
14	Explained the basis for calculating amounts charged to patients?	Yes	
15	Explained the method for applying for financial assistance? If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply):	Yes	
a	<input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application		
b	<input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application		
c	<input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process		
d	<input type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
e	<input type="checkbox"/> Other (describe in Section C)		
16	Was widely publicized within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply):	Yes	
a	<input checked="" type="checkbox"/> The FAP was widely available on a website (list url): <u>HTTPS://WWW.OCHSNER.ORG/PATIENTS-VISITORS/BILLING-AND-FINANCIAL-SERVICES/FINANCIALASSISTANCE</u>		
b	<input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url): <u>HTTPS://WWW.OCHSNER.ORG/PATIENTS-VISITORS/BILLING-AND-FINANCIAL-SERVICES/FINANCIALASSISTANCE</u>		
c	<input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url): <u>HTTPS://WWW.OCHSNER.ORG/PATIENTS-VISITORS/BILLING-AND-FINANCIAL-SERVICES/FINANCIALASSISTANCE</u>		
d	<input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
e	<input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)		
f	<input checked="" type="checkbox"/> 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	<input checked="" type="checkbox"/> 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	<input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP		
i	<input checked="" type="checkbox"/> The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations		
j	<input checked="" type="checkbox"/> 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 <input type="checkbox"/> Reporting to credit agency(ies) b <input type="checkbox"/> Selling an individual's debt to another party c <input type="checkbox"/> 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 <input type="checkbox"/> Actions that require a legal or judicial process e <input type="checkbox"/> Other similar actions (describe in Section C) f <input checked="" type="checkbox"/> 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? If "Yes," check all actions in which the hospital facility or a third party engaged: a <input type="checkbox"/> Reporting to credit agency(ies) b <input type="checkbox"/> Selling an individual's debt to another party c <input type="checkbox"/> 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 <input type="checkbox"/> Actions that require a legal or judicial process e <input type="checkbox"/> Other similar actions (describe in Section C)	19	No
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 <input checked="" type="checkbox"/> 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 (if not, describe in Section C) b <input checked="" type="checkbox"/> Made a reasonable effort to orally notify individuals about the FAP and FAP application process (if not, describe in Section C) c <input checked="" type="checkbox"/> Processed incomplete and complete FAP applications (if not, describe in Section C) d <input checked="" type="checkbox"/> Made presumptive eligibility determinations (if not, describe in Section C) e <input type="checkbox"/> Other (describe in Section C) f <input type="checkbox"/> 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? If "No," indicate why: a <input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions b <input type="checkbox"/> The hospital facility's policy was not in writing c <input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C) d <input type="checkbox"/> Other (describe in Section C)	21	Yes
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Part V Facility Information *(continued)*

Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)

A

Name of hospital facility or letter of facility reporting group _____

22 Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care.

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

23 During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care?

If "Yes," explain in Section C.

24 During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual?

If "Yes," explain in Section C.

	Yes	No
23		No
24		No

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? 115

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	<p>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.</p> <p>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.</p> <p>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.</p> <p>LINE 7H RESEARCH AND LINE 7F EDUCATION ARE CALCULATED FROM THE STATEMENT OF PROFIT & LOSS FOR EACH DIVISION. RESEARCH INCLUDES ONLY THE PUBLIC RESEARCH CONDUCTED.</p> <p>LINE 7E COMMUNITY HEALTH IMPROVEMENT SERVICES AND COMMUNITY BENEFIT OPERATIONS INCLUDES DIRECT EXPENSE INCLUDING EMPLOYEE PAYROLL FOR COMMUNITY INITIATIVES.</p> <p>LINE 7I INCLUDES DIRECT CONTRIBUTIONS TO CHARITIES THAT MEET IDENTIFIED COMMUNITY NEEDS.</p>

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
<p>Schedule H, Part II Community Building Activities</p>	<p>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 THE SECRTICAL 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.</p>

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. UNINSURED PATIENTS RECEIVE AN UNINSURED DISCOUNT AND ARE SCREENED PRESUMPTIVELY FOR FINANCIAL ASSISTANCE. 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. 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. 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 1/1/2019 - 12/31/2019. The cost report for Ochsner Medical Center - Baton Rouge (Provider No. 19-0202) covers the period 10/1/2018 - 9/30/2019. The cost report for OMC Kenner (Provider No. 19-0274) covers the period 5/1/2018 - 4/30/2019. The cost report for Ochsner Medical Center - North Shore (Provider No. 19-0204) covers the period 4/1/2019 - 3/31/2020. The cost report for Ochsner Medical Center - Hancock (Provider No. 25-0162) covers the period 4/1/2019 - 9/30/2019.

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/FINANCIALASSISTANCE ; B - OCHSNER MEDICAL CENTER - HANCOCK: Line 16a URL: HTTPS://WWW.OCHSNER.ORG/PATIENTS-VISITORS/BILLING-AND-FINANCIAL-SERVICES/FINANCIALASSISTANCE ; C - Ochsner Rehabilitation Hospital: Line 16a URL: https://www.ochsner-rehab.com/Referral-Sources/financial-assistance.aspx ; D - Ochsner St. Mary: Line 16a URL: HTTPS://WWW.OCHSNER.ORG/PATIENTS-VISITORS/BILLING-AND-FINANCIAL-SERVICES/FINANCIALASSISTANCE ;

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/FINANCIALASSISTANCE ; B - OCHSNER MEDICAL CENTER - HANCOCK: Line 16b URL: HTTPS://WWW.OCHSNER.ORG/PATIENTS-VISITORS/BILLING-AND-FINANCIAL-SERVICES/FINANCIALASSISTANCE ; C - Ochsner Rehabilitation Hospital: Line 16b URL: https://www.ochsner-rehab.com/Referral-Sources/financial-assistance.aspx ; D - Ochsner St. Mary: Line 16b URL: HTTPS://WWW.OCHSNER.ORG/PATIENTS-VISITORS/BILLING-AND-FINANCIAL-SERVICES/FINANCIALASSISTANCE ;

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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/FINANCIALASSISTANCE ; B - OCHSNER MEDICAL CENTER - HANCOCK: Line 16c URL: HTTPS://WWW.OCHSNER.ORG/PATIENTS-VISITORS/BILLING-AND-FINANCIAL-SERVICES/FINANCIALASSISTANCE ; C - Ochsner Rehabilitation Hospital: Line 16c URL: https://www.ochsner-rehab.com/Referral-Sources/financial-assistance.aspx ; D - Ochsner St. Mary: Line 16c URL: HTTPS://WWW.OCHSNER.ORG/PATIENTS-VISITORS/BILLING-AND-FINANCIAL-SERVICES/FINANCIALASSISTANCE ;

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part VI, Line 2 Needs assessment	<p>Ochsner Health 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 40 owned, managed and affiliated hospitals and specialty hospitals, and more than 100 health centers and urgent care centers. Ochsner is the #1 ranked hospital in Louisiana by U.S. News & World Report and is recognized as a "Best Hospital" across two specialty categories caring for patients from all 50 states and more than 70 countries worldwide each year. Ochsner Hospital for Children is the only facility in Louisiana to be recognized as a top 50 children's hospital by U.S. News & World Report for three consecutive years. Ochsner employs nearly 25,000 employees and over 4,500 employed and affiliated physicians in over 90 medical specialties and subspecialties and conducts more than 700 clinical research studies. In order to identify the needs of the community, Ochsner reviews local and state publicly available data regarding the health status and issues of its region. Ochsner works with community organizations that collect information on their areas of focus to identify trends and areas where Ochsner has expertise and can make a positive 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 positively affect those needs. One of Ochsner's main priorities is to develop partnerships that address root causes and underlying issues impacting its communities. 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 2018. The applicable community health needs assessments for each facility can be found in Part V, Section B as required.</p>

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part VI, Line 3 Patient education of eligibility for assistance	<p>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.</p>

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
<p>Schedule H, Part VI, Line 4 Community information</p>	<p>Ochsner Clinic Foundation is southeast Louisiana's largest non-profit, academic, multi-specialty, healthcare delivery system consisting of over 40 owned, managed and affiliated health centers and more than 100 health centers and urgent cares in the gulf south. Ochsner employs 2,300 Physicians and Advanced Practice Providers in over 90 specialties. Ochsner's patients vary in age, gender identity and race due to the multi-specialty nature of the health system. As of 2019, Ochsner Clinic Foundations service area includes 60% Louisiana's 4.7 million people. Louisiana has the third highest poverty level in the nation and about 33% of the population received Medicaid or is uninsured. Ochsner's flagship campus, Ochsner Medical Center (OMC), is located in Jefferson Parish, Louisiana. OMC is a 628 bed hospital including acute and sub-acute care facilities with centers of excellence including a Cancer Institute Multi-organ transplant center and heart and vascular center. Ochsner Hospital in Elmwood provides and inpatient rehab specialty. Ochsner Baptist Medical Center is a 135 bed satellite of Ochsner Medical Center providing general medical and surgical acute care and an all women's pavilion with a full-scope of services for women of all ages and newborns. Ochsner Medical Center Westbank is a 162 bed satellite of Ochsner Medical Center, providing general medical and surgical acute care, emergency services and obstetrics. Ochsner Medical Center and it's 3 satellite campuses serve the New Orleans Metropolitan area which includes eight parishes surround New Orleans. The metropolitan standard are population is approximately 1.28 million and about 34% of the population receives Medicaid or is uninsured. The poverty rate in the city of New Orleans is 24.6%. Ochsner Medical Center Baton Rouge is a 162 bed hospital located in the city of Baton Rouge in East Baton Rouge Parish. The service area for the hospital includes approximately 825,000 people of which about 29.2% received Medicaid or were uninsured. Ochsner St. Anne General Hospital is a 35 bed acute care, critical access hospital that services Lafourche Parish and surrounding areas. Ochsner St Mary hospital is a 164 bed acute care hospital that services St Mary Parish and surrounding areas. The Bayou region has a population of about 275,000 people, of which about 36.4% were receiving Medicaid or uninsured. Ochsner Medical Center Northshore is a 150 bed acute care facility in Slidell, Louisiana in St. Tammany Parish, north of New Orleans. It's service area is approximately 552,000 people, of which about 31% received Medicaid or were uninsured. Ochsner Medical Center Kenner is a 120 bed acute care hospital that serves the Kenner and River Region area. The population of the Kenner and River Regions is approximately 241,000 where approximately 36% received Medicaid or were uninsured. Ochsner Medical Center Hancock is a 102 bed acute care hospital that serves the Hancock Mississippi area. The population of Hancock County is approximately 41,000, of which approx 34% were uninsured.</p>

Form and Line Reference	Explanation
<p>Schedule H, Part VI, Line 5 Promotion of community health</p>	<p>Having a diverse representation of the community in the governing boards is an important part of making sure that all aspects of the community Ochsner serves are being positively impacted by the mission and vision of the organizations. The bylaws of Ochsner Clinic Foundation (OCF) call for 10 members of the total 19 board members to be community members. The Chief Executive Officer serves on the board by virtue of his or her office. However, a majority of board members are prominent, multi-disciplinary business and community leaders. The remaining board members are senior physician employees of Ochsner Clinic Foundation elected by their peers in accordance with Ochsner Clinic Foundation bylaws. Academics have been an integral component of the mission, vision and strategy of Ochsner since its inception in 1944. Part of Ochsner's mission is to "Educate" and "Innovate" and the Division of Academics fulfills this mission by adding intellectual capital to the healthcare industry with a critical focus on delivering the highest quality care and service to our patients and communities. OCF operates one of the nation's largest independent academic medical centers, training 287 residents and fellows every year in 29 independent OCF sponsored accredited residency programs. Ochsner is also a sponsor of the Louisiana State University Health Sciences Center Psychiatry program and is a joint sponsor of a pediatric program with Tulane University School of Medicine, along with several other programs from across the country and around the world. Ochsner also supports the LSUHSC Family Practice and Internal Medicine residency programs at Ochsner Medical Center Kenner. The Ochsner Clinical School, a partnership with the University of Queensland in Australia allows US citizens to spend their first two years of medical school in Australia and their final two years at Ochsner and has 467 enrolled in the program. Ochsner Research program focuses on Clinical, Basic Science, Translational, Nursing and Health Outcomes research covering nearly all medical specialties. External grant funding covers only a small portion of this research activity. With over 700 open clinical research studies at any given time, Ochsner has over 3,400 patients enrolled in therapeutic trials and an additional 110 patients enrolled in Precision Cancer Therapy Phase I and II trials. The Ochsner Center for Outcomes and Health Services Research brings together a multidisciplinary team of physicians, researchers and experts to focus solely on discovering, implementing and evaluating interventions to improve quality of care, health outcomes and the patient care experience in order to reduce the cost of care. Ochsner remains critically focused on removing the barriers of access to care and empowering community members and patients to make healthy lifestyle choices. Ochsner's Community Outreach strategy, led by the commitment of our Board of Directors and Executive Team, deploys organizational resources of time, expertise and funding to support the promotion of preventative health behaviors, create tools for better chronic disease management, bring access to care into communities and schools, and focus on social determinants of health including, but not limited to, education, transportation, and health literacy. Recognizing that this starts where citizen live, work and play, Ochsner has made it a priority to partner with local schools, churches, community centers and non-profit organizations to move the needle on community health. To increase access to care for students, Ochsner sponsors two school-based health centers within Jefferson Parish Public School System's (JPPSS) two largest high schools. JPPSS is the largest public school system in the state of Louisiana with 81,000 students and an economically disadvantaged school population of 85%. Through this sponsorship, Ochsner covers the complete cost of the Nurse Practitioners, all student wellness programs, and the rotation of Ochsner Clinical School Medical Students. Ochsner also provides for the Medical Directors for these school clinics. Understanding that access to high quality education in a safe and supportive environment is a critical beginning step in improving health outcomes, in 2019 Ochsner received approval from the JPPSS School Board to enter into a community partnership with Discovery Schools Foundation where Ochsner would provide the financial resources needed to open a PreK-8th grade, open enrollment, public charter school in 2020. As a the state of Louisiana's largest non-profit employer, Ochsner holds steady that we must set the example and be accountable for providing a supportive work environment provides for the families of our communities, providing for individual economic mobility and investing in the communities where we are. Because of this, in January 2019, Ochsner Health System raised the minimum of wage for employees across the entire health system from \$8.10 per hour to \$12.00 per hour</p>

Form and Line Reference	Explanation
Schedule H, Part VI, Line 5 Promotion of community health	<p>r. Ochsner made its' single largest investment to increase access to care and bring health care services to communities needing it most. A \$116 million, 225,000 square foot medical complex, Ochsner Medical Center - The Grove opened in Baton Rouge, Louisiana in 2019. The Grove has capacity to serve 2,000 patients per day and is a multi-specialty clinic and surgical center with 10 overnight beds. Ochsner also provides its' employees the opportunity to work inside of their communities through the Operation Outreach and OchsnerServes Employee Volunteerism programs. These programs empower employees throughout the Ochsner system to be community-involved by providing full-time employees with 8 hours of paid volunteer time each year and makes it easy to access volunteer events and opportunities through a centralized portal. Ochsner employees gave over 7,000 hours of service in 2019.</p>

Additional Data

Software ID: 19010655
Software Version: 2019v5.0
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? 8		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	X					X			B
7	Ochsner Rehabilitation Hospital 2614 Jefferson Hwy 4th and 5th floors JEFFERSON, LA 70121 https://www.ochsner-rehab.com 2203783869	X									C
8	Ochsner St Mary 1125 Marguerite St Morgan City, LA 70380 https://www.ochsner.org/locations/ochsner-st-mary 2203784546	X	X					X			D
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

