

Form **990-T**

**Exempt Organization Business Income Tax Return  
(and proxy tax under section 6033(e))**

OMB No 1545-0687

**2018**

For calendar year 2018 or other tax year beginning \_\_\_\_\_, 2018, and ending \_\_\_\_\_, 20\_\_\_\_\_

▶ Go to [www.irs.gov/Form990T](http://www.irs.gov/Form990T) for instructions and the latest information.

▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Open to Public Inspection for 501(c)(3) Organizations Only

Department of the Treasury  
Internal Revenue Service

- A  Check box if address changed
- B Exempt under section
  - 501(C)(3)
  - 408(e)  220(e)
  - 408A  530(a)
  - 529(a)
- C Book value of all assets at end of year

**Print or Type**

Name of organization (  Check box if name changed and see instructions )  
**OCHSNER CLINIC FOUNDATION**

Number, street, and room or suite no. If a P O box, see instructions.  
**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**  
(Employees' trust, see instructions.)  
**72-0502505**

**E Unrelated business activity code**  
(See instructions.)  
**446199**

**F Group exemption number** (See instructions.) ▶ \_\_\_\_\_

**G Check organization type** ▶  501(c) corporation  501(c) trust  401(a) trust  Other trust

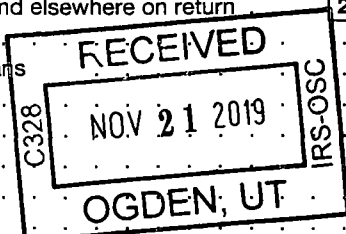
**H** Enter the number of the organization's unrelated trades or businesses. ▶ **8** Describe the only (or first) unrelated trade or business here ▶ **RETAIL SERVICES**. If only one, complete Parts I-V. If more than one, describe the first in the blank space at the end of the previous sentence, complete Parts I and II, complete a Schedule M for each additional trade or business, then complete Parts III-V.

**I** During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsubsidiary controlled group? . . . ▶  Yes  No  
If "Yes," enter the name and identifying number of the parent corporation. ▶ \_\_\_\_\_

**J** The books are in care of ▶ **SCOTT J POSECAI** Telephone number ▶ **(504) 842-4097**

<b>Part I Unrelated Trade or Business Income</b>		(A) Income	(B) Expenses	(C) Net
<b>1a</b> Gross receipts or sales	2,321,731			
<b>b</b> Less returns and allowances	1,439,589			
<b>c</b> Balance ▶		<b>1c</b> 882,142		
<b>2</b> Cost of goods sold (Schedule A, line 7)		<b>2</b> 297,132		
<b>3</b> Gross profit. Subtract line 2 from line 1c		<b>3</b> 585,010		585,010
<b>4a</b> Capital gain net income (attach Schedule D)		<b>4a</b> 0		0
<b>b</b> Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)		<b>4b</b> 0		0
<b>c</b> Capital loss deduction for trusts		<b>4c</b> 0		0
<b>5</b> Income (loss) from a partnership or an S corporation (attach statement)		<b>5</b> 0		0
<b>6</b> Rent income (Schedule C)		<b>6</b> 0	0	0
<b>7</b> Unrelated debt-financed income (Schedule E)		<b>7</b> 0	0	0
<b>8</b> Interest, annuities, royalties, and rents from a controlled organization (Schedule F)		<b>8</b> 0	0	0
<b>9</b> Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)		<b>9</b> 0	0	0
<b>10</b> Exploited exempt activity income (Schedule I)		<b>10</b> 0	0	0
<b>11</b> Advertising income (Schedule J)		<b>11</b> 0	0	0
<b>12</b> Other income (See instructions; attach schedule)		<b>12</b> 0	0	0
<b>13 Total.</b> Combine lines 3 through 12		<b>13</b> 585,010	0	585,010

<b>Part II Deductions Not Taken Elsewhere</b> (See instructions for limitations on deductions.) (Except for contributions, deductions must be directly connected with the unrelated business income.)			
<b>14</b> Compensation of officers, directors, and trustees (Schedule K)		<b>14</b>	0
<b>15</b> Salaries and wages		<b>15</b>	237,433
<b>16</b> Repairs and maintenance		<b>16</b>	9,935
<b>17</b> Bad debts		<b>17</b>	0
<b>18</b> Interest (attach schedule) (see instructions)		<b>18</b>	0
<b>19</b> Taxes and licenses		<b>19</b>	34,553
<b>20</b> Charitable contributions (See instructions for limitation rules)		<b>20</b>	0
<b>21</b> Depreciation (attach Form 4562)		<b>21</b>	157,691
<b>22</b> Less depreciation claimed on Schedule A and elsewhere on return		<b>22a</b>	0
<b>23</b> Depletion		<b>22b</b>	157,691
<b>24</b> Contributions to deferred compensation plans		<b>23</b>	0
<b>25</b> Employee benefit programs		<b>24</b>	0
<b>26</b> Excess exempt expenses (Schedule I)		<b>25</b>	31,964
<b>27</b> Excess readership costs (Schedule J)		<b>26</b>	0
<b>28</b> Other deductions (attach schedule)		<b>27</b>	0
<b>29 Total deductions.</b> Add lines 14 through 28		<b>28</b>	247,440
<b>30</b> Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13		<b>29</b>	719,016
<b>31</b> Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions)		<b>30</b>	(134,006)
<b>32</b> Unrelated business taxable income. Subtract line 31 from line 30		<b>31</b>	
		<b>32</b>	(134,006)



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Form **990-T** (2018)

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**Part III Total Unrelated Business Taxable Income**

<b>33</b>	Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)	<b>33</b>	1,359,527
<b>34</b>	Amounts paid for disallowed fringes	<b>34</b>	1,139,131
<b>35</b>	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instructions)	<b>35</b>	0
<b>36</b>	Total of unrelated business taxable income before specific deduction. Subtract line 35 from the sum of lines 33 and 34	<b>36</b>	2,498,658
<b>37</b>	Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions)	<b>37</b>	1,000
<b>38</b>	<b>Unrelated business taxable income.</b> Subtract line 37 from line 36. If line 37 is greater than line 36, enter the smaller of zero or line 36	<b>38</b>	2,497,658

**Part IV Tax Computation**

<b>39</b>	<b>Organizations Taxable as Corporations.</b> Multiply line 38 by 21% (0.21)	<b>39</b>	524,508
<b>40</b>	<b>Trusts Taxable at Trust Rates.</b> See instructions for tax computation. Income tax on the amount on line 38 from: <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041)	<b>40</b>	
<b>41</b>	<b>Proxy tax.</b> See instructions	<b>41</b>	
<b>42</b>	Alternative minimum tax (trusts only)	<b>42</b>	
<b>43</b>	<b>Tax on Noncompliant Facility Income.</b> See instructions	<b>43</b>	
<b>44</b>	<b>Total.</b> Add lines 41, 42, and 43 to line 39 or 40, whichever applies	<b>44</b>	524,508

**Part V Tax and Payments**

<b>45a</b>	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	<b>45a</b>		
<b>b</b>	Other credits (see instructions)	<b>45b</b>		
<b>c</b>	General business credit. Attach Form 3800 (see instructions)	<b>45c</b>	898	
<b>d</b>	Credit for prior year minimum tax (attach Form 8801 or 8827)	<b>45d</b>		
<b>e</b>	<b>Total credits.</b> Add lines 45a through 45d	<b>45e</b>	898	
<b>46</b>	Subtract line 45e from line 44	<b>46</b>	523,610	
<b>47</b>	Other taxes. Check if from: <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8866 <input type="checkbox"/> Other (attach schedule)	<b>47</b>	0	
<b>48</b>	<b>Total tax.</b> Add lines 46 and 47 (see instructions)	<b>48</b>	523,610	
<b>49</b>	2018 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2	<b>49</b>		
<b>50a</b>	Payments: A 2017 overpayment credited to 2018	<b>50a</b>		
<b>b</b>	2018 estimated tax payments	<b>50b</b>	596,000	
<b>c</b>	Tax deposited with Form 8868	<b>50c</b>	40,000	
<b>d</b>	Foreign organizations: Tax paid or withheld at source (see instructions)	<b>50d</b>		
<b>e</b>	Backup withholding (see instructions)	<b>50e</b>		
<b>f</b>	Credit for small employer health insurance premiums (attach Form 8941)	<b>50f</b>		
<b>g</b>	Other credits, adjustments, and payments: <input type="checkbox"/> Form 2439 <input type="checkbox"/> Form 4136 <input type="checkbox"/> Other 0 Total	<b>50g</b>	0	
<b>51</b>	<b>Total payments.</b> Add lines 50a through 50g	<b>51</b>	636,000	
<b>52</b>	Estimated tax penalty (see instructions). Check if Form 2220 is attached <input checked="" type="checkbox"/>	<b>52</b>	3,841	
<b>53</b>	<b>Tax due.</b> If line 51 is less than the total of lines 48, 49, and 52, enter amount owed	<b>53</b>	0	
<b>54</b>	<b>Overpayment.</b> If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid	<b>54</b>	108,549	
<b>55</b>	Enter the amount of line 54 you want. <b>Credited to 2019 estimated tax</b> 108,549 <b>Refunded</b>	<b>55</b>	0	

**Part VI Statements Regarding Certain Activities and Other Information (see instructions)**

<b>56</b>	At any time during the 2018 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here <b>BD, CJ, EI</b>	Yes	No
<b>57</b>	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If "Yes," see instructions for other forms the organization may have to file.		✓
<b>58</b>	Enter the amount of tax-exempt interest received or accrued during the tax year <b>\$ 7</b>		

**Sign Here**

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 taxpayer) is based on all information of which preparer has any knowledge.