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

Section A. Hospital Facilities		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
(list in order of size from largest to smallest—see instructions) How many hospital facilities did the organization operate during the tax year? 8											
Name, address, primary website address, and state license number											
3	OCHSNER MEDICAL CENTER - KENNER LLC 180 WEST ESPLANADE AVENUE KENNER, LA 70065 https://www.ochsner.org/locations/ochsner-medical-center-kenner 605	X	X		X			X			A
4	Ochsner Medical Center - Northshore 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
<p>Schedule H, Part V, Section B, Line 5 Facility B, 1</p>	<p>Facility B, 1 - OCHSNER MEDICAL CENTER - HANCOCK Facility Reporting Group B. INFORMATION FROM THE PUBLIC WAS SOLICITED IN TWO WAYS: INTERVIEW OF KEY COMMUNITY STAKEHOLDERS AND SURVEYS HEALTH PROVIDERS. THE HOSPITAL IDENTIFIED KEY COMMUNITY STAKEHOLDERS, LEADERS FROM ORGANIZATIONS THAT HAVE SPECIAL KNOWLEDGE AND/OR EXPERTISE IN PUBLIC HEALTH, AGENCIES WITH INFORMATION RELATIVE TO THE HEALTH NEEDS OF THE COMMUNITY AND REPRESENTATIVES OF MEDICALLY UNDERSERVED, LOW-INCOME, MINORITY POPULATIONS AND POPULATIONS WITH CHRONIC DISEASE NEEDS IN THE COMMUNITY. SUCH PERSONS WERE INTERVIEWED, PARTICIPATED IN FOCUS GROUPS AND/OR WERE SURVEYED AS PART OF THE NEEDS ASSESSMENT PLANNING PROCESS. AS PART OF THE CHNA PHASE, TELEPHONE INTERVIEWS WERE COMPLETED WITH COMMUNITY STAKEHOLDERS IN THE SERVICE AREA TO BETTER UNDERSTAND THE CHANGING COMMUNITY HEALTH ENVIRONMENT. THE INTERVIEWS OFFERED COMMUNITY LEADERS AN OPPORTUNITY TO PROVIDE FEEDBACK ON THE NEEDS OF THE COMMUNITY, SUGGESTIONS ON SECONDARY 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 INTERVIEWS WERE CONDUCTED IN FEBRUARY 2019 AND CONTINUED THROUGH APRIL 2019. COMMUNITY STAKEHOLDERS TARGETED FOR INTERVIEWS ENCOMPASSED A WIDE VARIETY OF PROFESSIONAL BACKGROUNDS INCLUDING: 1) PUBLIC HEALTH EXPERTS, 2) PROFESSIONALS WITH ACCESS TO COMMUNITY HEALTH-RELATED DATA, 3) REPRESENTATIVES OF UNDERSERVED POPULATIONS, 4) GOVERNMENT LEADERS, AND 5) RELIGIOUS LEADERS. TOP COMMUNITY HEALTH NEEDS WERE IDENTIFIED AND PRIORITIZED BY COMMUNITY LEADERS DURING A REGIONAL COMMUNITY HEALTH NEEDS IDENTIFICATION FORUM HELD IN JUL 2019. CONSULTANTS PRESENTED TO COMMUNITY LEADERS THE CHNA FINDINGS FROM ANALYZING SECONDARY DATA, KEY STAKEHOLDER INTERVIEWS, AND SURVEYS. COMMUNITY LEADERS DISCUSSED THE DATA PRESENTED, SHARED THEIR VISIONS AND PLANS FOR COMMUNITY HEALTH IMPROVEMENT IN THEIR COMMUNITIES, AND IDENTIFIED AND PRIORITIZED THE TOP COMMUNITY HEALTH NEEDS IN THE COMMUNITY. THE FOLLOWING IS A LIST OF COMMUNITY ORGANIZATIONS THAT PARTICIPATED IN THE REGIONAL COMMUNITY HEALTH NEEDS ASSESSMENT PROCESS: 504HEALTHNET, ACCESS HEALTH LOUISIANA, AGENDA FOR CHILDREN, AMERICAN CANCER SOCIETY, AMERICAN HEART ASSOCIATION/AMERICAN STROKE ASSOCIATION, ANDREA'S RESTAURANT, BACKYARD GARDENERS NETWORK, BATON ROUGE HEALTH DISTRICT, BELLE CHASSE YMCA, BOYS & GIRLS CLUBS WEST BANK, BROAD COMMUNITY CONNECTIONS, BRYAN BELL METROPOLITAN LEADERSHIP FORUM, BUREAU 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 OF COVINGTON, CITY OF KENNER, CITY OF MANDEVILLE, CITY OF NEW ORLEANS EMERGENCY MEDICAL SERVICES, CITY OF SLIDELL, CIVIC</p>

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
<p>Schedule H, Part V, Section B, Line 5 Facility B, 1</p>	<p>COALITION WEST BANK, COUNCIL ON AGING OF ST, COVENANT HOUSE NEW ORLEANS, COVINGTON FOOD BANK, 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, JEFFERSON 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 HEALTH SCIENCES ACADEMY, KINGSLEY HOUSE, LAFOURCHE BEHAVIORAL HEALTH CENTER, LAFOURCHE FIRE DEPARTMENT DISTRICT #1, LAFOURCHE HOSPITAL SERVICE DISTRICT #2, LAFOURCHE PARISH GOVERNMENT, LAFOURCHE PARISH SCHOOL BOARD, LAFOURCHE PARISH SHERIFF'S OFFICE, LAKEVIEW REGIONAL MEDICAL CENTER, LCMC HEALTH, LCMC HEALTH - CHILDREN'S HOSPITAL, LCMC HEALTH - NEW ORLEANS EAST HOSPITAL, LCMC HEALTH - TOURO INFIRMARY, LCMC HEALTH - UNIVERSITY MEDICAL CENTER, LCMC HEALTH - 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 CENTER, LOUISIANA STATE UNIVERSITY HEALTH SCIENCES CENTER, LOUISIANA STATE UNIVERSITY/UNIVERSITY MEDICAL CENTER, MARKET UMBRELLA, MARTIN LUTHER KING, JR, METHODIST HEALTH SYSTEM FOUNDATION, INC, METROPOLITAN HUMAN SERVICES DISTRICT, NEW ORLEANS CHAMBER OF COMMERCE, NEW ORLEANS 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 ALLIANCE, NURSE FAMILY PARTNERSHIP, OCHSNER BAPTIST MEDICAL CENTER, OCHSNER HEALTH SYSTEM, OCHSNER 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 PARTNERSHIP 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 BEHAVIORAL CENTER, RIVER PLACE BEHAVIORAL HEALTH A SERVICE OF OCHSNER HEALTH SYSTEM, SAIRP, SALVATION CHRISTIAN FELLOWSHIP, SECOND BAPTIST CHURCH, SECOND HARVEST FOOD BANK, SLIDELL MEMORIAL HOSPITAL, SOUTH CENTRAL PLANNING & DEVELOPMENT COMMISSION (SCPDC), ST. JOHN COUNCIL, ST. JOHN VOLUNTEER CITIZEN, ST. TAMMANY CORONER'S OFFICE, ST. TAMMANY DEPARTMENT OF HEALTH & HUMAN SERVICES, ST. TAMMANY</p>

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 B, 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 DECEMBER 2019 AND THE CHNA IMPLEMENTATION STRATEGY WAS APPROVED BY THE BOARD OF DIRECTORS IN MAY 2020.

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 11 Facility B, 1	Facility B, 1 - OCHSNER MEDICAL CENTER - HANCOCK Facility Reporting Group B. most recent CHNA was conducted in 2019, therefore, feedback on how needs are being addressed is not yet available.

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 B, 1	Facility B, 1 - OCHSNER MEDICAL CENTER - HANCOCK Facility Reporting Group B. 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 B, 1	Facility B, 1 - OCHSNER MEDICAL CENTER - HANCOCK Facility Reporting Group B. THE POLICY IS INCLUDED IN PATIENT BILLING STATEMENTS.

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

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

Form and Line Reference	Explanation
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
<p>Schedule H, Part V, Section B, Line 5 Facility C, 1</p>	<p>Facility C, 1 - Ochsner Rehabilitation Hospital Facility Reporting Group C. INFORMATION FROM THE PUBLIC WAS SOLICITED IN TWO WAYS: INTERVIEW OF KEY COMMUNITY STAKEHOLDERS AND SURVEYS HEALTH PROVIDERS. THE HOSPITAL IDENTIFIED KEY COMMUNITY STAKEHOLDERS, LEADERS FROM ORGANIZATIONS THAT HAVE SPECIAL KNOWLEDGE AND/OR EXPERTISE IN PUBLIC HEALTH, AGENCIES WITH INFORMATION RELATIVE TO THE HEALTH NEEDS OF THE COMMUNITY AND REPRESENTATIVES OF MEDICALLY UNDERSERVED, LOW-INCOME, MINORITY POPULATIONS AND POPULATIONS WITH CHRONIC DISEASE NEEDS IN THE COMMUNITY. SUCH PERSONS WERE INTERVIEWED, PARTICIPATED IN FOCUS GROUPS AND/OR WERE SURVEYED AS PART OF THE NEEDS ASSESSMENT PLANNING PROCESS. AS PART OF THE CHNA PHASE, TELEPHONE INTERVIEWS WERE COMPLETED WITH COMMUNITY STAKEHOLDERS IN THE SERVICE AREA TO BETTER UNDERSTAND THE CHANGING COMMUNITY HEALTH ENVIRONMENT. THE INTERVIEWS OFFERED COMMUNITY LEADERS AN OPPORTUNITY TO PROVIDE FEEDBACK ON THE NEEDS OF THE COMMUNITY, SUGGESTIONS ON SECONDARY 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 INTERVIEWS WERE CONDUCTED IN FEBRUARY 2018 AND CONTINUED THROUGH APRIL 2018. COMMUNITY STAKEHOLDERS TARGETED FOR INTERVIEWS ENCOMPASSED A WIDE VARIETY OF PROFESSIONAL BACKGROUNDS INCLUDING: 1) PUBLIC HEALTH EXPERTS, 2) PROFESSIONALS WITH ACCESS TO COMMUNITY HEALTH-RELATED DATA, 3) REPRESENTATIVES OF UNDERSERVED POPULATIONS, 4) GOVERNMENT LEADERS, AND 5) RELIGIOUS LEADERS. TOP COMMUNITY HEALTH NEEDS WERE IDENTIFIED AND PRIORITIZED BY COMMUNITY LEADERS DURING A REGIONAL COMMUNITY HEALTH NEEDS IDENTIFICATION FORUM HELD IN JULY 2018. CONSULTANTS PRESENTED TO COMMUNITY LEADERS THE CHNA FINDINGS FROM ANALYZING SECONDARY DATA, KEY STAKEHOLDER INTERVIEWS, AND SURVEYS. COMMUNITY LEADERS DISCUSSED THE DATA PRESENTED, SHARED THEIR VISIONS AND PLANS FOR COMMUNITY HEALTH IMPROVEMENT IN THEIR COMMUNITIES, AND IDENTIFIED AND PRIORITIZED THE TOP COMMUNITY HEALTH NEEDS IN THE COMMUNITY. THE FOLLOWING IS A LIST OF COMMUNITY ORGANIZATIONS THAT PARTICIPATED IN THE REGIONAL COMMUNITY HEALTH NEEDS ASSESSMENT PROCESS: 504HEALTHNET, ACCESS HEALTH LOUISIANA, AGENDA FOR CHILDREN, AMERICAN CANCER SOCIETY, AMERICAN HEART ASSOCIATION/AMERICAN STROKE ASSOCIATION, ANDREA'S RESTAURANT, BACKYARD GARDENERS NETWORK, BATON ROUGE HEALTH DISTRICT, BELLE CHASSE YMCA, BOYS & GIRLS CLUBS WEST BANK, BROAD COMMUNITY CONNECTIONS, BRYAN BELL METROPOLITAN LEADERSHIP FORUM, BUREAU OF CHRONIC DISEASE PREVENTION AND HEALTH PROMOTION, BUREAU OF FAMILY HEALTH, CAFE HOPE, C AFFIN 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 OF COVINGTON, CITY OF KENNER, CITY OF MANDEVILLE, CITY OF NEW ORLEANS EMERGENCY MEDICAL SERVICES, CITY OF SLIDELL, CIVIC C</p>

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
<p>Schedule H, Part V, Section B, Line 5 Facility C, 1</p>	<p>OALITION WEST BANK, COUNCIL ON AGING OF ST, COVENANT HOUSE NEW ORLEANS, COVINGTON FOOD BAN K, CRESCENT DENTAL, DAUGHTERS OF CHARITY, EAST JEFFERSON GENERAL HOSPITAL, EAST ST, EXCELT H FAMILY HEALTH CENTER, FIFTH DISTRICT SAVINGS BANK, FRIENDS OF LAFITTE GREENWAY, GHEENS N EEDY FAMILY, GIN WEALTH MANAGEMENT PARTNERS, GOOD SAMARITAN FOOD BANK, GULF COAST BANK & T RUST COMPANY, HEALTH GUARDIANS OF CATHOLIC CHARITIES ARCHDIOCESE OF NEW ORLEANS, HOSPITAL SERVICE DISTRICT, HUB INTERNATIONAL GULF SOUTH, HUMANA, HUMANA BOLD GOAL, JEFFCAP, JEFFERS ON 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 HEA LTH SCIENCES ACADEMY, KINGSLEY HOUSE, LAFOURCHE BEHAVIORAL HEALTH CENTER, LAFOURCHE FIRE D EPARTMENT DISTRICT #1, LAFOURCHE HOSPITAL SERVICE DISTRICT #2, LAFOURCHE PARISH GOVERNMENT , LAFOURCHE PARISH SCHOOL BOARD, LAFOURCHE PARISH SHERIFF'S OFFICE, LAKEVIEW REGIONAL MEDI CAL CENTER, LCMC HEALTH, LCMC HEALTH - CHILDREN'S HOSPITAL, LCMC HEALTH - NEW ORLEANS EAST HOSPITAL, LCMC HEALTH - TOURO INFIRMARY, LCMC HEALTH - UNIVERSITY MEDICAL CENTER, LCMC HE ALTH - WEST JEFFERSON MEDICAL CENTER, LIMB UP, LOCKPORT CITY COUNCIL, LOUISIANA CHILDREN'S RESEARCH CENTER FOR DEVELOPMENT AND LEARNING, LOUISIANA DEPARTMENT OF HEALTH, LOUISIANA O RGAN PROCUREMENT AGENCY, LOUISIANA POLICY INSTITUTE FOR CHILDREN, LOUISIANA PUBLIC HEALTH INSTITUTE, LOUISIANA PUBLIC HEALTH INSTITUTE, LOUISIANA STATE UNIVERSITY AGRICULTURAL CENT ER, LOUISIANA STATE UNIVERSITY HEALTH SCIENCES CENTER, LOUISIANA STATE UNIVERSITY/UNIVERSI TY MEDICAL CENTER, MARKET UMBRELLA, MARTIN LUTHER KING, JR, METHODIST HEALTH SYSTEM FOUNDA TION, INC, METROPOLITAN HUMAN SERVICES DISTRICT, NEW ORLEANS CHAMBER OF COMMERCE, NEW ORLE ANS COUNCIL ON AGING, NEW ORLEANS EMERGENCY MEDICINE, NEW ORLEANS HEALTH DEPARTMENT, NEW O RLEANS MISSION/GIVING HOPE RETREAT, NEW PATHWAYS NEW ORLEANS, NEWMAN, MATHIS, BRADY & SPED ALE, NOLA BUSINESS ALLIANCE, NORTSHORE COMMUNITY FOUNDATION, NORTSHORE HEALTHCARE ALLIAN CE, NURSE FAMILY PARTNERSHIP, OCHSNER BAPTIST MEDICAL CENTER, OCHSNER HEALTH SYSTEM, OCHSNER 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 PARTNE RSHIP 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 BEHAVIO RAL CENTER, RIVER PLACE BEHAVIORAL HEALTH A SERVICE OF OCHSNER HEALTH SYSTEM, SAIRP, SALVA TION CHRISTIAN FELLOWSHIP, SECOND BAPTIST CHURCH, SECOND HARVEST FOOD BANK, SLIDELL MEMORI AL HOSPITAL, SOUTH CENTRAL PLANNING & DEVELOPMENT COMMISSION (SCPDC), ST. JOHN COUNCIL, ST . JOHN VOLUNTEER CITIZEN, ST. TAMMANY CORONER'S OFFICE, ST. TAMMANY DEPARTMENT OF HEALTH & HUMAN SERVICES, ST. TAMMANY P</p>

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 C, 1	<p>ARISH 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, THE BLOOD CENTER, THE HAVEN, THE LOUISIANA CAMPAIGN FOR TOBACCO-FREE LIVING, THE METROPOLITAN HOSPITAL COUNCIL OF NEW ORLEANS, THE NATIONAL ALLIANCE ON MENTAL ILLNESS, TPRC, TULANE LA KESIDE HOSPITAL FOR WOMEN AND CHILDREN, TULANE MEDICAL CENTER, US HOUSE OF REPRESENTATIVES , UMCNO FORENSICS, UNITED HEALTHCARE, UNITED WAY, UNITED WAY FOR GREATER NEW ORLEANS, UNIT ED WAY OF SOUTHEAST LOUISIANA, UNITY OF GREATER NEW ORLEANS, VACHERIE-GHEENS COMMUNITY CEN TER, VIET, VOLUNTEERS OF AMERICA, WELL-AHEAD LOUISIANA REGION 9, WEST JEFFERSON MEDICAL CE NTER, WEST JEFFERSON MEDICAL CENTER FOUNDATION DIRECTOR, WEST JEFFERSON MEDICAL CENTER; AU XILIARY THE CHNA WAS DESIGNED IN ACCORDANCE WITH CHNA REQUIREMENTS IDENTIFIED IN THE PATIE NT PROTECTION AND AFFORDABLE CARE ACT AND FURTHER ADDRESSED IN THE INTERNAL REVENUE SERVIC E FINAL REGULATIONS RELEASED IN DECEMBER 29, 2014. THE CHNA WAS APPROVED BY THE BOARD OF D IRECTORS IN OCTOBER 2018 AND THE CHNA IMPLEMENTATION STRATEGY WAS APPROVED BY THE BOARD OF DIRECTORS IN APRIL 2019.</p>

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
<p>Schedule H, Part V, Section B, Line 11 Facility C, 1</p>	<p>Facility C, 1 - Ochsner Rehabilitation Hospital Facility Reporting Group C. 2019 UPDATE ON 2018 COMMUNITY HEALTH NEEDS ASSESSMENT BEHAVIORAL HEALTH/MENTAL HEALTH/SUBSTANCE ABUSE IN ORDER TO MEET THE BEHAVIORAL HEALTH, MENTAL HEALTH AND SUBSTANCE ABUSE NEEDS OF OUR COMMUNITY, WE HAVE FOCUSED ON INCREASING ACCESS TO CARE FOR ALL AGES. THE BOH CENTER FOR CHILD DEVELOPMENT IS ONE OF THE LARGEST MULTI-DISCIPLINARY CHILD FOCUSED CENTERS IN THE GULF SOUTH UTILIZING INTERDISCIPLINARY TEAM EVALUATIONS, INTEGRATED TREATMENT PROTOCOLS AND SUPPORTS PARENTS WITHIN THE SCHOOL SETTING TO NAVIGATE SPECIAL EDUCATION SERVICES AND PROVIDE FAMILY CENTERED TREATMENT PLANS. WE CONTINUE TO PROVIDE INPATIENT PSYCHIATRIC SERVICES AT OUR FLAGSHIP HOSPITAL, OCHSNER MEDICAL CENTER NEW ORLEANS, OUTPATIENT MENTAL HEALTH SERVICES AND CLINICAL PSYCHIATRIC SERVICES. THE SYSTEM-WIDE OPIOID STEWARDSHIP COMMITTEE CONTINUES TO DEVELOP BEST-PRACTICES IN DECREASING THE USE OF OPIOIDS. OCHSNER LAUNCHED THE ICARE PROGRAM WITH THE LAMBETH HOUSE TO OFFER TELEHEALTH SERVICES FOR DEMENTIA AND ALZHEIMER'S CARE TO ALLOW THESE PATIENTS TO STAY AT HOME WHILE RECEIVING PROACTIVE AND CONTINUING CARE. THROUGH OCHSNER'S TELEPSYCH PROGRAM, 2,594 PSYCH CONSULTATIONS WERE COMPLETED THROUGHOUT THE HEALTH SYSTEM, REMOVING DISTANCE AS A BARRIER TO MENTAL HEALTH SERVICES. ACCESS TO CARE OCHSNER CONTINUES TO PROVIDE MEDICAL SERVICES IN NEIGHBORHOODS ACROSS THE GREATER NEW ORLEANS REGION, INCLUDING OPENING 4 NEW HEALTH CARE SITES; 2 PRIMARY CARE CLINICS AT IN LAKE TERRACE AND THE OCHSNER BAPTIST MEDICAL OFFICE BUILDING AND 2 URGENT CARES AT THE UNIVERSITY OF NEW ORLEANS AND THE CENTRAL BUSINESS DISTRICT. OCHSNER HAS SIGNIFICANTLY INCREASED ACCESS AND AVAILABILITY TO URGENT CARE SERVICES THROUGHOUT THE COMMUNITY WITH 19 LOCATIONS IN 8 PARISHES THROUGHOUT LOUISIANA. OCHSNER PROVIDED ACCESS TO HEALTHCARE THROUGH SCHOOL-BASED HEALTH CENTERS AT BONNABEL AND JOHN EHRET HIGH SCHOOLS IN JEFFERSON PARISH, PROVIDING PRIMARY CARE TO OVER 2,100 STUDENTS. THROUGH TELEHEALTH SERVICES, OCHSNER PHYSICIANS COMPLETED 3,720 TELESTROKE ASSESSMENTS AT 56 DIFFERENT SITES. IN 2019, 14 ADDITIONAL TELEHEALTH PROGRAM SITES WERE ADDED TO THE OCHSNER TELEHEALTH PLATFORMS, INCLUDING ONE INTERNATIONALLY IN NIGERIA, WEST AFRICA. CONSIDERING THE LONG TERM NEED TO CONTINUE TO GROW THE PIPELINE OF HEALTHCARE PROVIDERS, OCHSNER HAS MADE SIGNIFICANT INVESTMENTS IN K-12 AND HEALTHCARE EDUCATION. OVER 13,200 K-12 STUDENTS AND TEACHERS WERE ENGAGED IN OCHSNER'S K-12 STEM EDUCATION PROGRAM TEACHER PROFESSIONAL DEVELOPMENT PROGRAMS THAT SPAN ACROSS THE STATE OF LOUISIANA AND INTO MISSISSIPPI. THE OCHSNER CLINICAL SCHOOL AND GRADUATE MEDICAL EDUCATION PROGRAMS BROUGHT OVER 800 STUDENTS THROUGH MEDICAL TRAINING PROGRAMS IN 2019 AND WE CONTINUED TO PARTNER WITH THE CHAMBERLAIN SCHOOL OF NURSING AT OCHSNER TO PREPARE THE NEXT GENERATION OF NURSES. OUR WORKFORCE DEVELOPMENT PROGRAMS WORKED WITH LOUISIANA COMMUNITY AND TECHNICAL COLLEGES THROUGHOUT LOUISIANA.</p>

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
<p>Schedule H, Part V, Section B, Line 11 Facility C, 1</p>	<p>SIANA TO HOST INCUMBENT TRAINING AND WORKFORCE DEVELOPMENT PROGRAMS. THE PROGRAMS IN GREAT ER NEW ORLEANS, NORTHSHORE, LAKE CHARLES, BAYOU AND BATON ROUGE TRAINED 411 UNEMPLOYED OR UNDEREMPLOYED ADULTS AT NO COST TO THE STUDENT, WITH A 100% GRADUATION RATE AND 100% EMPLOYMENT UPON GRADUATION RATE IN ROLES AS MEDICAL ASSISTANT, PHARMACY TECH, CODING, AND PATIENT CARE TECHNICIAN. HEALTH EDUCATION & HEALTH LITERACY OCHSNER IS FOCUSED ON THE NEED TO PROVIDE OPPORTUNITIES FOR COMMUNITY MEMBERS AND PATIENTS TO LEARN ABOUT THEIR HEALTH AND HOW TO IMPROVE OR MAINTAIN IT BY EMPOWERING THEM WITH EDUCATION AND LEARNING OPPORTUNITIES. THE OCHSNER EAT FIT PROGRAM MAKES IT EASY FOR COMMUNITY MEMBERS TO MAKE THE RIGHT DECISIONS FOR THEIR HEALTH THROUGH COLLABORATIVE WORK WITH LOCAL RESTAURANTS, SCHOOLS AND SPORTS ARENAS IN NEW ORLEANS, NORTHSHORE, BATON ROUGE, SHREVEPORT AND ACADIANA. OCHSNER PROVIDES 6 REGISTERED DIETICIANS TO PARTNER WITH 336 RESTAURANT PARTNERS TO REVIEW THEIR MENUS AND CERTIFY APPROVED "EAT FIT" OPTIONS. OCHSNER PROVIDES THE "CHOP" AFTER-SCHOOL COOKING PROGRAM AT SCHOOLS AND COMMUNITY CENTERS IN THE GREATER NEW ORLEANS, BATON ROUGE, NORTHSHORE AND HANCOCK MISSISSIPPI REGIONS, REACHING 400 STUDENTS IN 2019. THIS NO-COST, 8-WEEK PROGRAM GIVES YOUNG PEOPLE THE OPPORTUNITY TO LEARN HANDS-ON COOKING SKILLS THROUGH HEALTH EDUCATION AND HEALTHY RECIPES. THE OCHSNER CORPORATE WELLNESS TEAM PROVIDED OVER 3,500 NO-COST HEALTH SCREENINGS TO COMMUNITY MEMBERS, TEACHERS AND LOCAL ORGANIZATIONS ACROSS REGIONS. THE OCHSNER SPORTS MEDICINE INSTITUTE PARTNERED WITH LOCAL SCHOOLS THROUGHOUT SOUTHEAST LOUISIANA TO PROVIDE LOW OR NO-COST ATHLETIC TRAINING SERVICES FOR THEIR STUDENT ATHLETES, INCLUDING PRE-SPORTS PHYSICALS TO KEEP STUDENT-ATHLETES HEALTHY. OCHSNER TOBACCO CESSATION AND EDUCATION PROGRAMS EDUCATE LOCAL STUDENTS THROUGH INTERACTIVE TOBACCO PREVENTION PROGRAMS. ADDITIONALLY, THE TOBACCO CONTROL & PREVENTION PROGRAM OFFERS 23 CESSATION CLINIC SITES THAT PROVIDE FREE TOBACCO CESSATION SERVICES TO PATIENTS WHO ARE ELIGIBLE FOR THE TOBACCO TRUST PROGRAM. OVER 15,000 PEOPLE HAVE PARTICIPATING SINCE THE START OF THE PROGRAM WHICH HAS A 12-MONTH QUIT RATE OF 30%. SYSTEM WIDE, OVER 10,400 UNIQUE PATIENTS DEMONSTRATED A 29.8% QUIT RATE. CESSATION CLINICS ARE LOCATED IN THE GREATER NEW ORLEANS AREA, BATON ROUGE AND THE NORTHSHORE.</p>

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 C, 1	Facility C, 1 - Ochsner Rehabilitation Hospital Facility Reporting Group C. 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 EXTREME PERSONAL OR FINANCIAL HARDSHIP (INCLUDING A TERMINAL OR CATASTROPHIC ILLNESS) OR SPECIAL MEDICAL CIRCUMSTANCE, 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 2	THIS FACILITY WAS ACQUIRED AS OF 10/01/2019.

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 13 Facility D, 1	Facility D, 1 - Ochsner St. Mary Facility Reporting Group D. 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 D, 1	Facility D, 1 - Ochsner St. Mary Facility Reporting Group D. THE POLICY IS INCLUDED IN PATIENT BILLING STATEMENTS.

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

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

Form and Line Reference	Explanation
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
<p>Schedule H, Part V, Section B, Line 5 Facility A, 1</p>	<p>Facility A, 1 - Ochsner Clinic Foundation Facility Reporting Group A. INFORMATION FROM THE PUBLIC WAS SOLICITED IN TWO WAYS: INTERVIEW OF KEY COMMUNITY STAKEHOLDERS AND SURVEYS HEALTH PROVIDERS. THE HOSPITAL IDENTIFIED KEY COMMUNITY STAKEHOLDERS, LEADERS FROM ORGANIZATIONS THAT HAVE SPECIAL KNOWLEDGE AND/OR EXPERTISE IN PUBLIC HEALTH, AGENCIES WITH INFORMATION RELATIVE TO THE HEALTH NEEDS OF THE COMMUNITY AND REPRESENTATIVES OF MEDICALLY UNDERSERVED, LOW-INCOME, MINORITY POPULATIONS AND POPULATIONS WITH CHRONIC DISEASE NEEDS IN THE COMMUNITY. SUCH PERSONS WERE INTERVIEWED, PARTICIPATED IN FOCUS GROUPS AND/OR WERE SURVEYED AS PART OF THE NEEDS ASSESSMENT PLANNING PROCESS. AS PART OF THE CHNA PHASE, TELEPHONE INTERVIEWS WERE COMPLETED WITH COMMUNITY STAKEHOLDERS IN THE SERVICE AREA TO BETTER UNDERSTAND THE CHANGING COMMUNITY HEALTH ENVIRONMENT. THE INTERVIEWS OFFERED COMMUNITY LEADERS AN OPPORTUNITY TO PROVIDE FEEDBACK ON THE NEEDS OF THE COMMUNITY, SUGGESTIONS ON SECONDARY 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 INTERVIEWS WERE CONDUCTED IN FEBRUARY 2018 AND CONTINUED THROUGH APRIL 2018. COMMUNITY STAKEHOLDERS TARGETED FOR INTERVIEWS ENCOMPASSED A WIDE VARIETY OF PROFESSIONAL BACKGROUNDS INCLUDING: 1) PUBLIC HEALTH EXPERTS, 2) PROFESSIONALS WITH ACCESS TO COMMUNITY HEALTH-RELATED DATA, 3) REPRESENTATIVES OF UNDERSERVED POPULATIONS, 4) GOVERNMENT LEADERS, AND 5) RELIGIOUS LEADERS. TOP COMMUNITY HEALTH NEEDS WERE IDENTIFIED AND PRIORITIZED BY COMMUNITY LEADERS DURING A REGIONAL COMMUNITY HEALTH NEEDS IDENTIFICATION FORUM HELD IN JULY 2018. CONSULTANTS PRESENTED TO COMMUNITY LEADERS THE CHNA FINDINGS FROM ANALYZING SECONDARY DATA, KEY STAKEHOLDER INTERVIEWS, AND SURVEYS. COMMUNITY LEADERS DISCUSSED THE DATA PRESENTED, SHARED THEIR VISIONS AND PLANS FOR COMMUNITY HEALTH IMPROVEMENT IN THEIR COMMUNITIES, AND IDENTIFIED AND PRIORITIZED THE TOP COMMUNITY HEALTH NEEDS IN THE COMMUNITY. THE FOLLOWING IS A LIST OF COMMUNITY ORGANIZATIONS THAT PARTICIPATED IN THE REGIONAL COMMUNITY HEALTH NEEDS ASSESSMENT PROCESS: 504HEALTHNET, ACCESS HEALTH LOUISIANA, AGENDA FOR CHILDREN, AMERICAN CANCER SOCIETY, AMERICAN HEART ASSOCIATION/AMERICAN STROKE ASSOCIATION, ANDREA'S RESTAURANT, BACKYARD GARDENERS NETWORK, BATON ROUGE HEALTH DISTRICT, BELLE CHASSE YMCA, BOYS & GIRLS CLUBS WEST BANK, BROAD COMMUNITY CONNECTIONS, BRYAN BELL METROPOLITAN LEADERSHIP FORUM, BUREAU 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 OF COVINGTON, CITY OF KENNER, CITY OF MANDEVILLE, CITY OF NEW ORLEANS EMERGENCY MEDICAL SERVICES, CITY OF SLIDELL, CIVIC COALITION</p>

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
<p>Schedule H, Part V, Section B, Line 5 Facility A, 1</p>	<p>ON WEST BANK, COUNCIL ON AGING OF ST, COVENANT HOUSE NEW ORLEANS, COVINGTON FOOD BANK, CRE SCENT DENTAL, DAUGHTERS OF CHARITY, EAST JEFFERSON GENERAL HOSPITAL, EAST ST, EXCELTH FAMI LY HEALTH CENTER, FIFTH DISTRICT SAVINGS BANK, FRIENDS OF LAFITTE GREENWAY, GHEENS NEEDY F AMILY, GIN WEALTH MANAGEMENT PARTNERS, GOOD SAMARITAN FOOD BANK, GULF COAST BANK & TRUST C OMPANY, HEALTH GUARDIANS OF CATHOLIC CHARITIES ARCHDIOCESE OF NEW ORLEANS, HOSPITAL SERVIC E DISTRICT, HUB INTERNATIONAL GULF SOUTH, HUMANA, HUMANA BOLD GOAL, JEFFCAP, JEFFERSON CHA MBER OF COMMERCE, JEFFERSON PARISH COUNCIL ON AGING, JEFFERSON PARISH PUBLIC SCHOOL SYSTEM , JEWISH FAMILY SERVICES, JOHN J, JUNIOR LEAGUE OF NEW ORLEANS, KENNER DISCOVERY HEALTH SC IENCES ACADEMY, KINGSLEY HOUSE, LAFOURCHE BEHAVIORAL HEALTH CENTER, LAFOURCHE FIRE DEPARTM ENT DISTRICT #1, LAFOURCHE HOSPITAL SERVICE DISTRICT #2, LAFOURCHE PARISH GOVERNMENT, LAFO URCHE PARISH SCHOOL BOARD, LAFOURCHE PARISH SHERIFF'S OFFICE, LAKEVIEW REGIONAL MEDICAL CE NTER, LCMC HEALTH, LCMC HEALTH - CHILDREN'S HOSPITAL, LCMC HEALTH - NEW ORLEANS EAST HOSPI TAL, LCMC HEALTH - TOURO INFIRMARY, LCMC HEALTH - UNIVERSITY MEDICAL CENTER, LCMC HEALTH - WEST JEFFERSON MEDICAL CENTER, LIMB UP, LOCKPORT CITY COUNCIL, LOUISIANA CHILDREN'S RESEA RCH CENTER FOR DEVELOPMENT AND LEARNING, LOUISIANA DEPARTMENT OF HEALTH, LOUISIANA ORGAN P ROCUREMENT AGENCY, LOUISIANA POLICY INSTITUTE FOR CHILDREN, LOUISIANA PUBLIC HEALTH INSTIT UTE, LOUISIANA PUBLIC HEALTH INSTITUTE, LOUISIANA STATE UNIVERSITY AGRICULTURAL CENTER, LO UISIANA STATE UNIVERSITY HEALTH SCIENCES CENTER, LOUISIANA STATE UNIVERSITY/UNIVERSITY MED ICAL CENTER, MARKET UMBRELLA, MARTIN LUTHER KING, JR, METHODIST HEALTH SYSTEM FOUNDATION, INC, METROPOLITAN HUMAN SERVICES DISTRICT, NEW ORLEANS CHAMBER OF COMMERCE, NEW ORLEANS CO UNCIL ON AGING, NEW ORLEANS EMERGENCY MEDICINE, NEW ORLEANS HEALTH DEPARTMENT, NEW ORLEANS MISSION/GIVING HOPE RETREAT, NEW PATHWAYS NEW ORLEANS, NEWMAN, MATHIS, BRADY & SPEDALE, N OLA BUSINESS ALLIANCE, NORTHSHORE COMMUNITY FOUNDATION, NORTHSHORE HEALTHCARE ALLIANCE, NU RSE FAMILY PARTNERSHIP, OCHSNER BAPTIST MEDICAL CENTER, OCHSNER HEALTH SYSTEM, OCHSNER HEA LTH 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 PARTNERSHIP 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 BEHAVIORAL CE NTER, RIVER PLACE BEHAVIORAL HEALTH A SERVICE OF OCHSNER HEALTH SYSTEM, SAIRP, SALVATION C HRISTIAN FELLOWSHIP, SECOND BAPTIST CHURCH, SECOND HARVEST FOOD BANK, SLIDELL MEMORIAL HOS PITAL, SOUTH CENTRAL PLANNING & DEVELOPMENT COMMISSION (SCPDC), ST. JOHN COUNCIL, ST. JOHN VOLUNTEER CITIZEN, ST. TAMMANY CORONER'S OFFICE, ST. TAMMANY DEPARTMENT OF HEALTH & HUMAN SERVICES, ST. TAMMANY PARISH</p>