Signature of officer: *Melva Scott* Date: *11/12/2019* Title: *EVP, TREASURER, AND CFO*

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

<b>Paid Preparer Use Only</b>	Print/Type preparer's name MELVA SCOTT	Preparer's signature <i>Melva Scott</i>	Date 11/11/2019	Check <input type="checkbox"/> if self-employed	PTIN P01207335
	Firm's name ERNST & YOUNG U S LLP	Firm's EIN 34-6565596		Phone no (817) 335-1900	
	Firm's address 425 HOUSTON STREET, SUITE 600, FORT WORTH, TX 76102-7427				

**Schedule A—Cost of Goods Sold.** Enter method of inventory valuation ► LOWER OF FIFO OR MARKET VALUE

<b>1</b> Inventory at beginning of year	<b>1</b>	0	<b>6</b> Inventory at end of year . . . . .	<b>6</b>	0
<b>2</b> Purchases . . . . .	<b>2</b>	0	<b>7</b> <b>Cost of goods sold.</b> Subtract line 6 from line 5. Enter here and in Part I, line 2 . . . . .	<b>7</b>	297,132
<b>3</b> Cost of labor . . . . .	<b>3</b>	0	<b>8</b> Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization? . . . . .	<b>Yes</b>	<b>No</b>
<b>4a</b> Additional section 263A costs (attach schedule) . . . . .	<b>4a</b>	0		<input type="checkbox"/>	<input type="checkbox"/>
<b>b</b> Other costs (attach schedule)	<b>4b</b>	297,132		<input type="checkbox"/>	<input type="checkbox"/>
<b>5</b> <b>Total.</b> Add lines 1 through 4b	<b>5</b>	297,132			<input checked="" type="checkbox"/>

**Schedule C—Rent Income (From Real Property and Personal Property Leased With Real Property)**

(see instructions)

<b>1.</b> Description of property		
(1)		
(2)		
(3)		
(4)		
<b>2.</b> Rent received or accrued		
<b>(a)</b> From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)	<b>(b)</b> From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)	<b>3(a)</b> Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)
(1)		
(2)		
(3)		
(4)		
Total	0	Total 0
<b>(c) Total income.</b> Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A) ►		<b>(b) Total deductions.</b> Enter here and on page 1, Part I, line 6, column (B) ►
0		0

**Schedule E—Unrelated Debt-Financed Income** (see instructions)

<b>1.</b> Description of debt-financed property		<b>2.</b> Gross income from or allocable to debt-financed property	<b>3.</b> Deductions directly connected with or allocable to debt-financed property	
			<b>(a)</b> Straight line depreciation (attach schedule)	<b>(b)</b> Other deductions (attach schedule)
(1)				
(2)				
(3)				
(4)				
<b>4.</b> Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	<b>5.</b> Average adjusted basis of or allocable to debt-financed property (attach schedule)	<b>6.</b> Column 4 divided by column 5	<b>7.</b> Gross income reportable (column 2 x column 6)	<b>8.</b> Allocable deductions (column 6 x total of columns 3(a) and 3(b))
(1)		%		
(2)		%		
(3)		%		
(4)		%		
<b>Totals</b> . . . . .			0	0
<b>Total dividends-received deductions</b> included in column 8 . . . . .			0	0

**Schedule F—Interest, Annuities, Royalties, and Rents From Controlled Organizations** (see instructions)

		Exempt Controlled Organizations			
1. Name of controlled organization	2. Employer identification number	3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income	6. Deductions directly connected with income in column 5
(1)					
(2)					
(3)					
(4)					
Nonexempt Controlled Organizations					
7. Taxable income	8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10	
(1)					
(2)					
(3)					
(4)					
				Add columns 5 and 10 Enter here and on page 1, Part I, line 8, column (A)	Add columns 6 and 11 Enter here and on page 1, Part I, line 8, column (B)
<b>Totals</b>				0	0

**Schedule G—Investment Income of a Section 501(c)(7), (9), or (17) Organization** (see instructions)

1. Description of income	2. Amount of income	3. Deductions directly connected (attach schedule)	4. Set-asides (attach schedule)	5. Total deductions and set-asides (col 3 plus col 4)
(1)				
(2)				
(3)				
(4)				
		Enter here and on page 1, Part I, line 9, column (A)		Enter here and on page 1, Part I, line 9, column (B)
<b>Totals</b>		0		0

**Schedule I—Exploited Exempt Activity Income, Other Than Advertising Income** (see instructions)

1. Description of exploited activity	2. Gross unrelated business income from trade or business	3. Expenses directly connected with production of unrelated business income	4. Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute cols. 5 through 7.	5. Gross income from activity that is not unrelated business income	6. Expenses attributable to column 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1)						
(2)						
(3)						
(4)						
	Enter here and on page 1, Part I, line 10, col (A)	Enter here and on page 1, Part I, line 10, col (B)				Enter here and on page 1, Part II, line 26
<b>Totals</b>	0	0				0

**Schedule J—Advertising Income** (see instructions)

**Part I Income From Periodicals Reported on a Consolidated Basis**

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col 2 minus col 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
<b>Totals (carry to Part II, line (5))</b>	0	0	0			0

**Part II** **Income From Periodicals Reported on a Separate Basis** (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
<b>Totals from Part I</b>	0	0				0
<b>Totals, Part II (lines 1-5)</b>	0	0				0

**Schedule K—Compensation of Officers, Directors, and Trustees** (see instructions)

1. Name	2. Title	3. Percent of time devoted to business	4. Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
<b>Total. Enter here and on page 1, Part II, line 14</b>			0

**SCHEDULE M  
(Form 990-T)**

**Unrelated Business Taxable Income for  
Unrelated Trade or Business**

OMB No 1545-0687

**2018**

For calendar year 2018 or other tax year beginning \_\_\_\_\_, 2018, and ending \_\_\_\_\_, 20 \_\_\_\_\_.

▶ Go to [www.irs.gov/Form990T](http://www.irs.gov/Form990T) for instructions and the latest information.

▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Open to Public Inspection for  
501(c)(3) Organizations Only

Department of the Treasury  
Internal Revenue Service

Name of the organization

Employer identification number

OCHSNER CLINIC FOUNDATION

72-0502505

Unrelated business activity code (see instructions) ▶ 523000

Describe the unrelated trade or business ▶ ALTERNATIVE INVESTMENTS

<b>Part I Unrelated Trade or Business Income</b>		(A) Income	(B) Expenses	(C) Net
<b>1a</b> Gross receipts or sales	0			
<b>b</b> Less returns and allowances	0			
<b>c Balance ▶</b>		<b>1c</b> 0		
<b>2</b> Cost of goods sold (Schedule A, line 7)		<b>2</b> 0		
<b>3</b> Gross profit. Subtract line 2 from line 1c		<b>3</b> 0		0
<b>4a</b> Capital gain net income (attach Schedule D)		<b>4a</b> 0		0
<b>b</b> Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)		<b>4b</b> 0		0
<b>c</b> Capital loss deduction for trusts		<b>4c</b> 0		0
<b>5</b> Income (loss) from a partnership or an S corporation (attach statement)		<b>5</b> 124,852		124,852
<b>6</b> Rent income (Schedule C)		<b>6</b> 0	0	0
<b>7</b> Unrelated debt-financed income (Schedule E)		<b>7</b> 0	0	0
<b>8</b> Interest, annuities, royalties, and rents from a controlled organization (Schedule F)		<b>8</b> 0	0	0
<b>9</b> Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)		<b>9</b> 0	0	0
<b>10</b> Exploited exempt activity income (Schedule I)		<b>10</b> 0	0	0
<b>11</b> Advertising income (Schedule J)		<b>11</b> 0	0	0
<b>12</b> Other income (See instructions, attach schedule)		<b>12</b> 0		0
<b>13 Total.</b> Combine lines 3 through 12		<b>13</b> 124,852	0	124,852

**Part II Deductions Not Taken Elsewhere** (See instructions for limitations on deductions.) (Except for contributions, deductions must be directly connected with the unrelated business income.)

<b>14</b> Compensation of officers, directors, and trustees (Schedule K)		<b>14</b> 0		
<b>15</b> Salaries and wages		<b>15</b> 0		
<b>16</b> Repairs and maintenance		<b>16</b> 0		
<b>17</b> Bad debts		<b>17</b> 0		
<b>18</b> Interest (attach schedule) (see instructions)		<b>18</b> 0		
<b>19</b> Taxes and licenses		<b>19</b> 0		
<b>20</b> Charitable contributions (See instructions for limitation rules)		<b>20</b> 89		
<b>21</b> Depreciation (attach Form 4562)		<b>21</b> 0		
<b>22</b> Less depreciation claimed on Schedule A and elsewhere on return		<b>22a</b> 0		
<b>23</b> Depletion		<b>23</b> 1,555		
<b>24</b> Contributions to deferred compensation plans		<b>24</b> 0		
<b>25</b> Employee benefit programs		<b>25</b> 0		
<b>26</b> Excess exempt expenses (Schedule I)		<b>26</b> 0		
<b>27</b> Excess readership costs (Schedule J)		<b>27</b> 0		
<b>28</b> Other deductions (attach schedule)		<b>28</b> 0		
<b>29 Total deductions.</b> Add lines 14 through 28		<b>29</b> 1,644		
<b>30</b> Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13		<b>30</b> 123,208		
<b>31</b> Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions)		<b>31</b> 0		
<b>32</b> Unrelated business taxable income. Subtract line 31 from line 30		<b>32</b> 123,208		

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Cat No 71329Y

Schedule M (Form 990-T) 2018

**SCHEDULE M  
(Form 990-T)**

**Unrelated Business Taxable Income for  
Unrelated Trade or Business**

OMB No 1545-0687

**2018**

For calendar year 2018 or other tax year beginning \_\_\_\_\_, 2018, and ending \_\_\_\_\_, 20 \_\_\_\_\_.

▶ Go to [www.irs.gov/Form990T](http://www.irs.gov/Form990T) for instructions and the latest information.