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	<p>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, THE BLOOD CENTER, THE HAVEN, THE LOUISIANA CAMPAIGN FOR TOBACCO-FREE LIVING, THE METROPOLITAN HOSPITAL COUNCIL OF NEW ORLEANS, THE NATIONAL ALLIANCE ON MENTAL ILLNESS, TPRC, TULANE LAKESIDE HOSPITAL FOR WOMEN AND CHILDREN, TULANE MEDICAL CENTER, US HOUSE OF REPRESENTATIVES, UMCN O FORENSICS, UNITED HEALTHCARE, UNITED WAY, UNITED WAY FOR GREATER NEW ORLEANS, UNITED WAY OF SOUTHEAST LOUISIANA, UNITY OF GREATER NEW ORLEANS, VACHERIE-GHEENS COMMUNITY CENTER, VIET, VOLUNTEERS OF AMERICA, WELL-AHEAD LOUISIANA REGION 9, WEST JEFFERSON MEDICAL CENTER, WEST JEFFERSON MEDICAL CENTER FOUNDATION DIRECTOR, WEST JEFFERSON MEDICAL CENTER; AUXILIARY THE CHNA WAS DESIGNED IN ACCORDANCE WITH CHNA REQUIREMENTS IDENTIFIED IN THE PATIENT PROTECTION AND AFFORDABLE CARE ACT AND FURTHER ADDRESSED IN THE INTERNAL REVENUE SERVICE 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 OF DIRECTORS IN APRIL 2019.</p>

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 Facility Reporting Group A. 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	<p>Facility A, 1 - A-1 OCHSNER MEDICAL CENTER (INCLUDING SATELLITE LOCATIONS). 2019 UPDATE ON 2018 COMMUNITY HEALTH NEEDS ASSESSMENT Behavioral Health/Mental Health/Substance Abuse In order to meet the behavioral health, mental health and substance abuse needs of our community, we have focused on increasing access to care for all ages. The Boh Center for Child Development is one of the largest multi-disciplinary child focused centers in the Gulf South utilizing interdisciplinary team evaluations, integrated treatment protocols and supports parents within the school setting to navigate special education services and provide family centered treatment plans. We continue to provide inpatient psychiatric services at our flagship hospital, Ochsner Medical Center New Orleans, outpatient mental health services and clinical psychiatric services. The system-wide Opioid Stewardship Committee continues to develop best-practices in decreasing the use of opioids. Ochsner launched the iCare program with the Lambeth House to offer telehealth services for dementia and Alzheimer's care to allow these patients to stay at home while receiving proactive and continuing care. Through Ochsner's TelePsych program, 2,594 psych consultations were completed throughout the health system, removing distance as a barrier to mental health services. Access to Care Ochsner continues to provide medical services in neighborhoods across the Greater New Orleans Region, including opening 4 new health care sites; 2 Primary Care Clinics at in Lake Terrace and the Ochsner Baptist Medical Office Building and 2 Urgent Cares at the University of New Orleans and the Central Business District. Ochsner has significantly increased access and availability to Urgent Care services throughout the community with 19 locations in 8 parishes throughout Louisiana. Ochsner provided access to healthcare through school-based health centers at Bonnabel and John Ehret High Schools in Jefferson Parish, providing primary care to over 2,100 students. Through telehealth services, Ochsner Physicians completed 3,720 Telestroke assessments at 56 different sites. In 2019, 14 additional Telehealth program sites were added to the Ochsner Telehealth platforms, including one internationally in Nigeria, West Africa. Considering the long term need to continue to grow the pipeline of healthcare providers, Ochsner has made significant investments in K-12 and Healthcare Education. Over 13,200 K-12 students and teachers were engaged in Ochsner's K-12 STEM Education Program Teacher Professional Development programs that span across the state of Louisiana and into Mississippi. The Ochsner Clinical School and Graduate Medical Education Programs brought over 800 students through medical training programs in 2019 and we continued to partner with the Chamberlain School of Nursing at Ochsner to prepare the next generation of nurses. Our Workforce Development programs worked with Louisiana Community and Technical Colleges throughout Louisiana.</p>

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	<p>siana to host incumbent training and workforce development programs. The programs in Greater New Orleans, Northshore, Lake Charles, Bayou and Baton Rouge trained 411 unemployed or underemployed adults at no cost to the student, with a 100% graduation rate and 100% employment upon graduation rate in roles as Medical Assistant, Pharmacy Tech, Coding, and Patient Care Technician. Health Education & Health Literacy Ochsner is focused on the need to provide opportunities for community members and patients to learn about their health and how to improve or maintain it by empowering them with education and learning opportunities. The Ochsner Eat Fit program makes it easy for community members to make the right decisions for their health through collaborative work with local restaurants, schools and sports arenas in New Orleans, Northshore, Baton Rouge, Shreveport and Acadiana. Ochsner provides 6 Registered Dietitians to partner with 336 restaurant partners to review their menus and certify approved "Eat Fit" options. Ochsner provides the "CHOP" After-School cooking program at schools and community centers in the Greater New Orleans, Baton Rouge, Northshore and Hancock Mississippi regions, reaching 400 students in 2019. This no-cost, 8-week program gives young people the opportunity to learn hands-on cooking skills through health education and healthy recipes. The Ochsner Corporate Wellness team provided over 3,500 no-cost health screenings to community members, teachers and local organizations across regions. The Ochsner Sports Medicine Institute partnered with local schools throughout southeast Louisiana to provide low or no-cost Athletic Training services for their student athletes, including pre-sports physicals to keep student-athletes healthy. Ochsner Tobacco Cessation and Education programs educate local students through interactive tobacco prevention programs. Additionally, the Tobacco Control & Prevention program offers 23 cessation clinic sites that provide free tobacco cessation services to patients who are eligible for the tobacco trust program. Over 15,000 people have participating since the start of the program which has a 12-month quit rate of 30%. System wide, over 10,400 unique patients demonstrated a 29.8% quit rate. Cessation clinics are located in the Greater New Orleans Area, Baton Rouge and the Northshore.</p>

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	<p>Facility A, 2 - A-2 Ochsner Medical Center - Baton Rouge. 2019 UPDATE ON 2018 COMMUNITY HEALTH NEEDS ASSESSMENT Access to Care Ochsner made its single largest investment in providing access to care with the opening of Ochsner Medical Center - The Grove in Baton Rouge, a \$116 million, 225,000 square foot medical complex that has capacity to serve 2,000 patients per day and is a multi-specialty clinic and surgical center with 10 overnight beds. Ochsner continues to provide medical services in neighborhoods across the Baton Rouge Region, including opening 2 new Urgent Care sites in Prairieville and Highland. Ochsner has significantly increased access and availability to Urgent Care services throughout the community with a total of 19 locations in 8 parishes throughout Louisiana. Through telehealth services, Ochsner Physicians completed 3,720 Telestroke assessments at 56 different sites. In 2019, 14 additional Telehealth program sites were added to the Ochsner Telehealth platforms, including one internationally in Nigeria, West Africa, and two in the Baton Rouge Region. Considering the long term need to continue to grow the pipeline of healthcare providers, Ochsner has made significant investments in K-12 and Healthcare Education. Over 13,200 K-12 students and teachers were engaged in Ochsner's K-12 STEM Education Program Teacher Professional Development programs that span across the state of Louisiana and into Mississippi. The Ochsner Clinical School and Graduate Medical Education Programs brought over 800 students through medical training programs in 2019 and we continued to partner with the Chamberlain School of Nursing at Ochsner to prepare the next generation of nurses. Our Workforce Development programs worked with Louisiana Community and Technical Colleges throughout Louisiana to host incumbent training and workforce development programs. The programs in Greater New Orleans, Northshore, Lake Charles, Bayou and Baton Rouge trained 411 unemployed or underemployed adults at no cost to the student, with a 100% graduation rate and 100% employment upon graduation rate in roles as Medical Assistant, Pharmacy Tech, Coding, and Patient Care Technician. Behavioral Health/Mental Health/Substance Abuse In order to meet the behavioral health, mental health and substance abuse needs of our community, we have focused on increasing access to care for all ages. The Boh Center for Child Development is one of the largest multidisciplinary child focused centers in the Gulf South utilizing interdisciplinary team evaluations, integrated treatment protocols and supports parents within the school setting to navigate special education services and provide family centered treatment plans. We continue to provide inpatient psychiatric services at our flagship hospital, Ochsner Medical Center New Orleans, including outpatient mental health services and clinical psychiatric services. The system-wide Opioid Stewardship Committee continues to develop best-practices in decreasing</p>

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	<p>asing the use of opioids. Ochsner launched the iCare program with the Lambeth House to off er telehealth services for dementia and Alzheimer's care to allow these patients to stay a t home while receiving proactive and continuing care. Through Ochsner's TelePsych program, 2,594 psych consultations were completed throughout the health system, removing distance as a barrier to mental health services. Healthy Living Ochsner is focused on the need to p rovide opportunities for community members and patients to learn about their health and ho w to improve or maintain it by empowering them with education and learning opportunities. The Ochsner Eat Fit program makes it easy for community members to make the right decision s for their health through collaborative work with local restaurants, schools and sports a renas in New Orleans, Northshore, Baton Rouge, Shreveport and Acadiana. Ochsner provides 6 Registered Dieticians to partner with 336 restaurant partners to review their menus and c ertify approved "Eat Fit" options. Ochsner provides the "CHOP" After-School cooking progra m at schools and community centers in the Greater New Orleans, Baton Rouge, Northshore and Hancock Mississippi regions, reaching 400 students in 2019. This no-cost, 8-week program gives young people the opportunity to learn hands-on cooking skills through health educati on and healthy recipes. The Ochsner Corporate Wellness team provided over 3,500 no-cost he alth screenings to community members, teachers and local organizations across regions. The Ochsner Sports Medicine Institute partnered with local schools throughout southeast Louis iana to provide low or no-cost Athletic Training services for their student athletes, incl uding pre-sports physicals to keep student-athletes healthy. Ochsner Tobacco Cessation and Education programs educate local students through interactive tobacco prevention programs . Additionally, the Tobacco Control & Prevention program offers 23 cessation clinic sites that provide free tobacco cessation services to patients who are eligible for the tobacco trust program. Over 15,000 people have participating since the start of the program which has a 12-month quit rate of 30%. System wide, over 10,400 unique patients demonstrated a 2 9.8% quit rate. Cessation clinics are located in the Greater New Orleans Area, Baton Rouge and the Northshore. STIs Ochsner Baton Rouge has made significant efforts to support the prevention and education of STIs across the community. In 2019, Ochsner Baton Rouge Emerge ncy Departments transitioned to the model of opt-out testing for HIV and Hepatitis-C. In j ust the first 6 months of the program 3,200 HIV tests were performed. Patients who were id entified as positive for HIV or HepC were immediately linked to a Primary Care Provider an d a care plan was established. Representatives from Ochsner Baton Rouge are active members of the Mayor's HealthyBR council where strategic programming resources are made available to address several health nee</p>

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	ds, with HIV/AIDs being one of them.

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
<p>Schedule H, Part V, Section B, Line 11 Facility A, 3</p>	<p>Facility A, 3 - A-3 Ochsner Medical Center - Kenner, LLC. 2019 UPDATE ON 2018 COMMUNITY HEALTH NEEDS ASSESSMENT Education Understanding that access to high quality education in a safe and supportive environment is a critical beginning step in improving health outcomes, in 2019 Ochsner received approval from the Jefferson Parish Public School System Board to enter into a community partnership with Discovery Schools Foundation. Through this partnership, Ochsner is financing and managing the construction of a new school facility to house a PreK-8th grade, open enrollment, public charter school in an underserved neighborhood. JPPSS is the largest public-school system in the state of Louisiana with 81,000 students and an economically disadvantaged school population of 85%. Discovery Schools Foundation operates the Kenner Discovery Health Sciences Academy adjacent to the Ochsner Medical Center Kenner campus allowing for a close partnership for student and teacher programming. Considering the long-term need to continue to grow the pipeline of healthcare providers, Ochsner has made significant investments in K-12 and Healthcare Education. Over 13,200 K-12 students and teachers were engaged in Ochsner's K-12 STEM Education Program Teacher Professional Development programs that span across the state of Louisiana and into Mississippi. Ochsner also supports the LSUHSC Family Practice and Internal Medicine Graduate Medical Education residency programs at Ochsner Medical Center Kenner. Behavioral Health/Mental Health/Substance Abuse In order to meet the behavioral health, mental health and substance abuse needs of our community, we have focused on increasing access to care for all ages. The Boh Center for Child Development is one of the largest multi-disciplinary child focused centers in the Gulf South utilizing interdisciplinary team evaluations, integrated treatment protocols and supports parents within the school setting to navigate special education services and provide family centered treatment plans. We continue to provide inpatient psychiatric services at our flagship hospital, Ochsner Medical Center New Orleans, including outpatient mental health services and clinical psychiatric services. The system-wide Opioid Stewardship Committee continues to develop best-practices in decreasing the use of opioids. Ochsner launched the iCare program with the Lambeth House to offer telehealth services for dementia and Alzheimer's care to allow these patients to stay at home while receiving proactive and continuing care. Through Ochsner's TelePsych program, 2,594 psych consultations were completed throughout the health system, removing distance as a barrier to mental health services. Access to Care Ochsner Kenner opened a second catheterization lab further expanding its capacity to serve cardiovascular patients. Ochsner continues to provide medical services in neighborhoods across the Greater New Orleans Region (including Kenner and River Regions), including opening 4</p>

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	<p>new health care sites; 2 Primary Care Clinics at in Lake Terrace and the Ochsner Baptist Medical Office Building and 2 Urgent Cares at the University of New Orleans and the Centra l Business District. Ochsner has significantly increased access and availability to Urgent Care services across the community with 19 locations in 8 parishes throughout Louisiana. Ochsner provided access to healthcare through school-based health centers at Bonnabel (in the city of Kenner) and John Ehret High Schools in Jefferson Parish, providing primary care to over 2,100 students. Through telehealth services, Ochsner Physicians completed 3,720 Telestroke assessments at 56 different sites. In 2019, 14 additional Telehealth program sites were added to the Ochsner Telehealth platforms, including one internationally in Nigeria, West Africa. The Ochsner Clinical School and Graduate Medical Education Programs brought over 800 students through medical training programs in 2019 and we continued to partner with the Chamberlain School of Nursing at Ochsner to prepare the next generation of nurses. Our Workforce Development programs worked with Louisiana Community and Technical Colleges throughout Louisiana to host incumbent training and workforce development programs. The programs in Greater New Orleans, Northshore, Lake Charles, Bayou and Baton Rouge trained 411 unemployed or underemployed adults at no cost to the student, with a 100% graduation rate and 100% employment upon graduation rate in roles as Medical Assistant, Pharmacy Tech, Coding, and Patient Care Technician.</p>

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
<p>Schedule H, Part V, Section B, Line 11 Facility A, 4</p>	<p>Facility A, 4 - A-4 Ochsner Medical Center - Northshore. 2019 UPDATE ON 2018 COMMUNITY HEALTH NEEDS ASSESSMENT Behavioral Health/Mental Health/Substance Abuse Ochsners' Northshore region partnered with Safehaven, a collaborative healing environment for citizens struggling with mental illness and substance abuse. Safehaven provides a single point of entry into the behavioral health continuum for law enforcement, the judiciary and local hospitals. Ochsner partnership with Safehaven education, training, advisory-expertise and collaborative partnership programming. Ochsners' Northshore region also maintains a close partnership with NAMI, collaborating on and hosting support groups and other events throughout the year. In order to meet the behavioral health, mental health and substance abuse needs of our community, we have focused on increasing access to care for all ages. The Boh Center for Child Development is one of the largest multi-disciplinary child focused centers in the Gulf South utilizing interdisciplinary team evaluations, integrated treatment protocols and supports parents within the school setting to navigate special education services and provide family centered treatment plans. The system-wide Opioid Stewardship Committee continues to develop best-practices in decreasing the use of opioids. Through Ochsner's TelePsych program, 2,594 psych consultations were completed throughout the health system, removing distance as a barrier to mental health services. Health Education Ochsner is focused on the need to provide opportunities for community members and patients to learn about their health and how to improve or maintain it by empowering them with education and learning opportunities. The Ochsner Eat Fit program makes it easy for community members to make the right decisions for their health through collaborative work with local restaurants, schools and sports arenas in New Orleans, Northshore, Baton Rouge, Shreveport and Acadiana. Ochsner provides 6 Registered Dietitians to partner with 336 restaurant partners to review their menus and certify approved "Eat Fit" options. Ochsner provides the "CHOP" After-School cooking program at schools and community centers in the Greater New Orleans, Baton Rouge, Northshore and Hancock Mississippi regions, reaching 400 students in 2019. This no-cost, 8-week program gives young people the opportunity to learn hands-on cooking skills through health education and healthy recipes. The Ochsner Corporate Wellness team provided over 3,500 no-cost health screenings to community members, teachers and local organizations across regions. The Ochsner Sports Medicine Institute partnered with local schools throughout south east Louisiana to provide low or no-cost Athletic Training services for their student athletes, including pre-sports physicals to keep student-athletes healthy. Ochsner Tobacco Cessation and Education programs educate local students through interactive tobacco prevention programs. Additionally, the</p>