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501(c)(3) Organizations Only

Department of the Treasury  
Internal Revenue Service

Name of the organization

OCHSNER CLINIC FOUNDATION

Employer identification number

72-0502505

Unrelated business activity code (see instructions) ▶ 621610

Describe the unrelated trade or business ▶ HOME HEALTHCARE SERVICES

<b>Part I Unrelated Trade or Business Income</b>		(A) Income	(B) Expenses	(C) Net
<b>1a</b> Gross receipts or sales	0			
<b>b</b> Less returns and allowances	0			
<b>c</b> Balance ▶		<b>1c</b> 0		
<b>2</b> Cost of goods sold (Schedule A, line 7)		<b>2</b> 0		
<b>3</b> Gross profit. Subtract line 2 from line 1c		<b>3</b> 0		0
<b>4a</b> Capital gain net income (attach Schedule D)		<b>4a</b> 0		0
<b>b</b> Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)		<b>4b</b> 0		0
<b>c</b> Capital loss deduction for trusts		<b>4c</b> 0		0
<b>5</b> Income (loss) from a partnership or an S corporation (attach statement)		<b>5</b> 289,709		289,709
<b>6</b> Rent income (Schedule C)		<b>6</b> 0	0	0
<b>7</b> Unrelated debt-financed income (Schedule E)		<b>7</b> 0	0	0
<b>8</b> Interest, annuities, royalties, and rents from a controlled organization (Schedule F)		<b>8</b> 0	0	0
<b>9</b> Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)		<b>9</b> 0	0	0
<b>10</b> Exploited exempt activity income (Schedule I)		<b>10</b> 0	0	0
<b>11</b> Advertising income (Schedule J)		<b>11</b> 0	0	0
<b>12</b> Other income (See instructions; attach schedule)		<b>12</b> 0		0
<b>13 Total.</b> Combine lines 3 through 12		<b>13</b> 289,709	0	289,709

**Part II Deductions Not Taken Elsewhere** (See instructions for limitations on deductions.) (Except for contributions, deductions must be directly connected with the unrelated business income.)

<b>14</b> Compensation of officers, directors, and trustees (Schedule K)		<b>14</b> 0		
<b>15</b> Salaries and wages		<b>15</b> 0		
<b>16</b> Repairs and maintenance		<b>16</b> 0		
<b>17</b> Bad debts		<b>17</b> 0		
<b>18</b> Interest (attach schedule) (see instructions)		<b>18</b> 0		
<b>19</b> Taxes and licenses		<b>19</b> 4,588		
<b>20</b> Charitable contributions (See instructions for limitation rules)		<b>20</b> 1,580		
<b>21</b> Depreciation (attach Form 4562)	<b>21</b> 65,377			
<b>22</b> Less depreciation claimed on Schedule A and elsewhere on return	<b>22a</b> 0		<b>22b</b> 65,377	
<b>23</b> Depletion		<b>23</b> 0		
<b>24</b> Contributions to deferred compensation plans		<b>24</b> 0		
<b>25</b> Employee benefit programs		<b>25</b> 0		
<b>26</b> Excess exempt expenses (Schedule I)		<b>26</b> 0		
<b>27</b> Excess readership costs (Schedule J)		<b>27</b> 0		
<b>28</b> Other deductions (attach schedule)		<b>28</b> 19,274		
<b>29 Total deductions.</b> Add lines 14 through 28		<b>29</b> 90,819		
<b>30</b> Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13		<b>30</b> 198,890		
<b>31</b> Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions)		<b>31</b> 0		
<b>32</b> Unrelated business taxable income. Subtract line 31 from line 30		<b>32</b> 198,890		

For Paperwork Reduction Act Notice, see instructions.

Cat No 71329Y

Schedule M (Form 990-T) 2018

**SCHEDULE M  
(Form 990-T)**

**Unrelated Business Taxable Income for  
Unrelated Trade or Business**

OMB No 1545-0687

**2018**

For calendar year 2018 or other tax year beginning \_\_\_\_\_, 2018, and ending \_\_\_\_\_, 20 \_\_\_\_\_.

▶ Go to [www.irs.gov/Form990T](http://www.irs.gov/Form990T) for instructions and the latest information.

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Open to Public Inspection for  
501(c)(3) Organizations Only

Department of the Treasury  
Internal Revenue Service

Name of the organization

OCHSNER CLINIC FOUNDATION

Employer identification number

72-0502505

Unrelated business activity code (see instructions) ▶ 621491

Describe the unrelated trade or business ▶ ACCOUNTABLE CARE ORGANIZATION

**Part I Unrelated Trade or Business Income**

		(A) Income	(B) Expenses	(C) Net
<b>1a</b>	Gross receipts or sales	3,427,530		
<b>b</b>	Less returns and allowances	0		
	<b>c Balance ▶</b>	<b>1c</b>		
		3,427,530		
<b>2</b>	Cost of goods sold (Schedule A, line 7)	0		
<b>3</b>	Gross profit. Subtract line 2 from line 1c	3,427,530		3,427,530
<b>4a</b>	Capital gain net income (attach Schedule D)	0		0
<b>b</b>	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	0		0
<b>c</b>	Capital loss deduction for trusts	0		0
<b>5</b>	Income (loss) from a partnership or an S corporation (attach statement)	0		0
<b>6</b>	Rent income (Schedule C)	0	0	0
<b>7</b>	Unrelated debt-financed income (Schedule E)	0	0	0
<b>8</b>	Interest, annuities, royalties, and rents from a controlled organization (Schedule F)	0	0	0
<b>9</b>	Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)	0	0	0
<b>10</b>	Exploited exempt activity income (Schedule I)	0	0	0
<b>11</b>	Advertising income (Schedule J)	0	0	0
<b>12</b>	Other income (See instructions; attach schedule)	0		0
<b>13</b>	<b>Total.</b> Combine lines 3 through 12	3,427,530	0	3,427,530

**Part II Deductions Not Taken Elsewhere** (See instructions for limitations on deductions.) (Except for contributions, deductions must be directly connected with the unrelated business income.)

<b>14</b>	Compensation of officers, directors, and trustees (Schedule K)		<b>14</b>	0
<b>15</b>	Salaries and wages		<b>15</b>	1,195,981
<b>16</b>	Repairs and maintenance		<b>16</b>	0
<b>17</b>	Bad debts		<b>17</b>	0
<b>18</b>	Interest (attach schedule) (see instructions)		<b>18</b>	0
<b>19</b>	Taxes and licenses		<b>19</b>	24,691
<b>20</b>	Charitable contributions (See instructions for limitation rules)		<b>20</b>	0
<b>21</b>	Depreciation (attach Form 4562)	<b>21</b>	3,592	
<b>22</b>	Less depreciation claimed on Schedule A and elsewhere on return	<b>22a</b>	0	<b>22b</b>
				3,592
<b>23</b>	Depletion		<b>23</b>	0
<b>24</b>	Contributions to deferred compensation plans		<b>24</b>	0
<b>25</b>	Employee benefit programs		<b>25</b>	105,354
<b>26</b>	Excess exempt expenses (Schedule I)		<b>26</b>	0
<b>27</b>	Excess readership costs (Schedule J)		<b>27</b>	0
<b>28</b>	Other deductions (attach schedule)		<b>28</b>	2,444,044
<b>29</b>	<b>Total deductions.</b> Add lines 14 through 28		<b>29</b>	3,773,662
<b>30</b>	Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13		<b>30</b>	(346,132)
<b>31</b>	Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions)		<b>31</b>	0
<b>32</b>	Unrelated business taxable income. Subtract line 31 from line 30		<b>32</b>	(346,132)

For Paperwork Reduction Act Notice, see instructions.

Cat No 71329Y

Schedule M (Form 990-T) 2018



**SCHEDULE M  
(Form 990-T)**

**Unrelated Business Taxable Income for  
Unrelated Trade or Business**

OMB No 1545-0687

**2018**

For calendar year 2018 or other tax year beginning \_\_\_\_\_, 2018, and ending \_\_\_\_\_, 20\_\_\_\_\_

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Open to Public Inspection for  
501(c)(3) Organizations Only

Department of the Treasury  
Internal Revenue Service

Name of the organization

OCHSNER CLINIC FOUNDATION

Employer identification number

72-0502505

Unrelated business activity code (see instructions) ▶ 325412

Describe the unrelated trade or business ▶ NUCLEAR MEDICINE PREPARATIONS MANUFACTURING

<b>Part I Unrelated Trade or Business Income</b>		(A) Income	(B) Expenses	(C) Net
<b>1a</b>	Gross receipts or sales <u>647,070</u>			
<b>b</b>	Less returns and allowances <u>0</u>			
	<b>c Balance ▶</b>	<b>1c</b> 647,070		
<b>2</b>	Cost of goods sold (Schedule A, line 7)	<b>2</b> 0		
<b>3</b>	Gross profit. Subtract line 2 from line 1c	<b>3</b> 647,070		647,070
<b>4a</b>	Capital gain net income (attach Schedule D)	<b>4a</b> 0		0
<b>b</b>	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	<b>4b</b> 0		0
<b>c</b>	Capital loss deduction for trusts	<b>4c</b> 0		0
<b>5</b>	Income (loss) from a partnership or an S corporation (attach statement)	<b>5</b> 0		0
<b>6</b>	Rent income (Schedule C)	<b>6</b> 0	0	0
<b>7</b>	Unrelated debt-financed income (Schedule E)	<b>7</b> 0	0	0
<b>8</b>	Interest, annuities, royalties, and rents from a controlled organization (Schedule F)	<b>8</b> 0	0	0
<b>9</b>	Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)	<b>9</b> 0	0	0
<b>10</b>	Exploited exempt activity income (Schedule I)	<b>10</b> 0	0	0
<b>11</b>	Advertising income (Schedule J)	<b>11</b> 0	0	0
<b>12</b>	Other income (See instructions; attach schedule)	<b>12</b> 0		0
<b>13</b>	<b>Total.</b> Combine lines 3 through 12	<b>13</b> 647,070	0	647,070

**Part II Deductions Not Taken Elsewhere** (See instructions for limitations on deductions.) (Except for contributions, deductions must be directly connected with the unrelated business income.)