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	<p>Tobacco Control & Prevention program offers 23 cessation clinic sites that provide free to bacco cessation services to patients who are eligible for the tobacco trust program. Over 15,000 people have participating since the start of the program which has a 12-month quit rate of 30%. System wide, over 10,400 unique patients demonstrated a 29.8% quit rate. Cess ation clinics are located in the Greater New Orleans Area, Baton Rouge and the Northshore. Chronic Disease Ochsner's digital medicine programs change the way patients manage chroni c diseases like hypertension and diabetes through wearable technology that monitors levels and alerts care providers. 71% of participants in the hypertension digital medicine progr am achieved control within 90 days of entering the program. Diabetes digital medicine prog ram allows diabetic patients to measure blood sugar levels anywhere and automatically tran smit the information to their care teams. Care teams use information to adjust treatment p lans, medications and provide lifestyle guidance resulting in significant improvements in blood sugar control, patient activation and completing important health maintenance measur es. The Ochsner InnovationHub opened in 2019 as a way for community members to have access to learn about digital medicine options to manage chronic disease, explore healthy lifest yle education and have interactive experiences centered around healthcare. In community ce nters, churches, schools and businesses throughout Ochsner communities, we provide expert speakers that cover topics centered around managing chronic diseases, prevention strategie s, and a host of other health topics for community members. All Ochsner campuses provide s upport groups for a variety of topics including, managing chronic health conditions, trans plant support, mental health, pre- and post-natal, sibling classes, geriatric and women's health.</p>

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
<p>Schedule H, Part V, Section B, Line 11 Facility A, 5</p>	<p>Facility A, 5 - A-5 Ochsner St. Anne General Hospital. 2019 UPDATE ON 2018 COMMUNITY HEALTH NEEDS ASSESSMENT Access to Care Ochsner continues to provide medical services in neighborhoods across the Bayou region. Ochsner has significantly increased access and availability to Urgent Care services throughout across the community with 19 locations in 8 parishes throughout Louisiana. Through telehealth services, Ochsner Physicians completed 3,720 Tele stroke assessments at 56 different sites. In 2019, 14 additional Telehealth program sites were added to the Ochsner Telehealth platforms, including one internationally in Nigeria, West Africa, and two in the St. Anne/Bayou region. Considering the long term need to continue to grow the pipeline of healthcare providers, Ochsner has made significant investments in K-12 and Healthcare Education. Over 13,200 K-12 students and teachers were engaged in Ochsner's K-12 STEM Education Program Teacher Professional Development programs that span across the state of Louisiana and into Mississippi. The Ochsner Clinical School and Graduate Medical Education Programs brought over 800 students through medical training programs in 2019 and we continued to partner with the Chamberlain School of Nursing at Ochsner to prepare the next generation of nurses. Our Workforce Development programs worked with Louisiana Community and Technical Colleges throughout Louisiana to host incumbent training and workforce development programs. The programs in Greater New Orleans, Northshore, Lake Charles, Bayou and Baton Rouge trained 411 unemployed or underemployed adults at no cost to the student, with a 100% graduation rate and 100% employment upon graduation rate in roles as a Medical Assistant, Pharmacy Tech, Coding, and Patient Care Technician. Behavioral Health /Mental Health/Substance Abuse In order to meet the behavioral health, mental health and substance abuse needs of our community, we have focused on increasing access to care for all ages. The Boh Center for Child Development is one of the largest multi-disciplinary child focused centers in the Gulf South utilizing interdisciplinary team evaluations, integrated treatment protocols and supports parents within the school setting to navigate special education services and provide family centered treatment plans. The system-wide Opioid Stewardship Committee continues to develop best-practices in decreasing the use of opioids. Ochsner launched the iCare program with the Lambeth House to offer telehealth services for dementia and Alzheimer's care to allow these patients to stay at home while receiving proactive and continuing care. Through Ochsner's TelePsych program, 2,594 psych consultations were completed throughout the health system, removing distance as a barrier to mental health services. Chronic Disease Ochsner's digital medicine programs changes the way patients manage chronic diseases like hypertension and diabetes through wearable technology that monitors levels and alerts care</p>

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	providers. 71% of participants in the hypertension digital medicine program achieved control within 90 days of entering the program. Diabetes digital medicine program allows diabetic patients to measure blood sugar levels anywhere and automatically transmit the information to their care teams. Care teams use information to adjust treatment plans, medications and provide lifestyle guidance resulting in significant improvements in blood sugar control, patient activation and completing important health maintenance measures. The Ochsner InnovationHub opened in 2019 as a way for community members to have access to learn about digital medicine options to manage chronic disease, explore healthy lifestyle education and have interactive experiences centered around healthcare. In community centers, churches, schools and businesses throughout Ochsner communities, we provide expert speakers that cover topics centered around managing chronic diseases, prevention strategies, and a host of other health topics for community members. All Ochsner campuses provide support groups for a variety of topics including, managing chronic health conditions, transplant support, mental health, pre- and post-natal, sibling classes, geriatric and women's health.

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 Facility Reporting Group A. 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 Facility Reporting Group A. 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 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 Cancer Center - Baton Rouge 17050 Medical Center Dr 1st Floor Baton Rouge, LA 70816	Health Center
6 Ochsner Health Center - Baptist Napoleon Medical Plaza 2820 Napoleon Ave New Orleans, LA 70115	Health Center
7 Ochsner Health Center - O'Neal 16777 Medical Center Dr Baton Rouge, LA 70816	Health Center
8 Ochsner Emergency Room - Marrero 4837 Lapalco Blvd Marrero, LA 70072	Health Center
9 Ochsner Health Center For Children - New Orleans 1315 Jefferson Hwy New Orleans, LA 70121	Health Center
10 Ochsner Health Center - Metairie 2005 Veterans Memorial Blvd Metairie, LA 70002	Health Center
11 Ochsner Center for Primary Care and Wellness 1401 Jefferson Hwy New Orleans, LA 70121	Health Center
12 Ochsner Health Center - Lapalco 4225 Lapalco Blvd Marrero, LA 70072	Health Center
13 Ochsner Specialty Health Center One Slidell 1850 Gause Blvd East Slidell, LA 70461	Health Center
14 Lieselotte Tansey Breast Center at Ochsner Michael R Boh Center for Child Development 1319 Jefferson Highway New Orleans, 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 Health Center - West Bank 120 Ochsner Blvd Gretna, LA 70056	Health Center
1 Ochsner Health Center - Elmwood 1221 S Clearview Pkwy Harahan, LA 70121	Health Center
2 Ochsner Medical Complex - Iberville 25455 La Hwy 1 Plaquemine, LA 70764	Health Center
3 Ochsner Neurosciences Institute - Slidell 104 Medical Center Dr Slidell, LA 70461	Health Center
4 Ochsner Health Center - St Bernard 8050 West Judge Perez Dr Chalmette, LA 70043	Health Center
5 Ochsner Fitness Center - Harahan 1200 South Clearview Pkwy Ste 1200 Harahan, LA 70123	Fitness Center
6 Ochsner Health Center - Driftwood 2120 Driftwood Blvd Kenner, LA 70065	Health Center
7 Ochsner Health Center - Belle Meade 605 Lapalco Blvd Gretna, LA 70056	Health Center
8 Ochsner Health Center - Slidell 2750 E Gause Blvd Slidell, LA 70461	Health Center
9 Ochsner Specialty Health Center Two Slidell 105 Medical Center Dr North Shore T wo Bldg Suites 101-305 Slidell, LA 70461	Health Center
10 Ochsner Therapy & Wellness - Veterans 850 Veterans Memorial Blvd Metairie, LA 70005	Health Center
11 Ochsner Neurosciences Institute - Covington 1341 Ochsner Blvd Covington, LA 70433	Health Center
12 Ochsner Health Center - East Causeway Approach 3235 East Causeway Approach Mandeville, LA 70448	Health Center
13 Ochsner Health Center - Baptist McFarland Medical Plaza 4429 Clara St New Orleans, LA 70115	Health Center
14 Ochsner Health Center for Children - Slidell 2370 E Gause Blvd Slidell, LA 70461	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 - Tangipahoa 41676 Veterans Ave Hammond, LA 70403	Health Center
1 Ochsner Health Center - Tchoupitoulas 5300 Tchoupitoulas St New Orleans, LA 70115	Health Center
2 Ochsner Urgent Care & Occupational Health - West Bank 1625 Barataria Blvd Ste A Marrero, LA 70072	Health Center
3 Ochsner Health Center - Mid-City at Canal 4100 Canal Street New Orleans, LA 70119	Health Center
4 Ochsner Urgent Care - Kenner 3417 Williams Blvd Kenner, LA 70065	Health Center
5 Pelican Urgent Care 2375 East Gause Blvd Slidell, LA 70461	Health Center
6 Ochsner Urgent Care - Metairie 2215 Veterans Blvd Metairie, LA 70002	Health Center
7 Ochsner Therapy & Wellness - Gause 2040 Gause Blvd E Slidell, LA 70461	Health Center
8 Ochsner Health Center - Prairieville 16220 Airline Hwy Prairieville, LA 70769	Health Center
9 Ochsner Family Doctor Clinic - Matthews 111 Acadia Dr Raceland, LA 70394	Health Center
10 Ochsner Urgent Care - Houma 5922 W Main St Ste A Houma, LA 70360	Health Center
11 Therapy & Wellness - O'Neal 2077 O'Neal Lane Baton Rouge, LA 70816	Health Center
12 Ochsner Therapy & Wellness - Driftwood 3700 Williams Blvd Kenner, LA 70065	Health Center
13 Ochsner Women's Health Center - Raceland 104 Acadia Park Dr Raceland, LA 70394	Health Center
14 Ochsner Health Center - Destrehan 13100 River Rd Destrehan, LA 70047	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 Urgent Care - Lakeview 111C Robert E Lee Blvd New Orleans, LA 70124	Health Center
2 Ochsner Health Center for Children - Monroe 300 Pavilion Rd West Monroe, LA 71292	Health Center
3 Ochsner Health Center - Clearview 4500 Clearview Pkwy 1st floor Metairie, LA 70006	Health Center
4 Ochsner Health Center For Children - Metairie 4901 Veterans Memorial Blvd Metairie, LA 70006	Health Center
5 Ochsner Health Center - Lake Terrace 1532 Robert E Lee Blvd New Orleans, LA 70122	Health Center
6 Ochsner Urgent Care & Occupational Health - Covington 1111 Greengate Dr Ste B Covington, LA 70433	Health Center
7 Ochsner Health Center - Denham Springs South 139 Veterans Blvd Denham Springs, LA 70726	Health Center
8 Ochsner Health Center - Shepherd Square 4540 Shepherd Square Diamondhead, MS 39525	Health Center
9 Ochsner Urgent Care - Luling 12895 US Highway 90 Ste H Luling, LA 70070	Health Center
10 Ochsner Health Center - Zachary 4845 Main St Ste D Zachary, LA 70791	Health Center
11 Ochsner Urgent Care - River Ridge 9605 Jefferson Hwy Ste G River Ridge, LA 70123	Health Center
12 Ochsner Health Center - Belle Chasse 7772 Highway 23 Belle Chasse, LA 70037	Health Center
13 Ochsner Health Center - Luling 1057 Paul Maillard Rd Luling, LA 70070	Health Center
14 Ochsner Urgent Care - Uptown 4605 Magazine St New Orleans, LA 70115	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 Urgent Care - Lagniappe Center 14601 Airline Hwy Gonzales, LA 70737	Health Center
1 Ochsner Therapy & Wellness - Mandeville 1119 N Causeway Blvd Ste 1 Mandeville, LA 70471	Health Center
2 Ochsner Health Center - Algiers 3401 Behrman Pl Algiers, LA 70114	Health Center
3 Ochsner Urgent Care - Thibodaux 318 North Canal Blvd Thibodaux, LA 70301	Health Center
4 Ochsner Fitness Center - Metairie 111 Veterans Memorial Blvd Metairie, LA 70005	Fitness Center
5 Ochsner Health Center - Mandeville 2810 E Causeway Appr Mandeville, LA 70448	Health Center
6 The Gayle and Tom Benson Cancer Center 1514 Jefferson Hwy New Orleans, LA 70121	Health Center
7 Ochsner Urgent Care - Mandeville 2735 Highway 190 Ste D Mandeville, LA 70471	Health Center
8 Ochsner Health Center - LaPlace Medical 735 W 5th St LaPlace, LA 70068	Health Center
9 Ochsner Health Center - Abita Springs 22070 Hwy 59 Abita Springs, LA 70420	Health Center
10 Ochsner Health Center - Central 11424-2 Sullivan Rd Baton Rouge, LA 70818	Health Center
11 Ochsner Specialty Health Center - Raceland 141 Twin Oaks Raceland, LA 70394	Health Center
12 Ochsner Health Center - River Parishes 502 Rue de Sante LaPlace, LA 70068	Health Center
13 Ochsner Health Center for Children - River Ridge 9605 Jefferson Hwy Ste J River Ridge, LA 70123	Health Center
14 Ochsner Health Center - Raceland 106 Cypress St 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)
76 Ochsner Urgent Care - Warehouse District 900 Magazine St New Orleans, LA 70130	Health Center
1 Ochsner Therapy & Wellness for Children 3211 North Causeway Blvd Metairie, LA 70002	Health Center
2 Ochsner Health Center - Mid-City 411 N Carrollton Ave Ste 4 New Orleans, LA 70119	Health Center
3 Ochsner Health Center - Old Metairie 123 Metairie Road Metairie, LA 70005	Health Center
4 Ochsner Health Center - Denham Springs 30819 Hwy 16 Denham Springs, LA 70726	Health Center
5 Ochsner Health Center - Bay St Louis 202-A Drinkwater Blvd Bay St Louis, MS 39520	Health Center
6 Ochsner Occupational Health - Metairie 3530 Houma Blvd Ste 201 Metairie, LA 70006	Health Center
7 Ochsner Urgent Care - French Quarter 201 Decatur St New Orleans, LA 70130	Health Center
8 Ochsner Fitness Center - Downtown 701 Poydras St Ste 1300 New Orleans, LA 70139	Fitness Center
9 Ochsner Health Center - Pearl River 64629 LA 41 Pearl River, LA 70452	Health Center
10 Ochsner Health Center for Children - Lafayette 1460 S College Road Lafayette, LA 70503	Health Center
11 Ochsner Therapy & Wellness - LaplaceRiver Parishes 506 Rue de Sante Laplace, LA 70068	Health Center
12 Ochsner Imaging Center - Diamondhead 4551 Shepherd Square Diamondhead, MS 39525	Imaging Center
13 Ochsner Health Center - Bogalusa 2781-C South Columbia Bogalusa, LA 70427	Health Center
14 Ochsner Women's Health Center - Covington 71380 Hwy 21 Covington, LA 70433	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 - Lockport 1015 Crescent Ave Lockport, LA 70374	Health Center
1 Ochsner Therapy & Wellness - Destrehan 105 Plantation Rd Destrehan, LA 70047	Health Center
2 Ochsner Heart and Vascular Health Center - Hammond 16045 Doctors Blvd Hammond, LA 70403	Health Center
3 Ochsner Urgent Care and Occupational Health - Highland Park 18303 Old Perkins Rd E Baton Rouge, LA 70809	Health Center
4 Ochsner Health Center - Michoud 13800 Old Gentilly Rd Building 101 Suite 101-1-EC32 New Orleans, LA 70129	Health Center
5 Pharmacy & Wellness - St Anne 108 Acadia Park Dr Raceland, LA 70394	Pharmacy
6 Ochsner Health Center - Franklinton 2219 Main St Ste B Franklinton, LA 70438	Health Center
7 Ochsner Health Center - Uptown 3423 St Charles Ave New Orleans, LA 70115	Health Center
8 Ochsner Health Center for Children Pediatric Subspecialties - Covington 71121 Hwy 21 Covington, LA 70433	Health Center
9 Ochsner Health Center for Children Pediatric Subspecialties - Houma 8120 Main St Ste 303 Houma, LA 70360	Health Center
10 Ochsner Health Center - Diamondhead 5435 Gex Drive Diamondhead, MS 39525	Health Center
11 Ochsner Health Center - Port Bienville 3068 Port and Harbor Drive Bay St Louis, MS 39525	Health Center
12 Ochsner Health Center - St James 1731 Lutcher Ave Lutcher, LA 70071	Health Center
13 Ochsner Specialty Health Center - Cedar Lake 1721 Medical Park Dr Ste 200 Biloxi, MS 39532	Health Center
14 Ochsner Health Center - Lakeview 101 W Robert E Lee Blvd Ste 201 New Orleans, LA 70124	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)
106 Ochsner Health Center for Children - Jackson 2470 Flowood Dr Flowood, MS 39232	Health Center
1 Ochsner Specialty Health Center - Cut Off 102 West 112th St Cut Off, LA 70345	Health Center
2 Ochsner Health Center for Children - Hattiesburg 421 S 28th Ave Ste 110 Hattiesburg, MS 39401	Health Center
3 Ochsner Health Center for Children - McComb 309 Llewellyn Ave McComb, MS 39648	Health Center
4 Ochsner CHRISTUS Health Center 401 Dr Michael Debakey Dr Lake Charles, LA 70601	Health Center
5 Ochsner CHRISTUS Health Center - Cardiology 600 Dr Michael Debakey Dr Lake Charles, LA 70601	Health Center
6 Ochsner CHRISTUS Health Center - Grand Lake 10071 Gulf Hwy Lake Charles, LA 70607	Health Center
7 Ochsner CHRISTUS Health Center - Internal Medicine 4150 Nelson Rd Lake Charles, LA 70607	Health Center
8 Ochsner CHRISTUS Health Center - Moss Bluff 1355 Sam Houston Jones Pkwy Lake Charles, LA 70601	Health Center
9 Ochsner CHRISTUS Health Center - Tybee Lane Primary Care 1960 Tybee Ln Lake Charles, LA 70605	Health Center

Note: To capture the full content of this document as Filed, please select landscape mode (11" x 8.5") when printing.