<b>14</b>	Compensation of officers, directors, and trustees (Schedule K)	<b>14</b>	0
<b>15</b>	Salaries and wages	<b>15</b>	87,475
<b>16</b>	Repairs and maintenance	<b>16</b>	0
<b>17</b>	Bad debts	<b>17</b>	0
<b>18</b>	Interest (attach schedule) (see instructions)	<b>18</b>	0
<b>19</b>	Taxes and licenses	<b>19</b>	1,218
<b>20</b>	Charitable contributions (See instructions for limitation rules)	<b>20</b>	0
<b>21</b>	Depreciation (attach Form 4562)	<b>21</b>	88,997
<b>22</b>	Less depreciation claimed on Schedule A and elsewhere on return	<b>22a</b>	0
		<b>22b</b>	88,997
<b>23</b>	Depletion	<b>23</b>	0
<b>24</b>	Contributions to deferred compensation plans	<b>24</b>	0
<b>25</b>	Employee benefit programs	<b>25</b>	7,608
<b>26</b>	Excess exempt expenses (Schedule I)	<b>26</b>	0
<b>27</b>	Excess readership costs (Schedule J)	<b>27</b>	0
<b>28</b>	Other deductions (attach schedule)	<b>28</b>	609,064
<b>29</b>	<b>Total deductions.</b> Add lines 14 through 28	<b>29</b>	794,362
<b>30</b>	Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13	<b>30</b>	(147,292)
<b>31</b>	Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions)	<b>31</b>	0
<b>32</b>	Unrelated business taxable income. Subtract line 31 from line 30	<b>32</b>	(147,292)

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Cat No 71329Y

Schedule M (Form 990-T) 2018

**SCHEDULE M  
(Form 990-T)**

**Unrelated Business Taxable Income for  
Unrelated Trade or Business**

OMB No 1545-0687

**2018**

For calendar year 2018 or other tax year beginning \_\_\_\_\_, 2018, and ending \_\_\_\_\_, 20\_\_\_\_\_

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Open to Public Inspection for  
501(c)(3) Organizations Only

Department of the Treasury  
Internal Revenue Service

Name of the organization

OCHSNER CLINIC FOUNDATION

Employer identification number

72-0502505

Unrelated business activity code (see instructions) ▶ 541611

Describe the unrelated trade or business ▶ MANAGEMENT AND ADMINISTRATION SERVICES

<b>Part I Unrelated Trade or Business Income</b>		(A) Income	(B) Expenses	(C) Net
<b>1a</b>	Gross receipts or sales 11,985,414			
<b>b</b>	Less returns and allowances 0			
	<b>c Balance ▶</b>	<b>1c</b>		
		11,985,414		
<b>2</b>	Cost of goods sold (Schedule A, line 7)	<b>2</b>	0	
<b>3</b>	Gross profit. Subtract line 2 from line 1c	<b>3</b>	11,985,414	11,985,414
<b>4a</b>	Capital gain net income (attach Schedule D)	<b>4a</b>	0	0
<b>b</b>	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	<b>4b</b>	0	0
<b>c</b>	Capital loss deduction for trusts	<b>4c</b>	0	0
<b>5</b>	Income (loss) from a partnership or an S corporation (attach statement)	<b>5</b>	0	0
<b>6</b>	Rent income (Schedule C)	<b>6</b>	0	0
<b>7</b>	Unrelated debt-financed income (Schedule E)	<b>7</b>	0	0
<b>8</b>	Interest, annuities, royalties, and rents from a controlled organization (Schedule F)	<b>8</b>	0	0
<b>9</b>	Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)	<b>9</b>	0	0
<b>10</b>	Exploited exempt activity income (Schedule I)	<b>10</b>	0	0
<b>11</b>	Advertising income (Schedule J)	<b>11</b>	0	0
<b>12</b>	Other income (See instructions; attach schedule)	<b>12</b>	0	0
<b>13</b>	<b>Total.</b> Combine lines 3 through 12	<b>13</b>	11,985,414	0
				11,985,414

**Part II Deductions Not Taken Elsewhere** (See instructions for limitations on deductions.) (Except for contributions, deductions must be directly connected with the unrelated business income.)

<b>14</b>	Compensation of officers, directors, and trustees (Schedule K)	<b>14</b>		0
<b>15</b>	Salaries and wages	<b>15</b>		3,641,679
<b>16</b>	Repairs and maintenance	<b>16</b>		511,384
<b>17</b>	Bad debts	<b>17</b>		0
<b>18</b>	Interest (attach schedule) (see instructions)	<b>18</b>		0
<b>19</b>	Taxes and licenses	<b>19</b>		133,506
<b>20</b>	Charitable contributions (See instructions for limitation rules)	<b>20</b>		246,507
<b>21</b>	Depreciation (attach Form 4562)	<b>21</b>	9,674	
<b>22</b>	Less depreciation claimed on Schedule A and elsewhere on return	<b>22a</b>	0	
		<b>22b</b>		9,674
<b>23</b>	Depletion	<b>23</b>		0
<b>24</b>	Contributions to deferred compensation plans	<b>24</b>		0
<b>25</b>	Employee benefit programs	<b>25</b>		486,661
<b>26</b>	Excess exempt expenses (Schedule I)	<b>26</b>		0
<b>27</b>	Excess readership costs (Schedule J)	<b>27</b>		0
<b>28</b>	Other deductions (attach schedule)	<b>28</b>		6,178,690
<b>29</b>	<b>Total deductions.</b> Add lines 14 through 28	<b>29</b>		11,208,101
<b>30</b>	Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13	<b>30</b>		777,313
<b>31</b>	Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions)	<b>31</b>		0
<b>32</b>	Unrelated business taxable income. Subtract line 31 from line 30	<b>32</b>		777,313

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Cat No 71329Y

Schedule M (Form 990-T) 2018

**SGCHEDULE M  
(Form 990-T)**

**Unrelated Business Taxable Income for  
Unrelated Trade or Business**

OMB No 1545-0687

**2018**

For calendar year 2018 or other tax year beginning \_\_\_\_\_, 2018, and ending \_\_\_\_\_, 20\_\_\_\_\_.

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501(c)(3) Organizations Only

Department of the Treasury  
Internal Revenue Service

Name of the organization

OCHSNER CLINIC FOUNDATION

Employer identification number

72-0502505

Unrelated business activity code (see instructions) ▶ 621511

Describe the unrelated trade or business ▶ REFERRAL LAB SERVICES

<b>Part I Unrelated Trade or Business Income</b>		(A) Income	(B) Expenses	(C) Net
<b>1a</b>	Gross receipts or sales	540,671		
<b>b</b>	Less returns and allowances	0		
<b>c Balance ▶</b>		<b>1c</b>		
		540,671		
<b>2</b>	Cost of goods sold (Schedule A, line 7)	0		
<b>3</b>	Gross profit. Subtract line 2 from line 1c	540,671		540,671
<b>4a</b>	Capital gain net income (attach Schedule D)	0		0
<b>b</b>	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	0		0
<b>c</b>	Capital loss deduction for trusts	0		0
<b>5</b>	Income (loss) from a partnership or an S corporation (attach statement)	0		0
<b>6</b>	Rent income (Schedule C)	0	0	0
<b>7</b>	Unrelated debt-financed income (Schedule E)	0	0	0
<b>8</b>	Interest, annuities, royalties, and rents from a controlled organization (Schedule F)	0	0	0
<b>9</b>	Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)	0	0	0
<b>10</b>	Exploited exempt activity income (Schedule I)	0	0	0
<b>11</b>	Advertising income (Schedule J)	0	0	0
<b>12</b>	Other income (See instructions; attach schedule)	0		0
<b>13</b>	<b>Total.</b> Combine lines 3 through 12	540,671	0	540,671

**Part II Deductions Not Taken Elsewhere** (See instructions for limitations on deductions.) (Except for contributions, deductions must be directly connected with the unrelated business income.)

<b>14</b>	Compensation of officers, directors, and trustees (Schedule K)			<b>14</b>	0
<b>15</b>	Salaries and wages			<b>15</b>	125,046
<b>16</b>	Repairs and maintenance			<b>16</b>	7,298
<b>17</b>	Bad debts			<b>17</b>	0
<b>18</b>	Interest (attach schedule) (see instructions)			<b>18</b>	0
<b>19</b>	Taxes and licenses			<b>19</b>	12,631
<b>20</b>	Charitable contributions (See instructions for limitation rules)			<b>20</b>	29,453
<b>21</b>	Depreciation (attach Form 4562)	8,505			
<b>22</b>	Less depreciation claimed on Schedule A and elsewhere on return	0		<b>22b</b>	8,505
<b>23</b>	Depletion			<b>23</b>	0
<b>24</b>	Contributions to deferred compensation plans			<b>24</b>	0
<b>25</b>	Employee benefit programs			<b>25</b>	11,346
<b>26</b>	Excess exempt expenses (Schedule I)			<b>26</b>	0
<b>27</b>	Excess readership costs (Schedule J)			<b>27</b>	0
<b>28</b>	Other deductions (attach schedule)			<b>28</b>	86,276
<b>29</b>	<b>Total deductions.</b> Add lines 14 through 28			<b>29</b>	280,555
<b>30</b>	Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13			<b>30</b>	260,116
<b>31</b>	Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions)			<b>31</b>	0
<b>32</b>	Unrelated business taxable income. Subtract line 31 from line 30			<b>32</b>	260,116

For Paperwork Reduction Act Notice, see instructions.

Cat No 71329Y

Schedule M (Form 990-T) 2018

**SCHEDULE M  
(Form 990-T)**

**Unrelated Business Taxable Income for  
Unrelated Trade or Business**

OMB No 1545-0687

**2018**

For calendar year 2018 or other tax year beginning \_\_\_\_\_, 2018, and ending \_\_\_\_\_, 20\_\_\_\_\_

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501(c)(3) Organizations Only

Department of the Treasury  
Internal Revenue Service

Name of the organization

OCHSNER CLINIC FOUNDATION

Employer identification number

72-0502505

Unrelated business activity code (see instructions) ▶ 622110

Describe the unrelated trade or business ▶ LONG-TERM ACUTE CARE

<b>Part I Unrelated Trade or Business Income</b>		(A) Income	(B) Expenses	(C) Net
<b>1a</b>	Gross receipts or sales	0		
<b>b</b>	Less returns and allowances	0		
	<b>c Balance ▶</b>	<b>1c</b>		
<b>2</b>	Cost of goods sold (Schedule A, line 7)	0		
<b>3</b>	Gross profit. Subtract line 2 from line 1c	0		0
<b>4a</b>	Capital gain net income (attach Schedule D)	0		0
<b>b</b>	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	0		0
<b>c</b>	Capital loss deduction for trusts	0		0
<b>5</b>	Income (loss) from a partnership or an S corporation (attach statement)	(596,659)		(596,659)
<b>6</b>	Rent income (Schedule C)	0	0	0
<b>7</b>	Unrelated debt-financed income (Schedule E)	0	0	0
<b>8</b>	Interest, annuities, royalties, and rents from a controlled organization (Schedule F)	0	0	0
<b>9</b>	Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)	0	0	0
<b>10</b>	Exploited exempt activity income (Schedule I)	0	0	0
<b>11</b>	Advertising income (Schedule J)	0	0	0
<b>12</b>	Other income (See instructions; attach schedule)	0		0
<b>13</b>	<b>Total.</b> Combine lines 3 through 12	(596,659)	0	(596,659)

**Part II Deductions Not Taken Elsewhere** (See instructions for limitations on deductions.) (Except for contributions, deductions must be directly connected with the unrelated business income.)

<b>14</b>	Compensation of officers, directors, and trustees (Schedule K)			<b>14</b>	0
<b>15</b>	Salaries and wages			<b>15</b>	0
<b>16</b>	Repairs and maintenance			<b>16</b>	0
<b>17</b>	Bad debts			<b>17</b>	0
<b>18</b>	Interest (attach schedule) (see instructions)			<b>18</b>	0
<b>19</b>	Taxes and licenses			<b>19</b>	0
<b>20</b>	Charitable contributions (See instructions for limitation rules)			<b>20</b>	0
<b>21</b>	Depreciation (attach Form 4562)	0		<b>21</b>	0
<b>22</b>	Less depreciation claimed on Schedule A and elsewhere on return	0		<b>22a</b>	0
<b>23</b>	Depletion			<b>23</b>	0
<b>24</b>	Contributions to deferred compensation plans			<b>24</b>	0
<b>25</b>	Employee benefit programs			<b>25</b>	0
<b>26</b>	Excess exempt expenses (Schedule I)			<b>26</b>	0
<b>27</b>	Excess readership costs (Schedule J)			<b>27</b>	0
<b>28</b>	Other deductions (attach schedule)			<b>28</b>	0
<b>29</b>	<b>Total deductions.</b> Add lines 14 through 28			<b>29</b>	0
<b>30</b>	Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13			<b>30</b>	(596,659)
<b>31</b>	Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions)			<b>31</b>	0
<b>32</b>	Unrelated business taxable income. Subtract line 31 from line 30			<b>32</b>	(596,659)

For Paperwork Reduction Act Notice, see instructions.

Cat No 71329Y

Schedule M (Form 990-T) 2018

Name of Partnership	EIN	UBI
<b>ALTERNATIVE INVESTMENTS</b>		
(1) COMMONFUND CAPITAL INTERNATIONAL PARTNERS V, L P	16-1720038	584
(2) COMMONFUND CAPITAL INTERNATIONAL PARTNERS VI, L P	20-8306365	680
(3) COMMONFUND CAPITAL INTERNATIONAL PARTNERS VII, L P	26-3669321	67
(4) COMMONFUND CAPITAL NATURAL RESOURCES PARTNERS VI, L P	25-1910076	12,610
(5) COMMONFUND CAPITAL NATURAL RESOURCES PARTNERS VII, L P	51-0605779	98,590
(6) COMMONFUND CAPITAL NATURAL RESOURCES PARTNERS VIII, L P	26-3180228	1,954
(7) COMMONFUND CAPITAL PRIVATE EQUITY PARTNERS VI, L P	16-1720029	7,295
(8) COMMONFUND CAPITAL PRIVATE EQUITY PARTNERS VII, L P	20-8306306	8,589
(9) COMMONFUND CAPITAL VENTURE PARTNERS VII, L P	16-1720044	-12
(10) COMMONFUND CAPITAL VENTURE PARTNERS VIII, L P	11-3814030	-9
(11) COMMONFUND CAPITAL VENTURE PARTNERS IX, L P	26-4138517	-2,649
(12) PARK STREET CAPITAL PRIVATE EQUITY FUND VI, LP	20-1768554	5,447
(13) WELLINGTON US RESEARCH EQUITY EXTENDED FUND (CAYMAN), LP	81-0885340	1,306
(14) SHAREPORT SUB 1 LLC	81-4740841	-9,600
(15) SIGHT MEDICAL LLC	46-3646261	0
<b>HOME HEALTHCARE SERVICES</b>		
(1) SOUTHEAST LA HOMECARE, LLC	26-4020490	289,709
<b>LONG-TERM ACUTE CARE</b>		
(1) LA EXTENDED CARE OF KENNER LLC	26-4691864	-596,659
<b>Total for Part I, Line 5</b>		<b>-182,098</b>

Description	Amount
<b>RETAIL SERVICES</b>	
(1) TAXES AND LICENSES	34,553
<b>HOME HEALTHCARE SERVICES</b>	
(2) TAXES AND LICENSES	4,588
<b>ACCOUNTABLE CARE ORGANIZATIONS</b>	
(3) TAXES AND LICENSES	24,691
<b>OCHSNER CENTER FOR MOLECULAR IMAGING</b>	
(4) TAXES AND LICENSES	1,218
<b>MANAGEMENT SERVICES</b>	
(5) TAXES AND LICENSES	133,506
<b>REFERRAL LAB SERVICES</b>	
(6) TAXES AND LICENSES	12,631
<b>Total for Part II, Line 19</b>	<b>211,187</b>

Year Generated	Amount Generated	Amount Used in Prior Years	Amount Used in Current Year	Amount Converted to NOL	Amount Remaining	Contribution Carryover Expires
2015	216,941	38,138	178,803		0	2021
2016	479,752		98,826		380,926	2022
2017	532,973				532,973	2023
2018	1,119,505				1,119,505	2024
<b>Totals</b>	<b>2,349,171</b>	<b>38,138</b>	<b>277,629</b>	<b>0</b>	<b>2,033,404</b>	

Description	Amount
<b>RETAIL SERVICES</b>	
(1) CONFERENCE MEETINGS	41
(2) INFORMATION TECHNOLOGY	1,676
(3) INSURANCE	6,539
(4) MEDICAL SUPPLIES, ORGANS, & DRUGS	210
(5) MEMBERSHIPS & SUBSCRIPTIONS	272
(6) OCCUPANCY	18,008
(7) OFFICE EXPENSES	51,304
(8) OTHER PURCHASED SERVICES	166,225
(9) PROFESSIONAL FEES	294
(10) RECRUITING	28
(11) TRAVEL	2,823
(12) MISCELLANEOUS EXPENSE	20
(13) AMORTIZATION	0
<b>Total</b>	<b>247,440</b>
<b>HOME HEALTHCARE SERVICES</b>	
(14) GENERAL & ADMINISTRATIVE	57
(15) OFFICE EXPENSES	36
(16) OTHER PURCHASED SERVICES	19,145
(17) PROFESSIONAL FEES	36
<b>Total</b>	<b>19,274</b>
<b>ACCOUNTABLE CARE ORGANIZATIONS</b>	
(18) GENERAL & ADMINISTRATIVE	231,522
(19) MANAGEMENT SERVICES	247,667
(20) OCCUPANCY	-4,493
(21) OFFICE EXPENSES	1,237
(22) OTHER PURCHASED SERVICES	105,553
(23) PROFESSIONAL FEES	1,528
(24) RECRUITING	617
(25) MISCELLANEOUS EXPENSE	1,962,997
(26) DISTRIBUTIONS	-102,584
<b>Total</b>	<b>2,444,044</b>
<b>OCHSNER CENTER FOR MOLECULAR IMAGING</b>	
(27) GENERAL & ADMINISTRATIVE	45,619
(28) INSURANCE	14,121
(29) MEDICAL SUPPLIES, ORGANS, & DRUGS	56,734
(30) OCCUPANCY	77,456
(31) OFFICE EXPENSES	8,592
(32) OTHER PURCHASED SERVICES	406,222
(33) PROFESSIONAL FEES	320
<b>Total</b>	<b>609,064</b>
<b>MANAGEMENT SERVICES</b>	
(34) INFORMATION TECHNOLOGY	4,926,986
(35) MARKETING	17,372
(36) MEDICAL SUPPLIES, ORGANS, & DRUGS	66
(37) MEMBERSHIPS & SUBSCRIPTIONS	-1,462
(38) OCCUPANCY	93,783
(39) OFFICE EXPENSES	120,064
(40) OTHER PURCHASED SERVICES	845,697
(41) PROFESSIONAL FEES	4,438
(42) TRAVEL	20,960
(43) MISCELLANEOUS EXPENSE	4,712
(44) CONFERENCE MEETINGS	4,342
(45) GENERAL & ADMINISTRATIVE	8,115
(46) RECRUITING	283
(47) MANAGEMENT SERVICES	133,334



	<b>Total</b>	<b>6,178,690</b>
<b>REFERRAL LAB SERVICES</b>		
(48) CONFERENCE MEETINGS		712
(49) INFORMATION TECHNOLOGY		108
(50) INSURANCE		168
(51) MEDICAL SUPPLIES, ORGANS, & DRUGS		63,636
(52) MEMBERSHIPS & SUBSCRIPTIONS		104
(53) OCCUPANCY		1,974
(54) OFFICE EXPENSES		11,280
(55) OTHER PURCHASED SERVICES		7,644
(56) PROFESSIONAL FEES		102
(57) RECRUITING		189
(58) TRAVEL		308
(59) MISCELLANEOUS EXPENSE		51
	<b>Total</b>	<b>86,276</b>
	<b>Total for All Activities</b>	<b>9,584,788</b>

Date	Amount
04/16/2018	173,000
12/14/2018	423,000
<b>Totals</b>	<b>596,000</b>

Description	Amount
<b>RETAIL SERVICES</b>	
(1) ALLOCATED COST OF GOODS SOLD	297,132
<b>Total for Schedule A, Line 4b</b>	<b>297,132</b>

Department of the Treasury  
Internal Revenue Service (99)

▶ Go to [www.irs.gov/Form3800](http://www.irs.gov/Form3800) for instructions and the latest information.  
▶ You must attach all pages of Form 3800, pages 1, 2, and 3, to your tax return.