Schedule I (Form 990)

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

OMB No. 1545-0047

2019

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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.

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...
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.

Table with 8 columns: (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. Rows 1-12.

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 56
3 Enter total number of other organizations listed in the line 1 table 4

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: 19010655
Software Version: 2019v5.0
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
ST BERNARD PARISH GVNMT 8201 W JUDGE PEREZ DR CHALMETTE, LA 70043	72-6001193	170(c)(1)	200,000				GENERAL ASSISTANCE
NATIONAL URBAN LEAGUE INC 80 PINT STREET New York, NY 10005	13-1840489	501(c)(3)	150,000				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
LSU HEALTH SCIENCE CENTER SHREVEPORT 1501 KINGS HWY SHREVEPORT, LA 71103	36-4774713	501(c)(3)	131,392				GENERAL ASSISTANCE
REBUILD LOUISIANA 8702 JEFFERSON HWY BATON ROUGE, LA 70809	81-1464694	501(c)(4)	100,000				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
COALITION TO PROTECT 800 10TH ST NW2CTYCNTR WASH, DC 200014956	52-2253225	501(c)(4)	87,500				GENERAL ASSISTANCE
ANTI-DEFAMATION LEAGUE 605 Third Avenue New York, NY 10158	13-1818723	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
UNITED NEGRO COLLEGE FUND 1100 POYDRAS ST New Orleans, LA 70163	13-1624241	501(c)(3)	75,000				GENERAL ASSISTANCE
TULANE UNIVERSITY 1430 TULANE AVE NEW ORLEANS, LA 70112	72-0423889	501(c)(3)	72,535				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 FNDN 100 North St Ste 900 BATON ROUGE, LA 70802	72-6030391	501(c)(3)	50,000				GENERAL ASSISTANCE
LOUISIANA LEGACY POLICY SOLUTIONS 342 LAFAYETTE STREET BATON ROUGE, LA 70801	83-4094412	501(c)(4)	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
LOUISIANA HOST COMMITTEE INC PO Box 94062 BATON ROUGE, LA 70804	26-2963336	501(c)(3)	50,000				GENERAL ASSISTANCE
LOUISIANA ACADEMY OF FAMILY PHYSICIANS FOUNDATION 919 TARA BLVD BATON ROUGE, LA 70806	58-1757802	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
LEUKEMIA AND LYMPHOMA 3636 S 1-10 SERVICE ROAD W Metairie, LA 70001	13-5644916	501(c)(3)	41,500				GENERAL ASSISTANCE
SUSAN G KOMEN 4141 VETERANS BLVD Metairie, LA 70002	75-1835298	501(c)(3)	35,000				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)	35,000				GENERAL ASSISTANCE
BOY SCOUTS OF AMERICA PO BOX 1146 Metairie, LA 70004	72-0408954	501(c)(3)	35,000				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
JUNIOR ACHIEVEMENT 5100 ORLEANS AVE New Orleans, LA 70124	72-0469314	501(c)(3)	32,500				GENERAL ASSISTANCE
LOUISIANA NURSES FOUNDATION 543 SPANISH TOWN ROAD BATON ROUGE, LA 70802	58-1697506	501(c)(3)	32,400				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
HOGS for the Cause PO BOX 792300 New Orleans, LA 70179	32-0273586	501(c)(3)	30,000				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 CANCER SOCIETY 2605 River Road New Orleans, LA 70121	13-1788491	501(c)(3)	28,500				GENERAL ASSISTANCE
GREATER NEW ORLEANS INC 1100 POYDRAS ST New Orleans, LA 70130	72-0272090	501(c)(6)	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
LOUISIANA FIRST FOUNDATION 1001 Capitol Access Road BATON ROUGE, LA 70802	81-5192457	501(c)(3)	25,000				GENERAL ASSISTANCE
TRES DOUX FOUNDATION PO BOX 792054 New Orleans, LA 70179	81-0762986	501(c)(3)	25,000				GENERAL ASSISTANCE

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

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FORWARD JEFFERSON CORPORATION 700 CHURCHILL PKWY AVONDALE, LA 70094	20-0334197	501(c)(3)	25,000				GENERAL ASSISTANCE
LA PHIHARMONIC ORCHESTRA 2533 COLUMBUS STREET New Orleans, LA 70119	72-1189023	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
DELGADO COMMUNITY COLLEGE FOUNDATION 501 CITY PARK AVE New Orleans, LA 70119	72-1123204	501(c)(3)	24,000				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
MAGNOLIA COMMUNITY SERVICES INC 100 Central Ave JEFFERSON, LA 70121	72-0423625	501(c)(3)	20,000				GENERAL ASSISTANCE
NATIONAL ASSOCIATION OF HEALTH SERVICES EXECUTIVES 1050 CONNECTICUT AVE WASHINGTON, DC 20036	62-1312239	501(c)(3)	20,000				GENERAL ASSISTANCE

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

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AMERICAN ACADEMY OF P 345 Park Blvd Itasca, IL 60143	36-2275597	501(c)(3)	17,000				GENERAL ASSISTANCE
NORTHSHORE COMMUNITY FOUNDATION 103 NORTH PARK BLVD COVINGTON, LA 70433	61-1517784	501(c)(3)	16,000				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
CAGNOBREASTORATION 824 ELMWOOD PARK BLVD New Orleans, LA 70123	46-3045169	501(c)(3)	15,000				GENERAL ASSISTANCE
PLEASE FOUNDATION 30 Maryland Drive New Orleans, LA 70124	26-1662327	501(c)(3)	15,000				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)	12,500				GENERAL ASSISTANCE
National Multiple Sclerosis Society 733 THIRD Ave S New York, NY 10017	13-5661935	501(c)(3)	11,800				GENERAL ASSISTANCE

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

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MARCH OF DIMES FOUNDATION 11960 BRICKSOME AVENUE BATON ROUGE, LA 70816	13-1846366	501(c)(3)	11,500				GENERAL ASSISTANCE
UNIVERSITY OF NEW ORLEANS ALUMNI ASSOCIATION 2021 Lakeshore Drive New Orleans, LA 70122	23-7080203	501(c)(3)	11,000				GENERAL ASSISTANCE

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

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LOUISIANA PEDIATRIC CARDIOLOGY FOUNDATION 2137 A QUAL RUN DR BATON ROUGE, LA 70808	72-1476551	501(c)(3)	10,500				GENERAL ASSISTANCE
Vanderbilt Univ Medical Center 2525 West End Nashville, TN 37203	35-2528741	501(c)(3)	10,323				GENERAL ASSISTANCE

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

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ST BERNARD ECONOMIC DEVELOPMENT FOUNDATION 100 PORT BLVD 10 CHALMETTE, LA 70043	11-3712951	501(c)(3)	10,000				GENERAL ASSISTANCE
NEW ORLEANS HISPANIC HERITAGE FOUNDATION INC 400 POYDRAS ST 30TH FLOOR NEW ORLEANS, LA 70130	58-1881913	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
BOYS & GIRLS CLUB OF ACADIANA INC PO BOX 62166 LAFAYETTE, LA 70596	72-0940072	501(c)(3)	10,000				GENERAL ASSISTANCE
LEONARD J CHABERT 1978 INDUSTRIAL BLVD HOUMA, LA 70363	72-1463600	501(c)(3)	10,000				GENERAL ASSISTANCE

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

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SISTERS OF THE HOLY FAMILY 6901 Chef Menteur HWY New Orleans, LA 70126	72-0445322	501(c)(3)	10,000				GENERAL ASSISTANCE
LOUISIANA LEGISLATIVE PO Box 44155 BATON ROUGE, LA 70804	20-0293257	501(c)(3)	10,000				GENERAL ASSISTANCE

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

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FLETCHER TECHNICAL COMMUNITY COLLEGE FOUNDATION INC 1407 HIGHWAY 311 SCHEVER, LA 70395	20-4415988	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
KAREN T STALL RESEARCH AND BREAST INSTITUTE 2910 LAUSAT STREET Metairie, LA 70001	45-4181880	501(c)(3)	10,000				GENERAL ASSISTANCE
FRIENDS OF LAFITTE CORRIDOR INC 2200 LAFITTE AVENUE New Orleans, LA 70179	20-5295500	501(c)(3)	10,000				GENERAL ASSISTANCE

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

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NATIONAL BLACK NURSES 8630 FENTON STREET SILVER SPRING, MD 20910	23-7194995	501(c)(3)	8,000				GENERAL ASSISTANCE
STUART HALL 2032 S CARROLLTON AVE New Orleans, LA 70118	72-0988860	501(c)(3)	7,500				GENERAL ASSISTANCE

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

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PIRATES OF DEATH VALLEY 543 RICHLAND AVE BATON ROUGE, LA 70806	82-0940695	501(c)(3)	7,500				GENERAL ASSISTANCE
HOSPICE FOUNDATION OF THE SOUTH 141 PLEASANT DR SLIDELL, LA 70460	72-1484313	501(c)(3)	7,500				GENERAL ASSISTANCE

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

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UNIVERSITY OF NEW ORLEANS FOUNDATION 2021 Lakeshore Drive New Orleans, LA 70122	72-1051326	501(c)(3)	6,250				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
THE LINKS FOUNDATION INCORPORATED 1200 MASSACHUSETTS AVENUE WASHINGTON, DC 20005	52-1170830	501(c)(3)	5,500				GENERAL ASSISTANCE
JESUIT HIGH SCHOOL OF NEW ORLEANS 4133 Banks St New Orleans, LA 70119	72-0467510	501(c)(3)	5,500				GENERAL ASSISTANCE

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

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PUBLIC AFFAIRS RESEARCH COUNCIL OF LOUISIANA INC PO BOX 14776 BATON ROUGE, LA 70898	72-0436118	501(c)(3)	5,200				GENERAL ASSISTANCE
HANCOCK COUNTY CHAMBER OF COMMERCE 100 SOUTH BEACH BLVD BAY ST LOUIS, LA 39520	64-0203203	501(c)(3)	5,150				GENERAL ASSISTANCE

Schedule J
(Form 990)

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

2019

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
OCHSNER CLINIC FOUNDATION

Employer identification number
72-0502505

Part I Questions Regarding Compensation

	Yes	No								
<p>1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.</p> <table border="0"> <tr> <td><input checked="" type="checkbox"/> First-class or charter travel</td> <td><input type="checkbox"/> Housing allowance or residence for personal use</td> </tr> <tr> <td><input checked="" type="checkbox"/> Travel for companions</td> <td><input type="checkbox"/> Payments for business use of personal residence</td> </tr> <tr> <td><input checked="" type="checkbox"/> Tax idemnification and gross-up payments</td> <td><input type="checkbox"/> Health or social club dues or initiation fees</td> </tr> <tr> <td><input type="checkbox"/> Discretionary spending account</td> <td><input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)</td> </tr> </table>	<input checked="" type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use	<input checked="" type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence	<input checked="" type="checkbox"/> Tax idemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees	<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)		
<input checked="" type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use									
<input checked="" type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence									
<input checked="" type="checkbox"/> Tax idemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees									
<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)									
<p>b If any of the boxes on 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</p>	1b Yes									
<p>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 on Line 1a?</p>	2 Yes									
<p>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.</p> <table border="0"> <tr> <td><input checked="" type="checkbox"/> Compensation committee</td> <td><input type="checkbox"/> Written employment contract</td> </tr> <tr> <td><input checked="" type="checkbox"/> Independent compensation consultant</td> <td><input checked="" type="checkbox"/> Compensation survey or study</td> </tr> <tr> <td><input checked="" type="checkbox"/> Form 990 of other organizations</td> <td><input checked="" type="checkbox"/> Approval by the board or compensation committee</td> </tr> </table>	<input checked="" type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract	<input checked="" type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study	<input checked="" type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee				
<input checked="" type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract									
<input checked="" type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study									
<input checked="" type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee									
<p>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:</p> <p>a Receive a severance payment or change-of-control payment?</p> <p>b Participate in, or receive payment from, a supplemental nonqualified retirement plan?</p> <p>c Participate in, or receive payment from, an equity-based compensation arrangement?</p> <p>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.</p>	4a Yes									
	4b Yes									
		4c No								
<p>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</p> <p>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:</p> <p>a The organization?</p> <p>b Any related organization?</p> <p>If "Yes," on line 5a or 5b, describe in Part III.</p>	5a	No								
	5b	No								
<p>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:</p> <p>a The organization?</p> <p>b Any related organization?</p> <p>If "Yes," on line 6a or 6b, describe in Part III.</p>	6a	No								
	6b	No								
<p>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.</p>	7 Yes									
<p>8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.</p>	8	No								
<p>9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</p>	9									