**2018**  
Attachment  
Sequence No **22**

Name(s) shown on return

Identifying number

OCHSNER CLINIC FOUNDATION

72-0502505

**Part I Current Year Credit for Credits Not Allowed Against Tentative Minimum Tax (TMT)**

(See instructions and complete Part(s) III before Parts I and II.)

1	General business credit from line 2 of all Parts III with box A checked . . . . .	1	0
2	Passive activity credits from line 2 of all Parts III with box B checked <b>2</b> . . . . .	2	0
3	Enter the applicable passive activity credits allowed for 2018. See instructions . . . . .	3	0
4	Carryforward of general business credit to 2018. Enter the amount from line 2 of Part III with box C checked. See instructions for statement to attach . . . . .	4	0
5	Carryback of general business credit from 2019. Enter the amount from line 2 of Part III with box D checked. See instructions . . . . .	5	0
6	Add lines 1, 3, 4, and 5 . . . . .	6	0

**Part II Allowable Credit**

7	Regular tax before credits. • Individuals. Enter the sum of the amounts from Form 1040, line 11a, and Schedule 2 (Form 1040), line 46, or the sum of the amounts from Form 1040NR, lines 42 and 44 • Corporations. Enter the amount from Form 1120, Schedule J, Part I, line 2; or the applicable line of your return . . . . .	7	524,508
8	Alternative minimum tax: • Individuals. Enter the amount from Form 6251, line 11 . . . . . • Corporations. Enter -0- . . . . . • Estates and trusts. Enter the amount from Schedule I (Form 1041), line 56 . . . . .	8	0
9	Add lines 7 and 8 . . . . .	9	524,508
10a	Foreign tax credit . . . . .	10a	
b	Certain allowable credits (see instructions) . . . . .	10b	
c	Add lines 10a and 10b . . . . .	10c	0
11	<b>Net income tax.</b> Subtract line 10c from line 9. If zero, skip lines 12 through 15 and enter -0- on line 16	11	524,508
12	<b>Net regular tax.</b> Subtract line 10c from line 7. If zero or less, enter -0-	12	524,508
13	Enter 25% (0.25) of the excess, if any, of line 12 over \$25,000. See instructions . . . . .	13	124,877
14	Tentative minimum tax: • Individuals. Enter the amount from Form 6251, line 9 . . . . . • Corporations. Enter -0- . . . . . • Estates and trusts. Enter the amount from Schedule I (Form 1041), line 54 . . . . .	14	0
15	Enter the greater of line 13 or line 14 . . . . .	15	124,877
16	Subtract line 15 from line 11. If zero or less, enter -0-	16	399,631
17	Enter the <b>smaller</b> of line 6 or line 16 . . . . . <b>C corporations:</b> See the line 17 instructions if there has been an ownership change, acquisition, or reorganization.	17	0

For Paperwork Reduction Act Notice, see separate instructions.

Cat No 12392F

Form **3800** (2018)

**Part II Allowable Credit (continued)**

**Note:** If you are not required to report any amounts on line 22 or 24 below, skip lines 18 through 25 and enter -0- on line 26

18	Multiply line 14 by 75% (0.75). See instructions . . . . .	18	0
19	Enter the greater of line 13 or line 18 . . . . .	19	124,877
20	Subtract line 19 from line 11. If zero or less, enter -0- . . . . .	20	399,631
21	Subtract line 17 from line 20. If zero or less, enter -0- . . . . .	21	399,631
22	Combine the amounts from line 3 of all Parts III with box A, C, or D checked . . . . .	22	0
23	Passive activity credit from line 3 of all Parts III with box B checked <input type="checkbox"/> 23   0		
24	Enter the applicable passive activity credit allowed for 2018. See instructions . . . . .	24	
25	Add lines 22 and 24 . . . . .	25	0
26	Empowerment zone and renewal community employment credit allowed. Enter the smaller of line 21 or line 25 . . . . .	26	0
27	Subtract line 13 from line 11. If zero or less, enter -0- . . . . .	27	399,631
28	Add lines 17 and 26 . . . . .	28	0
29	Subtract line 28 from line 27. If zero or less, enter -0- . . . . .	29	399,631
30	Enter the general business credit from line 5 of all Parts III with box A checked . . . . .	30	898
31	Reserved . . . . .	31	
32	Passive activity credits from line 5 of all Parts III with box B checked <input type="checkbox"/> 32   0		
33	Enter the applicable passive activity credits allowed for 2018. See instructions . . . . .	33	
34	Carryforward of business credit to 2018. Enter the amount from line 5 of Part III with box C checked and line 6 of Part III with box G checked. See instructions for statement to attach . . . . .	34	0
35	Carryback of business credit from 2019. Enter the amount from line 5 of Part III with box D checked. See instructions . . . . .	35	0
36	Add lines 30, 33, 34, and 35 . . . . .	36	898
37	Enter the <b>smaller</b> of line 29 or line 36 . . . . .	37	898
38	<b>Credit allowed for the current year.</b> Add lines 28 and 37. Report the amount from line 38 (if smaller than the sum of Part I, line 6, and Part II, lines 25 and 36, see instructions) as indicated below or on the applicable line of your return. • Individuals. Schedule 3 (Form 1040), line 54, or Form 1040NR, line 51 . . . . . • Corporations. Form 1120, Schedule J, Part I, line 5c . . . . . • Estates and trusts. Form 1041, Schedule G, line 2b . . . . .	38	898

Name(s) shown on return OCHSNER CLINIC FOUNDATION	Identifying number 72-0502505
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**Part III General Business Credits or Eligible Small Business Credits** (see instructions)

Complete a separate Part III for each box checked below. See instructions.

- |  |  |
|--|--|
| <b>A</b> <input checked="" type="checkbox"/> General Business Credit From a Non-Passive Activity | <b>E</b> <input type="checkbox"/> Reserved                                     |
| <b>B</b> <input type="checkbox"/> General Business Credit From a Passive Activity                | <b>F</b> <input type="checkbox"/> Reserved                                     |
| <b>C</b> <input type="checkbox"/> General Business Credit Carryforwards                          | <b>G</b> <input type="checkbox"/> Eligible Small Business Credit Carryforwards |
| <b>D</b> <input type="checkbox"/> General Business Credit Carrybacks                             | <b>H</b> <input type="checkbox"/> Reserved                                     |

**I** If you are filing more than one Part III with box A or B checked, complete and attach first an additional Part III combining amounts from all Parts III with box A or B checked. Check here if this is the consolidated Part III

(a) Description of credit	(b) If claiming the credit from a pass-through entity, enter the EIN	(c) Enter the appropriate amount
<b>Note:</b> On any line where the credit is from more than one source, a separate Part III is needed for each pass-through entity		
<b>1a</b> Investment (Form 3468, Part II only) (attach Form 3468)	<b>1a</b>	
<b>b</b> Reserved	<b>1b</b>	
<b>c</b> Increasing research activities (Form 6765)	<b>1c</b>	
<b>d</b> Low-income housing (Form 8586, Part I only)	<b>1d</b>	
<b>e</b> Disabled access (Form 8826) (see instructions for limitation)	<b>1e</b>	
<b>f</b> Renewable electricity, refined coal, and Indian coal production (Form 8835)	<b>1f</b>	
<b>g</b> Indian employment (Form 8845)	<b>1g</b>	
<b>h</b> Orphan drug (Form 8820)	<b>1h</b>	
<b>i</b> New markets (Form 8874)	<b>1i</b>	
<b>j</b> Small employer pension plan startup costs (Form 8881) (see instructions for limitation)	<b>1j</b>	
<b>k</b> Employer-provided child care facilities and services (Form 8882) (see instructions for limitation)	<b>1k</b>	
<b>l</b> Biodiesel and renewable diesel fuels (attach Form 8864)	<b>1l</b>	
<b>m</b> Low sulfur diesel fuel production (Form 8896)	<b>1m</b>	
<b>n</b> Distilled spirits (Form 8906)	<b>1n</b>	
<b>o</b> Nonconventional source fuel (carryforward only)	<b>1o</b>	
<b>p</b> Energy efficient home (Form 8908)	<b>1p</b>	
<b>q</b> Energy efficient appliance (carryforward only)	<b>1q</b>	
<b>r</b> Alternative motor vehicle (Form 8910)	<b>1r</b>	
<b>s</b> Alternative fuel vehicle refueling property (Form 8911)	<b>1s</b>	
<b>t</b> Enhanced oil recovery credit (Form 8830)	<b>1t</b>	
<b>u</b> Mine rescue team training (Form 8923)	<b>1u</b>	
<b>v</b> Agricultural chemicals security (carryforward only)	<b>1v</b>	
<b>w</b> Employer differential wage payments (Form 8932)	<b>1w</b>	
<b>x</b> Carbon oxide sequestration (Form 8933)	<b>1x</b>	
<b>y</b> Qualified plug-in electric drive motor vehicle (Form 8936)	<b>1y</b>	
<b>z</b> Qualified plug-in electric vehicle (carryforward only)	<b>1z</b>	
<b>aa</b> Employee retention (Form 5884-A)	<b>1aa</b>	
<b>bb</b> General credits from an electing large partnership (Schedule K-1 (Form 1065-B))	<b>1bb</b>	
<b>zz</b> Other Oil and gas production from marginal wells (Form 8904) and certain other credits (see instructions)	<b>1zz</b>	
<b>2</b> Add lines 1a through 1zz and enter here and on the applicable line of Part I	<b>2</b>	0
<b>3</b> Enter the amount from Form 8844 here and on the applicable line of Part II	<b>3</b>	
<b>4a</b> Investment (Form 3468, Part III) (attach Form 3468)	<b>4a</b>	
<b>b</b> Work opportunity (Form 5884)	<b>4b</b>	298
<b>c</b> Biofuel producer (Form 6478)	<b>4c</b>	
<b>d</b> Low-income housing (Form 8586, Part II)	<b>4d</b>	
<b>e</b> Renewable electricity, refined coal, and Indian coal production (Form 8835)	<b>4e</b>	
<b>f</b> Employer social security and Medicare taxes paid on certain employee tips (Form 8846)	<b>4f</b>	
<b>g</b> Qualified railroad track maintenance (Form 8900)	<b>4g</b>	
<b>h</b> Small employer health insurance premiums (Form 8941)	<b>4h</b>	
<b>i</b> Increasing research activities (Form 6765)	<b>4i</b>	
<b>j</b> Employer credit for paid family and medical leave (Form 8994)	<b>4j</b>	
<b>z</b> Other	<b>4z</b>	
<b>5</b> Add lines 4a through 4z and enter here and on the applicable line of Part II	<b>5</b>	298
<b>6</b> Add lines 2, 3, and 5 and enter here and on the applicable line of Part II	<b>6</b>	298