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 WHERE NO OTHER FLIGHT WAS AVAILABLE OR IT WAS MORE EFFICIENT OR COST-EFFECTIVE DUE TO THE NUMBER OF INDIVIDUALS MAKING THE TRIP.
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.
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 2019. ALL OF THE BOARD MEMBERS AND OFFICERS, AND MANY OF THE KEY EMPLOYEES, RECEIVED GROSS UPS IN 2019.
Schedule J, Part I, Line 4a Severance or change-of-control payment	THE FOLLOWING SEVERANCE PAYMENTS WERE MADE IN 2019, PURSUANT TO THE TERMS OF A SEPARATION AGREEMENT: * WILLIAM A MCDADDE, MD, PHD, EXECUTIVE VP & CHIEF ACADEMICS OFFICER, IN THE AMOUNT OF \$438,461.52 * OLAWALE A SULAIMAN, MD, SR PHYSICIAN, IN THE AMOUNT OF \$615,572.92
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 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 2019. * WARNER THOMAS, PRESIDENT AND CHIEF EXECUTIVE OFFICER; NO DISTRIBUTION * MICHAEL HULEFELD, EXECUTIVE VICE PRESIDENT AND CHIEF OPERATING OFFICER; NO DISTRIBUTION * PETER NOVEMBER, SECRETARY, EXECUTIVE VICE PRESIDENT, AND CHIEF ADMINISTRATIVE OFFICER; DISTRIBUTION OF \$992,064 * SCOTT POSECAI, EXECUTIVE VICE PRESIDENT, TREASURER, AND CHIEF FINANCIAL OFFICER; NO DISTRIBUTION ROBERT I HART, M.D., EXECUTIVE VICE PRESIDENT AND CHIEF MEDICAL OFFICER, PARTICIPATES IN A NONQUALIFIED SUPPLEMENTAL PLAN WHICH IS PART OF THE TERMS AND CONDITIONS OF HIS EMPLOYMENT CONTRACT WITH OCHSNER HEALTH SYSTEM. THE RETIREMENT CALCULATION IS A DEFINED AMOUNT AS A PERCENT OF BASE PAY, CALCULATED ANNUALLY, AND IS EARNED IN ONE VESTING PERIOD ENDING AUGUST 31, 2021. THE BENEFIT WILL BE FUNDED IN A TRUST ACCOUNT WITH CAPITAL ONE BANK. DR. HART DID NOT RECEIVE A DISTRIBUTION IN 2019. 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 2019. * VINCENT R ADOLPH, MD; DISTRIBUTION OF \$14,947 * BURKE J BROOKS, MD; DISTRIBUTION OF \$68,160 * STEVEN B DEITELZWEIG, MD; DISTRIBUTION OF \$6,778 * RICHARD D GUTHRIE, JR, MD; DISTRIBUTION OF \$6,797 * YVENS G LABORDE, MD; DISTRIBUTION OF \$8,161 * 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; DISTRIBUTION OF \$61,434 * DAVID E TAYLOR, MD; DISTRIBUTION OF \$5,258 THE FOLLOWING PEOPLE PARTICIPATE IN A 457(F) NON-QUALIFIED, UNFUNDED, DEFERRED COMPENSATION PLAN, WHICH WAS ADOPTED IN 2013. THE PLAN ALLOWS FOR ANNUAL FIXED CONTRIBUTIONS BASED ON A PERCENT OF BASE PAY AND SUBJECT TO A THREE-YEAR VESTING REQUIREMENT; AND ANNUAL DISCRETIONARY CONTRIBUTIONS BASED ON A PERCENT OF BASE PAY OR A FLAT-DOLLAR AMOUNT AND SUBJECT TO A THREE-YEAR VESTING REQUIREMENT. FOLLOWING IS A LIST OF PARTICIPANTS AND ANY DISTRIBUTIONS MADE IN 2019. * DAWN J ANUSZKIEWICZ; DISTRIBUTION OF \$16,053 * PEDRO CAZABON, MD; DISTRIBUTION OF \$28,030 * BRADLEY R GOODSON; DISTRIBUTION OF \$36,018 * RICHARD D GUTHRIE, JR, MD; DISTRIBUTION OF \$22,830 * ROBERT I HART, MD; DISTRIBUTION OF \$66,885 * YVENS G LABORDE, MD; DISTRIBUTION OF \$17,489 * J ERIC MCMILLEN; DISTRIBUTION OF \$15,786 * DAWN M PUENTE, MD; DISTRIBUTION OF \$18,522 * LEONARDO SEOANE, MD; NO DISTRIBUTION * ROBERT WOLTERMAN; DISTRIBUTION OF \$34,968
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 2019. 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: 19010655
Software Version: 2019v5.0
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				
1WARNER L THOMAS PRESIDENT / CEO / BOARD MEMBER	(i)	1,781,444	3,100,000	58,629	663,485	15,754	5,619,312	0
	(ii)	0	0	0	0	0	0	0
1VINCENT R ADOLPH MD BOARD MEMBER/SENIOR PHYSICIAN	(i)	628,421	37,700	42,033	19,712	15,139	743,004	12,912
	(ii)	0	0	0	0	0	0	0
2KAREN B BLESSEY MD BOARD MEMBER/SENIOR PHYSICIAN	(i)	216,114	26,725	10,624	6,800	1,057	261,320	0
	(ii)	0	0	0	0	0	0	0
3CUONG Q BUI MD SR PHYSICIAN-VICE CHAIR	(i)	1,189,368	18,000	63,591	6,800	23,352	1,301,110	0
	(ii)	0	0	0	0	0	0	0
4PEDRO CAZABON MD BOARD MEMBER/SENIOR PHYSICIAN	(i)	359,508	67,358	35,635	6,800	20,076	489,378	0
	(ii)	0	0	0	0	0	0	0
5TIMOTHY L RIDDELL MD BOARD MEMBER/SENIOR PHYSICIAN	(i)	320,396	47,600	9,014	6,800	8,835	392,644	0
	(ii)	0	0	0	0	0	0	0
6DANA H SMETHERMAN MD BOARD MEMBER/SENIOR PHYSICIAN	(i)	695,826	51,434	100,408	13,318	20,952	881,938	45,626
	(ii)	0	0	0	0	0	0	0
7VICTORIA A SMITH MD BOARD MEMBER/SENIOR PHYSICIAN	(i)	278,132	46,400	12,077	6,800	15,677	359,087	0
	(ii)	0	0	0	0	0	0	0
8WILLIAM SUMRALL III MD BOARD MEMBER/SENIOR PHYSICIAN	(i)	570,458	60,950	13,621	6,800	21,160	672,989	0
	(ii)	0	0	0	0	0	0	0
9DAVID E TAYLOR MD BOARD MEMBER/SENIOR PHYSICIAN	(i)	407,480	24,800	19,199	11,342	20,124	482,945	4,542
	(ii)	0	0	0	0	0	0	0
10BOBBY C BRANNON FORMER EXEC VP & TREASURER	(i)	100,000	275,401	0	0	12	375,413	0
	(ii)	0	0	0	0	0	0	0
11MICHAEL F HULEFELD EXEC VP & CHIEF OPERATING OFFICER	(i)	853,204	700,000	23,615	224,875	26,594	1,828,288	0
	(ii)	0	0	0	0	0	0	0
12PETER C NOVEMBER SECRETARY/EXEC VP CHIEF ADMINISTRATIVE OFFICER	(i)	818,939	750,000	1,016,026	273,007	23,729	2,881,701	619,419
	(ii)	0	0	0	0	0	0	0
13SCOTT J POSECAI EXEC VP, TREAS, & CHIEF FINANCIAL OFFICER	(i)	719,354	550,000	57,905	352,626	23,973	1,703,858	0
	(ii)	0	0	0	0	0	0	0
14DAWN J ANUSZKIEWICZ FORMER KEY EMPLOYEE	(i)	109,046	96,349	41,054	0	6,349	252,798	0
	(ii)	0	0	0	0	0	0	0
15STEVEN B DEITELZWEIG MD FORMER KEY EMPLOYEE	(i)	383,496	60,898	19,045	12,655	22,816	498,910	5,855
	(ii)	0	0	0	0	0	0	0
16BRADLEY R GOODSON FORMER KEY EMPLOYEE	(i)	423,296	175,000	49,257	5,987	19,861	673,401	0
	(ii)	0	0	0	0	0	0	0
17RICHARD D GUTHRIE JR MD FORMER KEY EMPLOYEE	(i)	458,509	200,000	41,004	12,672	17,789	729,974	5,872
	(ii)	0	0	0	0	0	0	0
18YVENS G LABORDE MD FORMER KEY EMPLOYEE	(i)	321,895	134,246	73,950	13,849	21,030	564,971	7,049
	(ii)	0	0	0	0	0	0	0
19WILLIAM A MCDADE MD PHD FORMER KEY EMPLOYEE	(i)	0	0	438,462	0	0	438,462	0
	(ii)	0	0	0	0	0	0	0

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees								
(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
21 ARMIN SCHUBERT MD	(i)	543,458	110,200	29,112	6,800	17,661	707,231	0
FORMER KEY EMPLOYEE	(ii)	0	0	0	0	0	0	0
1 ROBERT I HART MD	(i)	713,524	450,000	112,458	6,800	18,820	1,301,602	0
EXEC VP-CHIEF MEDICAL OFFICER	(ii)	0	0	0	0	0	0	0
2 GEORGE E LOSS MD PHD	(i)	997,135	63,500	37,629	10,215	22,670	1,131,148	3,415
REG MED DIR, SS	(ii)	0	0	0	0	0	0	0
3 Eric MCMILLEN	(i)	345,119	146,975	29,343	6,800	21,048	549,285	0
CEO, BATON ROUGE REGION	(ii)	0	0	0	0	0	0	0
4 DAWN M PUENTE MD	(i)	416,980	182,801	41,896	14,759	18,177	674,613	7,959
REG MED DIR, BAP, KEN, WB REG	(ii)	0	0	0	0	0	0	0
5 ALDO J RUSSO MD	(i)	502,033	215,626	44,029	6,800	22,595	791,083	0
REG MED DIR, BR REG	(ii)	0	0	0	0	0	0	0
6 LEONARDO B SEOANE MD	(i)	481,368	201,000	28,064	6,800	19,798	737,030	0
SR VP-CHIEF ACADEMIC OFFICER (TERM BEG 10/1/2018)	(ii)	0	0	0	0	0	0	0
7 ROBERT WOLTERMAN	(i)	542,741	226,880	48,561	6,800	20,048	845,031	0
CEO OMC-JEFF HWY	(ii)	0	0	0	0	0	0	0
8 BURKE J BROOKS MD	(i)	1,178,732	16,339	92,395	6,800	19,622	1,313,888	61,774
SR PHYSICIAN-SYSTEM VICE CHAIR	(ii)	0	0	0	0	0	0	0
9 PAUL C CELESTRE MD	(i)	1,226,072	19,300	28,621	6,800	23,580	1,304,372	0
SR PHYSICIAN	(ii)	0	0	0	0	0	0	0
10 SEBASTIAN F KOGA MD	(i)	1,142,648	24,550	71,135	0	9,454	1,247,788	0
PHYSICIAN-SECTION HEAD	(ii)	0	0	0	0	0	0	0
11 BENJAMIN B PEELER MD	(i)	2,183,169	500,000	13,642	6,800	8,801	2,712,412	0
PHYSICIAN-SECTION HEAD	(ii)	0	0	0	0	0	0	0
12 OLAWALE A SULAIMAN MD	(i)	777,390	0	688,497	0	14,779	1,480,666	0
SR PHYSICIAN	(ii)	0	0	0	0	0	0	0

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

Schedule K (Form 990)

Supplemental Information on Tax-Exempt Bonds

OMB No. 1545-0047

2019

Open to Public Inspection

▶ 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 instructions and the latest information.

Department of the Treasury
Internal Revenue Service

Name of the organization
OCHSNER CLINIC FOUNDATION

Employer identification number

72-0502505

Part I Bond Issues

	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
							Yes	No	Yes	No	Yes	No
A	LOUISIANA PUBLIC FACILITIES AUTHORITY SERIES 2015	72-0895871	5463982E6	08-20-2015	121,536,607	PARTIAL REFUNDING 2007A & 2007B BONDS		X		X		X
B	LOUISIANA PUBLIC FACILITIES AUTHORITY SERIES 2016	72-0895871	5463985R5	05-12-2016	174,368,478	REFUNDING 2011 BONDS	X			X		X
C	LOUISIANA PUBLIC FACILITIES AUTHORITY SERIES 2017	72-0895871	546399CP9	05-11-2017	458,024,425	REFUND REMAINING 2007A & 2007B BONDS AND NEW MONEY ISSUE FOR FACILITY IMPROVEMENTS		X		X		X

Part II Proceeds

		A		B		C		D	
1	Amount of bonds retired	8,295,000				1,885,000			
2	Amount of bonds legally defeased	0		1,600,000		0			
3	Total proceeds of issue	121,536,607		174,368,478		459,634,377			
4	Gross proceeds in reserve funds	0		0					
5	Capitalized interest from proceeds	0		0		0			
6	Proceeds in refunding escrows	0		154,322,539		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		176,609,938			
11	Other spent proceeds	120,274,150		17,951,894		278,661,576			
12	Other unspent proceeds	0		0		0			
13	Year of substantial completion	2015		2016		2020			
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue of tax-exempt bonds (or, if issued prior to 2018, a current refunding issue)?		X		X	X			
15	Were the bonds issued as part of an advance refunding issue of taxable bonds (or, if issued prior to 2018, 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.

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	19,080	COMPENSATION AS A PHYSICIAN		No
(2) RICHARD D GUTHRIE III	SON OF DR. GUTHRIE, A FMR KEY EMPLOYEE OF OCF	57,299	COMPENSATION AS A RN		No
(3) ALEXIS GUTHRIE	DAUGHTER-IN-LAW OF DR. GUTHRIE, A FMR KEY EMPLOYEE OF OCF	32,936	COMPENSATION AS A RN		No
(4) ANDREW GUTHRIE MD	SON OF DR. GUTHRIE, A FMR KEY EMPLOYEE OF OCF	101,227	COMPENSATION AS A PHYSICIAN		No
(5) JACLYN POSECAI	WIFE OF SCOTT POSECAI, OFFICER	66,045	COMPENSATION AS EMPLOYEE		No
(6) SUSAN NELSON	WIFE OF DR. ROBERT HART, KEY EMPLOYEE OF OCF	352,448	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)**

Noncash Contributions

OMB No. 1545-0047
2019
Open to Public Inspection

▶ **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.**

Department of the Treasury
Internal Revenue Service

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	8	21,400	Market value
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods	X		1,355	Market value
6 Cars and other vehicles	X	1	35,500	Market value
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded	X	6	136,927	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	11	1,851	Market value
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (<u>Miscellaneous</u>)	X	35	65,130	Market value
26 Other ▶ (<u>Miscellaneous</u>)	X	5	2,025	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** **2**

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 isn't required to be used for exempt purposes for the entire holding period?		Yes	No
b If "Yes," describe the arrangement in Part II.			No
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 didn't 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 - The organization is reporting the number of contributions and/or the number of items received. Securities - Publicly traded - The organization is reporting the number of contributions and/or the number of items received. Food inventory - The organization is reporting the number of contributions and/or the number of items received. Other - Miscellaneous The organization is reporting the number of contributions and/or the number of items received. Other - Miscellaneous The organization is reporting the number of contributions and/or the number of items received. Cars and other vehicles - The organization is reporting the number of contributions and/or the number of items received.

SCHEDULE O
(Form 990 or 990-EZ)

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

2019

Open to Public Inspection

Department of the Treasury

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 \$ 11,796,841 including grants of \$(Revenue \$ 13,498,808) Ochsner Fitness Center : Designed to meet the health and fitness goals of its members, Ochsner Fitness Center ("the fitness center") provides fitness services to patients, employees, and other members of the community, including seniors and children. The fitness center serves the community as a valuable resource in the prevention of disease. The fitness center is integrated with Ochsner's patient care services through its medical fitness referral program and its physical and occupational therapy services. The fitness center also provides outreach to the community, including educational programs, community nutrition outreach, and a youth obesity program.

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part III, Line 4d Description of other program services	(Expenses \$ 2,046,790 including grants of \$)(Revenue \$ 2,046,790) Rent-Physical plant: Ochsner Clinic Foundation rents its physical plant to related 501(c)(3) organizations. The majority of the rental is to Brent House Corporation, a wholly-owned subsidiary and exempt 501(c)(3) organization. Brent House fully reimburses Ochsner for expenses related to the Hotel.

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part III, Line 4d Description of other program services	(Expenses \$ 0 including grants of \$)(Revenue \$- 3,059,936) Program Related Investments: Equity Income from Joint Venture providing patient care.

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 16b JOINT VENTURE PROCESS	When the organization evaluates its participation in a joint venture, the transactions are handled carefully to ensure that the organization's tax-exempt status is intact with regard to the arrangement and to ensure tax compliance. The operations of the joint venture are carefully reviewed by management and legal counsel, and the transaction is not entered into unless it is a reflection of the organization's tax-exempt purpose.

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 1a Material differences in voting rights	THE ARTICLES OF INCORPORATION PROVIDE THAT NO ACTION OF THE BOARD MAY BE RESOLVED UNLESS A MAJORITY OF THE INDEPENDENT DIRECTORS PRESENT APPROVE THE MATTER. THUS, EVEN IN SITUATIONS WHERE THERE IS NOT AN ABSOLUTE MAJORITY OF INDEPENDENT DIRECTORS IN OFFICE, THOSE INDEPENDENT DIRECTORS IN OFFICE CONTROL OCHSNER CLINIC FOUNDATION'S ACTIVITIES. THE FOLLOWING ACTIONS REQUIRE THE MAJORITY APPROVAL OF TOTAL MEMBERS OF THE SENIOR PHYSICIAN CLASS, REGARDLESS OF THE NUMBER OF SENIOR PHYSICIAN CLASS MEMBERS ACTUALLY VOTING: 1) AMENDMENTS TO THE ARTICLES WHICH AFFECT THE RIGHTS OF SR. PHYSICIANS; 2) ANY CHANGE IN THE TOTAL NUMBER OF DIRECTORS, COMMUNITY DIRECTORS, OR SR. PHYSICIAN DIRECTORS; 3) THE STATUS OF THE CEO AS A MEMBER OF THE BOARD; AND 4) CHANGES TO THE SUPERMAJORITY REQUIREMENTS, WHICH CALL FOR APPROVAL BY TWO-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 THE ENTIRE BOARD.

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 12c Conflict of interest policy	OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES OF OCHSNER CLINIC FOUNDATION AND ITS SUBSIDIARIES AND AFFILIATES ARE REQUIRED TO COMPLETE A CONFLICT OF INTEREST DISCLOSURE FORM ANNUALLY, OR WITHIN 40 DAYS OF BECOMING AN EMPLOYEE, OR IF A CURRENT EMPLOYEE HAS A CHANGE IN BUSINESS CIRCUMSTANCES NOT PREVIOUSLY DISCLOSED. THE CONFLICT OF INTEREST PROGRAM ADMINISTRATOR REVIEWS DISCLOSURES AND DETERMINES WHETHER ACTION IS NECESSARY OR IF THE DISCLOSURE NEEDS TO BE REVIEWED BY THE CONFLICT OF INTEREST STEERING COMMITTEE. THE CONFLICT OF INTEREST STEERING COMMITTEE WILL MAKE MITIGATION RECOMMENDATIONS, INCLUDING, BUT NOT LIMITED TO, DIVESTITURE AND TERMINATION OF BUSINESS RELATIONSHIPS. OCHSNER CLINIC FOUNDATION REQUIRES ANNUAL CERTIFICATION THAT THE RELATIONSHIPS DISCLOSED DURING A PRECEDING CALENDAR YEAR ARE COMPLETE AND ACCURATE. IN ADDITION, EMPLOYEES THAT DO NOT FALL WITHIN THE SCOPE OF THE CONFLICT OF INTEREST DISCLOSURE POLICY COMPLETE NEW HIRE OR RISK-BASED CONFLICT OF INTEREST TRAINING IN ALIGNMENT WITH THE CONFLICT OF INTEREST POLICY.

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 15a Process to establish compensation of top management official	ALL CEO AND OFFICER COMPENSATION AND BENEFITS ARRANGEMENTS, INCLUDING SALARY AND BONUS INCENTIVE PLANS, ARE REVIEWED AND APPROVED BY THE EXECUTIVE AND SENIOR PHYSICIAN COMPENSATION COMMITTEE OF THE BOARD OF DIRECTORS (COMPENSATION COMMITTEE). NO SUBSTANTIVE CHANGE TO THE COMPENSATION OR BENEFITS PACKAGES IS MADE UNTIL COMMITTEE APPROVAL IS GRANTED IN ACCORDANCE WITH INTERMEDIATE SANCTIONS GUIDELINES. THE COMPENSATION COMMITTEE IS WITHOUT CONFLICTS OF INTEREST AND USES AN INDEPENDENT EXTERNAL CONSULTANT. APPROPRIATE DATA IS APPLIED TO DETERMINE THE COMPARABILITY OF FAIR MARKET VALUE PAY AND ALL ACTIONS ARE APPROPRIATELY DOCUMENTED. IN ORDER TO MEET THE REQUIREMENTS OF THE IRS INTERMEDIATE SANCTIONS REGULATIONS, THE COMPENSATION COMMITTEE IDENTIFIED THE "DISQUALIFIED INDIVIDUALS" THAT ARE IN A POSITION TO EXERCISE SUBSTANTIAL INFLUENCE OVER THE COMPANY'S OPERATIONS. THESE INDIVIDUALS ARE THE MEMBERS OF THE EXECUTIVE OFFICERS COMMITTEE (EOC), REGIONAL MEDICAL DIRECTORS, PHYSICIAN BOARD MEMBERS AND SECTION HEADS FOR KEY DEPARTMENTS. FOR DISQUALIFIED INDIVIDUALS, THE COMPENSATION REVIEW ALSO INCLUDES THE COST OF BENEFITS SUCH AS THE COMPANY PORTION OF MEDICAL AND DENTAL BENEFITS, MALPRACTICE INSURANCE, PAYMENTS FOR 401K MATCHING AND PENSION PAYMENTS.

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 15b Process to establish compensation of other employees	PT VI LN 15A DESCRIBES THE COMPENSATION PROCESS FOR MANY OF THE OFFICERS, KEY EMPLOYEES, AND SR PHYSICIAN BOARD MEMBERS. A DIFFERENT REVIEW PROCESS IS USED FOR PHYSICIANS. ANNUALLY, THE PHYSICIAN COMPENSATION DEPARTMENT REVIEWS THE COMPENSATION OF EACH EMPLOYED PHYSICIAN. THIS REVIEW INCLUDES A COMPARISON OF PHYSICIAN SALARIES AGAINST NATIONAL SURVEY DATA FOR THEIR SPECIALTY. THE PHYSICIAN COMPENSATION DEPARTMENT COMPILES THE COMPENSATION DATA FOR EACH PHYSICIAN INCLUDING BASE SALARY, STIPENDS, ON-CALL PAY, ETC. EACH PHYSICIAN'S COMPENSATION AS WELL AS THE TOTAL WORK RELATIVE VALUE UNITS (RVUS) ARE COMPARED TO THE SURVEY DATA. COMPENSATION FOR OTHER NON-OFFICER AND NON-PHYSICIAN KEY EMPLOYEES IS REVIEWED BY SENIOR EXECUTIVES WHO TAKE MARKET VALUE RESEARCH INTO CONSIDERATION WHEN DETERMINING COMPENSATION LEVELS.

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 19 Required documents available to the public	ALL GOVERNING DOCUMENTS, FINANCIAL STATEMENTS, AND FORMS 990 AND 990-T ARE AVAILABLE UPON WRITTEN REQUEST TO THE CHIEF FINANCIAL OFFICER OF OCHSNER CLINIC FOUNDATION. THE CONFLICT OF INTEREST POLICY IS AVAILABLE UPON WRITTEN REQUEST TO THE AUDIT SERVICES DEPARTMENT OF OCHSNER CLINIC FOUNDATION. FINANCIAL STATEMENTS FOR OCHSNER CLINIC FOUNDATION ARE MADE AVAILABLE TO THE 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 OCHSNER AS BOARD MEMBERS. THE COMPENSATION OF COMMUNITY DIRECTORS THAT IS REPORTED CONSISTS OF OCHSNER'S PAYMENTS (EITHER DIRECTLY OR AS REIMBURSEMENT) OF EXPENSES INCURRED FOR MEETING OR TRAVEL EXPENSES FOR THE BOARD IN WHICH THE REIMBURSEMENT HAS BEEN DETERMINED TO BE TAXABLE 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 HOURS PER WEEK DEVOTED TO POSITION" CONSISTS PRIMARILY OF HIS/HER TIME SPENT ON HIS/HER ROLE WITH OCHSNER CLINIC FOUNDATION. IN REALITY, HIS/HER TIME IS SPENT ON FULFILLING RESPONSIBILITIES THROUGH THEIR ROLES WITH THE RELATED ORGANIZATION AND/OR ACROSS ALL OTHER ORGANIZATIONS IN THE INTEGRATED HEALTH SYSTEM, AND MAY BE MORE EVENLY DISTRIBUTED.

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VIII, Line 2f Other Program Service Revenue	- Total Revenue: 2046790, Related or Exempt Function Revenue: , Unrelated Business Revenue : , Revenue Excluded from Tax Under Sections 512, 513, or 514: 2046790;

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VIII, Line 11d Other Miscellaneous Revenue	INSURANCE SERVICES - Total Revenue: 59800917, Related or Exempt Function Revenue: , Unrelated Business Revenue: 6963284, Revenue Excluded from Tax Under Sections 512, 513, or 514: 52837633; ALL OTHER REVENUE - Total Revenue: 449500, Related or Exempt Function Revenue: , Unrelated Business Revenue: , Revenue Excluded from Tax Under Sections 512, 513, or 514: 449500; Laboratory Services - Total Revenue: 587594, Related or Exempt Function Revenue: , Unrelated Business Revenue: 587594, Revenue Excluded from Tax Under Sections 512, 513, or 514: ;

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part XI, Line 9 Other changes in net assets or fund balances	Grants/Contributions/Fundraising included in Restricted Net Assets - -15906290; Pension-related changes other than net periodic pension costs - -33879003; Change in Net Assets for subsidiaries - 3360061; Investment Gains (Losses) included in Restricted Net Assets - 5373000; Net Assets released for Operations - -6767000; Other Changes in Net Assets or Fund Balances - -68261;

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 the 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 OCHSNER HEALTH CENTER OCHSNER HEALTH SYSTEM OCHSNER HEALTH SYSTEMS OCHSNER HOSPITAL FOR CHILDREN OCHSNER MEDICAL CENTER OCHSNER MEDICAL CENTER - BATON ROUGE OCHSNER MEDICAL CENTER - NORTH SHORE OCHSNER MEDICAL CENTER - WEST BANK CAMPUS OCHSNER OUTPATIENT SURGERY SUITE OCHSNER ST. ANNE HOSPITAL OCHSNER THERAPY & WELLNESS S3P Y2KIDS

990 Schedule O, Supplemental Information

Return Reference	Explanation
Schedule B - Contributions Line 150	address unknown for this contribtuion, as it was a wire transfer.

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No. 1545-0047

2019

**Open to Public
Inspection**

▶ **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.**

Department of the Treasury
Internal Revenue Service

Name of the organization
OCHSNER CLINIC FOUNDATION

Employer identification number

72-0502505

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

See Additional Data Table

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
(1) 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) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
(1) COMMUNITY MEDICAL GROUP-ST CHARLES INC 320 SOMERULOS ST BATON ROUGE, LA 708026129 46-3447107	CLINICAL SERVICES	LA	Satyr Clinical Services Inc	C Corporation	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	2,055,000	24,350	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	1,241,949	473,706	100 %	Yes	
(5) MILLENNIUM HEALTHCARE MANAGEMENT INC 3510 N CAUSEWAY BLVD STE 110 METAIRIE, LA 70002 27-4327342	MEDICAL SERVICES	LA	NA	C Corporation	17,574,000	837,000	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 organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	Yes	
b Gift, grant, or capital contribution to related organization(s)	Yes	
c Gift, grant, or capital contribution from related organization(s)		No
d Loans or loan guarantees to or for related organization(s)		No
e Loans or loan guarantees by related organization(s)		No
f Dividends from related organization(s)		No
g Sale of assets to related organization(s)		No
h Purchase of assets from related organization(s)		No
i Exchange of assets with related organization(s)		No
j Lease of facilities, equipment, or other assets to related organization(s)		No
k Lease of facilities, equipment, or other assets from related organization(s)	Yes	
l Performance of services or membership or fundraising solicitations for related organization(s)	Yes	
m Performance of services or membership or fundraising solicitations by related organization(s)		No
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		No
o Sharing of paid employees with related organization(s)		No
p Reimbursement paid to related organization(s) for expenses		No
q Reimbursement paid by related organization(s) for expenses	Yes	
r Other transfer of cash or property to related organization(s)	Yes	
s Other transfer of cash or property from related organization(s)		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 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	<p>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.</p>

Additional Data

Software ID: 19010655
Software Version: 2019v5.0
EIN: 72-0502505
Name: OCHSNER CLINIC FOUNDATION

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary Activity	(c) Legal Domicile (State or Foreign Country)	(d) Total income	(e) End-of-year assets	(f) Direct Controlling Entity
1201 Dickory LLC 1514 Jefferson Highway New Orleans, LA 70121 72-0502505	Real Estate Title-Holding Company	LA	0	0	Ochsner Clinic Foundation
Chabert Operational Management Company LLC 1514 Jefferson Highway New Orleans, LA 70121 46-2840691	Performs Hospital Management Services	LA	67,212,240	19,176,018	Ochsner Clinic Foundation
Clinical Operational Management Company LLC 1514 Jefferson Highway New Orleans, LA 70121 83-2040090	Performs Physician/Clinical Management Services	LA	4,645,523	830,485	Ochsner Clinic Foundation
East Baton Rouge Medical Center LLC 17000 Medical Center Dr Baton Rouge, LA 70816 20-1729674	Patient Care	DE	298,671,415	75,440,208	Ochsner Clinic Foundation
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
East Jefferson After Hours Metairie LLC 3510 N Causeway Blvd Suite 110 Metairie, LA 70002 20-3802765	Patient Care	DE	3,273,514	448,812	Ochsner Urgent Care 1 LLC
Foundation Assets LLC 1514 Jefferson Highway New Orleans, LA 70121 77-0589660	Holding of donated interest in fractional share of ground lease-New Orleans	LA	579,376	855,104	Ochsner Clinic Foundation
iO LLC 1514 Jefferson Highway New Orleans, LA 70121 35-2548006	Foster and support patient centered innovative health care solutions	LA	1,052,396	419,255	Ochsner Clinic Foundation
Lakeview Urgent Care LLC 3510 N Causeway Blvd Suite 110 Metairie, LA 70002 45-3935671	Patient Care	DE	2,365,909	418,869	Ochsner Urgent Care 1 LLC
Luling Urgent Care LLC 3510 N Causeway Blvd Suite 110 Metairie, LA 70002 45-3935716	Patient Care	DE	1,742,539	432,324	Ochsner Urgent Care 1 LLC
Ochsner Accountable Care Network 1514 Jefferson Highway New Orleans, LA 70121 45-5446191	Accountable Care Organization	LA	5,955,957	3,223,864	Ochsner Clinic Foundation
Ochsner Bayou LLC 4608 Highway 1 Raceland, LA 70394 20-4670876	Operation of Ochsner St. Anne General Hospital	LA	49,582,001	18,023,207	Ochsner Clinic Foundation
Ochsner Baptist Medical Center LLC 1514 Jefferson Hwy New Orleans, LA 70121 20-5432631	inactive holding company	LA	0	0	Ochsner Clinic Foundation
Ochsner Center for Molecular Imaging LLC 1514 Jefferson Highway New Orleans, LA 70121 47-1743566	produce imaging agents for clinical and research applications	LA	1,791,424	202,210	Ochsner Clinic Foundation
Ochsner Clinic LLC 1514 Jefferson Highway New Orleans, LA 70121 72-0276883	Physician Services	LA	977,341,703	77,565,509	Ochsner Clinic Foundation
Ochsner Health Foundation LLC 1514 Jefferson Highway New Orleans, LA 70121 45-2211764	Philanthropic Support	LA	0	27,137	Ochsner Clinic Foundation
Ochsner Health Network LLC 1514 Jefferson Highway New Orleans, LA 70121 47-2540787	Operates a Network of healthcare organizations	LA	18,039,668	8,138,462	Ochsner Clinic Foundation
Ochsner Health Partners LLC 2941 Lake Vista Drive Lewisville, TX 75067 81-1116852	Healthcare	DE	0	0	Ochsner Clinic Foundation
Ochsner Health Partners Hospital LLC 2941 Lake Vista Drive Lewisville, TX 75067 36-4827436	Leasehold	DE	0	0	Ochsner Health Partners LLC
Ochsner Home Medical Equipment LLC 1514 Jefferson Highway New Orleans, LA 70121 72-0502505	Sales of Durable Medical Equipment to Patients	LA	15,023,281	7,364,411	Ochsner Clinic Foundation

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary Activity	(c) Legal Domicile (State or Foreign Country)	(d) Total income	(e) End-of-year assets	(f) Direct Controlling Entity
Ochsner Medical Center - Hancock LLC 1514 Jefferson Highway New Orleans, LA 70121 82-2869576	Patient Care	MS	33,466,376	23,159,701	OCHSNER CLINIC FOUNDATION
Ochsner Medical Center-Kenner LLC 1514 Jefferson Highway New Orleans, LA 70121 20-5432782	Operation of Ochsner Medical Center-Kenner	LA	185,653,119	42,439,676	Ochsner Clinic Foundation
Ochsner Medical Center - Northshore LLC 1514 Jefferson Highway New Orleans, LA 70121 27-1770321	Patient Care	LA	97,325,688	23,919,760	Ochsner Clinic Foundation
Ochsner Medical Center Westbank LLC 1514 Jefferson Highway New Orleans, LA 70121 20-5432716	Patient Care	LA	0	0	Ochsner Clinic Foundation
Ochsner Mississippi LLC 1514 Jefferson Highway New Orleans, LA 70121 75-3009725	Patient Care	LA	5,765,506	1,446,896	Ochsner Clinic Foundation
Ochsner Outpatient and Home Infusion Pharmacy LLC 1514 Jefferson Highway New Orleans, LA 70121 83-2662144	Pharmacy	LA	0	3,928,581	Ochsner Clinic Foundation
Ochsner Pharmacy and Wellness LLC 1514 Jefferson Highway New Orleans, LA 70121 46-5235153	Sale and distribution of health care products	LA	119,731,956	40,576,487	Ochsner Clinic Foundation
Ochsner Physician Partners LLC 1514 Jefferson Highway New Orleans, LA 70121 45-4962130	Operates a Clinically Integrated Network of Physicians and Hospitals	LA	11,160,123	3,726,089	Ochsner Clinic Foundation
Ochsner Urgent Care LLC 1514 Jefferson Highway New Orleans, LA 70121 72-0502505	Holding of Gulf Coast Outpatient Centers	LA	0	0	Ochsner Clinic Foundation
Ochsner Urgent Care 1 LLC 1514 Jefferson Highway New Orleans, LA 70121 81-5088821	Holding company	LA	0	0	Ochsner Clinic LLC
OLH Operational Management Company LLC 1514 Jefferson Highway New Orleans, LA 70121 83-2034040	Performs Hospital Management Services	LA	68,146,685	9,571,616	Ochsner Clinic Foundation
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	0	0	Ochsner Medical Center-Kenner LLC
Southern Strategic Sourcing Partners LLC 1514 Jefferson Highway New Orleans, LA 70121 47-2552418	Reduce supply costs for members	LA	4,642,866	2,836,296	Ochsner Clinic Foundation
Sculpting Center of New Orleans LLC 4500 Clearview Pkwy Metairie, LA 70006 46-3469427	Patient Care	LA	517,861	207,497	Ochsner Clinic Foundation
St Bernard Operational Management Company 1514 Jefferson Highway New Orleans, LA 70121 82-2875545	Performs Hospital Management Services	LA	28,753,130	9,868,907	Ochsner Clinic Foundation
St Charles Operational Management Company 1514 Jefferson Highway New Orleans, LA 70121 47-1714076	Performs Hospital Management Services	LA	15,814,485	5,971,957	Ochsner Clinic Foundation
Ochsner Morgan City LLC 1125 Marguerite Street Morgan City, LA 70380 84-2237042	Operation of Ochsner St. Mary Hospital	LA	10,656,343	13,166,317	Ochsner Clinic Foundation
Ochsner Senior Care Network LLC 1514 Jefferson Highway New Orleans, LA 70121 84-3925498	Accountable Care Organization	LA	0	0	Ochsner Clinic Foundation

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

(a) Name of related organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
Brent House Corporation	A	2,047,230	Intercompany Billings - Mkt Value
Hydra Clinical Services	B	2,750,000	Cash transferred
Paeon Health Services Inc	B	3,265,000	Cash transferred
Satyr Clinical Services Inc	B	13,000,000	Cash transferred
Brent House Corporation	K	2,845,094	Intercompany Billings - Mkt Value
Millennium Healthcare Management Inc	K	262,851	Intercompany Billings - Mkt Value
Millennium Healthcare Management Inc	R	14,672,002	Intercompany Billings - Mkt Value
Brent House Corporation	Q	582,759	Intercompany Billings - Mkt Value
Millennium Healthcare Management Inc	Q	13,933,713	Intercompany Billings - Mkt Value
EBR Medical Facilities Inc	K	6,389,401	INTERCOMPANY BILLINGS - MKT VALUE
OCF Medical Facilities Inc	K	6,205,815	INTERCOMPANY BILLINGS - MKT VALUE
OMCNS Medical Facilities Inc	K	609,500	INTERCOMPANY BILLINGS - MKT VALUE