Name(s) shown on return OCHSNER CLINIC FOUNDATION	Identifying number 72-0502505
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**Part III General Business Credits or Eligible Small Business Credits** (see instructions)

Complete a separate Part III for each box checked below. See instructions.

- |   |  |
|---|--|
| <p><b>A</b> <input checked="" type="checkbox"/> General Business Credit From a Non-Passive Activity</p> <p><b>B</b> <input type="checkbox"/> General Business Credit From a Passive Activity</p> <p><b>C</b> <input type="checkbox"/> General Business Credit Carryforwards</p> <p><b>D</b> <input type="checkbox"/> General Business Credit Carrybacks</p> | <p><b>E</b> <input checked="" type="checkbox"/> Reserved</p> <p><b>F</b> <input checked="" type="checkbox"/> Reserved</p> <p><b>G</b> <input type="checkbox"/> Eligible Small Business Credit Carryforwards</p> <p><b>H</b> <input checked="" type="checkbox"/> Reserved</p> |
|---|--|

**I** If you are filing more than one Part III with box A or B checked, complete and attach first an additional Part III combining amounts from all Parts III with box A or B checked. Check here if this is the consolidated Part III

(a) Description of credit	(b) If claiming the credit from a pass-through entity, enter the EIN	(c) Enter the appropriate amount
<b>Note:</b> On any line where the credit is from more than one source, a separate Part III is needed for each pass-through entity		
<b>1a</b> Investment (Form 3468, Part II only) (attach Form 3468)	<b>1a</b>	
<b>b</b> Reserved	<b>1b</b>	
<b>c</b> Increasing research activities (Form 6765)	<b>1c</b>	
<b>d</b> Low-income housing (Form 8586, Part I only)	<b>1d</b>	
<b>e</b> Disabled access (Form 8826) (see instructions for limitation)	<b>1e</b>	
<b>f</b> Renewable electricity, refined coal, and Indian coal production (Form 8835)	<b>1f</b>	
<b>g</b> Indian employment (Form 8845)	<b>1g</b>	
<b>h</b> Orphan drug (Form 8820)	<b>1h</b>	
<b>i</b> New markets (Form 8874)	<b>1i</b>	
<b>j</b> Small employer pension plan startup costs (Form 8881) (see instructions for limitation)	<b>1j</b>	
<b>k</b> Employer-provided child care facilities and services (Form 8882) (see instructions for limitation)	<b>1k</b>	
<b>l</b> Biodiesel and renewable diesel fuels (attach Form 8864)	<b>1l</b>	
<b>m</b> Low sulfur diesel fuel production (Form 8896)	<b>1m</b>	
<b>n</b> Distilled spirits (Form 8906)	<b>1n</b>	
<b>o</b> Nonconventional source fuel (carryforward only)	<b>1o</b>	
<b>p</b> Energy efficient home (Form 8908)	<b>1p</b>	
<b>q</b> Energy efficient appliance (carryforward only)	<b>1q</b>	
<b>r</b> Alternative motor vehicle (Form 8910)	<b>1r</b>	
<b>s</b> Alternative fuel vehicle refueling property (Form 8911)	<b>1s</b>	
<b>t</b> Enhanced oil recovery credit (Form 8830)	<b>1t</b>	
<b>u</b> Mine rescue team training (Form 8923)	<b>1u</b>	
<b>v</b> Agricultural chemicals security (carryforward only)	<b>1v</b>	
<b>w</b> Employer differential wage payments (Form 8932)	<b>1w</b>	
<b>x</b> Carbon oxide sequestration (Form 8933)	<b>1x</b>	
<b>y</b> Qualified plug-in electric drive motor vehicle (Form 8936)	<b>1y</b>	
<b>z</b> Qualified plug-in electric vehicle (carryforward only)	<b>1z</b>	
<b>aa</b> Employee retention (Form 5884-A)	<b>1aa</b>	
<b>bb</b> General credits from an electing large partnership (Schedule K-1 (Form 1065-B))	<b>1bb</b>	
<b>zz</b> Other. Oil and gas production from marginal wells (Form 8904) and certain other credits (see instructions)	<b>1zz</b>	
<b>2</b> Add lines 1a through 1zz and enter here and on the applicable line of Part I	<b>2</b>	0
<b>3</b> Enter the amount from Form 8844 here and on the applicable line of Part II	<b>3</b>	
<b>4a</b> Investment (Form 3468, Part III) (attach Form 3468)	<b>4a</b>	
<b>b</b> Work opportunity (Form 5884)	<b>4b</b>	600
<b>c</b> Biofuel producer (Form 6478)	<b>4c</b>	
<b>d</b> Low-income housing (Form 8586, Part II)	<b>4d</b>	
<b>e</b> Renewable electricity, refined coal, and Indian coal production (Form 8835)	<b>4e</b>	
<b>f</b> Employer social security and Medicare taxes paid on certain employee tips (Form 8846)	<b>4f</b>	
<b>g</b> Qualified railroad track maintenance (Form 8900)	<b>4g</b>	
<b>h</b> Small employer health insurance premiums (Form 8941)	<b>4h</b>	
<b>i</b> Increasing research activities (Form 6765)	<b>4i</b>	
<b>j</b> Employer credit for paid family and medical leave (Form 8994)	<b>4j</b>	
<b>z</b> Other	<b>4z</b>	
<b>5</b> Add lines 4a through 4z and enter here and on the applicable line of Part II	<b>5</b>	600
<b>6</b> Add lines 2, 3, and 5 and enter here and on the applicable line of Part II	<b>6</b>	600

**Depreciation and Amortization**  
(Including Information on Listed Property)

Department of the Treasury  
Internal Revenue Service (99)

▶ Attach to your tax return.  
▶ Get [www.irs.gov/Form4562](http://www.irs.gov/Form4562) for instructions and the latest information.

Name(s) shown on return OCHSNER CLINIC FOUNDATION	Business or activity to which this form relates 446199	Identifying number 72-0502505
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**Part I Election To Expense Certain Property Under Section 179**

**Note:** If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount (see instructions)	1	510,000
2	Total cost of section 179 property placed in service (see instructions)	2	0
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	510,000
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	0
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	510,000
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	0
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	0
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	0
10	Carryover of disallowed deduction from line 13 of your 2017 Form 4562	10	0
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions	11	0
12	Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11	12	0
13	Carryover of disallowed deduction to 2019. Add lines 9 and 10, less line 12	13	0

**Note:** Don't use Part II or Part III below for listed property. Instead, use Part V.

**Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property. See instructions.)**

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year. See instructions	14	0
15	Property subject to section 168(f)(1) election	15	0
16	Other depreciation (including ACRS)	16	157,691

**Part III MACRS Depreciation (Don't include listed property. See instructions.)**

**Section A**

17	MACRS deductions for assets placed in service in tax years beginning before 2018	17	0
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here <input type="checkbox"/>		

**Section B—Assets Placed in Service During 2018 Tax Year Using the General Depreciation System**

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs		S/L	
h Residential rental property			27 5 yrs.	MM	S/L	
			27 5 yrs.	MM	S/L	
i Nonresidential real property			39 yrs	MM	S/L	
				MM	S/L	

**Section C—Assets Placed in Service During 2018 Tax Year Using the Alternative Depreciation System**

20a Class life					S/L	
b 12-year			12 yrs.		S/L	
c 30-year			30 yrs.	MM	S/L	
d 40-year			40 yrs.	MM	S/L	

**Part IV Summary (See instructions.)**

21	Listed property. Enter amount from line 28	21	0
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions	22	157,691
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	0



**Part V Listed Property** (Include automobiles, certain other vehicles, certain aircraft, and property used for entertainment, recreation, or amusement.)

**Note:** For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete **only** 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

**Section A—Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)**

**24a** Do you have evidence to support the business/investment use claimed?  Yes  **No** **24b** If "Yes," is the evidence written?  Yes  **No**

(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/Convention	(h) Depreciation deduction	(i) Elected section 179 cost	
<b>25</b> Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use. See instructions . . . . .								<b>25</b>	0
<b>26</b> Property used more than 50% in a qualified business use:									
		%							
		%							
		%							
<b>27</b> Property used 50% or less in a qualified business use:									
		%			S/L –				
		%			S/L –				
		%			S/L –				
<b>28</b> Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1 . . . . .								<b>28</b>	0
<b>29</b> Add amounts in column (i), line 26. Enter here and on line 7, page 1 . . . . .								<b>29</b>	0

**Section B—Information on Use of Vehicles**

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

	(a) Vehicle 1		(b) Vehicle 2		(c) Vehicle 3		(d) Vehicle 4		(e) Vehicle 5		(f) Vehicle 6	
<b>30</b> Total business/investment miles driven during the year (don't include commuting miles) . . . . .												
<b>31</b> Total commuting miles driven during the year . . . . .												
<b>32</b> Total other personal (noncommuting) miles driven . . . . .												
<b>33</b> Total miles driven during the year. Add lines 30 through 32 . . . . .	0	0	0	0	0	0	0	0	0	0	0	0
<b>34</b> Was the vehicle available for personal use during off-duty hours? . . . . .	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
<b>35</b> Was the vehicle used primarily by a more than 5% owner or related person? . . . . .												
<b>36</b> Is another vehicle available for personal use?												

**Section C—Questions for Employers Who Provide Vehicles for Use by Their Employees**

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who aren't more than 5% owners or related persons. See instructions.

	Yes	No
<b>37</b> Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees? . . . . .		✓
<b>38</b> Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners . . . . .		✓
<b>39</b> Do you treat all use of vehicles by employees as personal use? . . . . .		✓
<b>40</b> Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received? . . . . .		✓
<b>41</b> Do you meet the requirements concerning qualified automobile demonstration use? See instructions. . . . .		✓

**Note:** If your answer to 37, 38, 39, 40, or 41 is "Yes," don't complete Section B for the covered vehicles.

**Part VI Amortization**

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year	
<b>42</b> Amortization of costs that begins during your 2018 tax year (see instructions):						
<b>43</b> Amortization of costs that began before your 2018 tax year . . . . .					<b>43</b>	0
<b>44</b> Total. Add amounts in column (f). See the instructions for where to report . . . . .					<b>44</b>	0

**Depreciation and Amortization**  
(Including Information on Listed Property)

Department of the Treasury  
Internal Revenue Service (99)

▶ Attach to your tax return.  
▶ Get [www.irs.gov/Form4562](http://www.irs.gov/Form4562) for instructions and the latest information.

Name(s) shown on return OCHSNER CLINIC FOUNDATION	Business or activity to which this form relates 621610	Identifying number 72-0502505
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**Part I Election To Expense Certain Property Under Section 179**

**Note:** If you have any listed property, complete Part V before you complete Part I.

1 Maximum amount (see instructions)	1	510,000
2 Total cost of section 179 property placed in service (see instructions)	2	0
3 Threshold cost of section 179 property before reduction in limitation (see instructions)	3	510,000
4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	0
5 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	510,000
<b>6</b>		
(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7 Listed property. Enter the amount from line 29	7	0
8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	0
9 Tentative deduction. Enter the <b>smaller</b> of line 5 or line 8	9	0
10 Carryover of disallowed deduction from line 13 of your 2017 Form 4562	10	0
11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions	11	198,890
12 Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11	12	0
13 Carryover of disallowed deduction to 2019. Add lines 9 and 10, less line 12	13	0

**Note:** Don't use Part II or Part III below for listed property. Instead, use Part V.

**Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property. See instructions.)**

14 Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year. See instructions	14	0
15 Property subject to section 168(f)(1) election	15	0
16 Other depreciation (including ACRS)	16	65,377

**Part III MACRS Depreciation (Don't include listed property. See instructions.)**

**Section A**

17 MACRS deductions for assets placed in service in tax years beginning before 2018	17	0
18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here <input type="checkbox"/>		

**Section B—Assets Placed in Service During 2018 Tax Year Using the General Depreciation System**

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property			27 5 yrs	MM	S/L	
			27 5 yrs	MM	S/L	
i Nonresidential real property			39 yrs	MM	S/L	
				MM	S/L	

**Section C—Assets Placed in Service During 2018 Tax Year Using the Alternative Depreciation System**

20a Class life					S/L
b 12-year			12 yrs		S/L
c 30-year			30 yrs.	MM	S/L
d 40-year			40 yrs.	MM	S/L

**Part IV Summary (See instructions.)**

21 Listed property. Enter amount from line 28	21	0
22 <b>Total.</b> Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions	22	65,377
23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	0

**Part V Listed Property** (Include automobiles, certain other vehicles, certain aircraft, and property used for entertainment, recreation, or amusement.)

**Note:** For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete **only** 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

**Section A—Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)**

**24a** Do you have evidence to support the business/investment use claimed?  **Yes**  **No** **24b** If "Yes," is the evidence written?  **Yes**  **No**

(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/Convention	(h) Depreciation deduction	(i) Elected section 179 cost	
<b>25</b> Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use. See instructions .							<b>25</b>	0	
<b>26</b> Property used more than 50% in a qualified business use:									
		%							
		%							
		%							
<b>27</b> Property used 50% or less in a qualified business use:									
		%				S/L -			
		%				S/L -			
		%				S/L -			
<b>28</b> Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1 .							<b>28</b>	0	
<b>29</b> Add amounts in column (i), line 26. Enter here and on line 7, page 1 .							<b>29</b>		0

**Section B—Information on Use of Vehicles**

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

	(a) Vehicle 1	(b) Vehicle 2	(c) Vehicle 3	(d) Vehicle 4	(e) Vehicle 5	(f) Vehicle 6
<b>30</b> Total business/investment miles driven during the year (don't include commuting miles) .						
<b>31</b> Total commuting miles driven during the year						
<b>32</b> Total other personal (noncommuting) miles driven . . . . .						
<b>33</b> Total miles driven during the year. Add lines 30 through 32 . . . . .	0	0	0	0	0	0
<b>34</b> Was the vehicle available for personal use during off-duty hours? . . . . .	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No
<b>35</b> Was the vehicle used primarily by a more than 5% owner or related person? . . . . .						
<b>36</b> Is another vehicle available for personal use?						

**Section C—Questions for Employers Who Provide Vehicles for Use by Their Employees**

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who aren't more than 5% owners or related persons. See instructions.

	Yes	No
<b>37</b> Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees? . . . . .		✓
<b>38</b> Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners . . . . .		✓
<b>39</b> Do you treat all use of vehicles by employees as personal use? . . . . .		✓
<b>40</b> Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received? . . . . .		✓
<b>41</b> Do you meet the requirements concerning qualified automobile demonstration use? See instructions. . . . .		✓

**Note:** If your answer to 37, 38, 39, 40, or 41 is "Yes," don't complete Section B for the covered vehicles.

**Part VI Amortization**

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
<b>42</b> Amortization of costs that begins during your 2018 tax year (see instructions):					
<b>43</b> Amortization of costs that began before your 2018 tax year . . . . .				<b>43</b>	0
<b>44</b> Total. Add amounts in column (f) See the instructions for where to report . . . . .				<b>44</b>	0

**Depreciation and Amortization**  
(Including Information on Listed Property)

Department of the Treasury  
Internal Revenue Service (99)

▶ Attach to your tax return.  
▶ Get [www.irs.gov/Form4562](http://www.irs.gov/Form4562) for instructions and the latest information.

Name(s) shown on return OCHSNER CLINIC FOUNDATION	Business or activity to which this form relates 621491	Identifying number 72-0502505
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**Part I Election To Expense Certain Property Under Section 179**

**Note:** If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount (see instructions)	1	510,000
2	Total cost of section 179 property placed in service (see instructions)	2	0
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	510,000
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	0
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	510,000
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	0
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	0
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	0
10	Carryover of disallowed deduction from line 13 of your 2017 Form 4562	10	0
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions	11	0
12	Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11	12	0
13	Carryover of disallowed deduction to 2019. Add lines 9 and 10, less line 12	13	0

**Note:** Don't use Part II or Part III below for listed property. Instead, use Part V.

**Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property. See instructions.)**

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year. See instructions	14	0
15	Property subject to section 168(f)(1) election	15	0
16	Other depreciation (including ACRS)	16	3,592

**Part III MACRS Depreciation (Don't include listed property. See instructions.)**

**Section A**

17	MACRS deductions for assets placed in service in tax years beginning before 2018	17	0
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here <input type="checkbox"/>		

**Section B—Assets Placed in Service During 2018 Tax Year Using the General Depreciation System**

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs		S/L	
h Residential rental property			27.5 yrs	MM	S/L	
			27.5 yrs.	MM	S/L	
i Nonresidential real property			39 yrs	MM	S/L	
				MM	S/L	

**Section C—Assets Placed in Service During 2018 Tax Year Using the Alternative Depreciation System**

20a Class life					S/L	
b 12-year			12 yrs.		S/L	
c 30-year			30 yrs.	MM	S/L	
d 40-year			40 yrs.	MM	S/L	

**Part IV Summary (See instructions.)**

21	Listed property. Enter amount from line 28	21	0
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions	22	3,592
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	0

**Part V Listed Property** (Include automobiles, certain other vehicles, certain aircraft, and property used for entertainment, recreation, or amusement.)

**Note:** For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete **only** 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

**Section A—Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)**

**24a** Do you have evidence to support the business/investment use claimed?  Yes  No **24b** If "Yes," is the evidence written?  Yes  No

(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/Convention	(h) Depreciation deduction	(i) Elected section 179 cost	
<b>25</b> Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use. See instructions .							<b>25</b>	0	
<b>26</b> Property used more than 50% in a qualified business use.									
		%							
		%							
		%							
<b>27</b> Property used 50% or less in a qualified business use:									
		%				S/L -			
		%				S/L -			
		%				S/L -			
<b>28</b> Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1							<b>28</b>	0	
<b>29</b> Add amounts in column (i), line 26 Enter here and on line 7, page 1							<b>29</b>	0	

**Section B—Information on Use of Vehicles**

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

	(a) Vehicle 1		(b) Vehicle 2		(c) Vehicle 3		(d) Vehicle 4		(e) Vehicle 5		(f) Vehicle 6	
<b>30</b> Total business/investment miles driven during the year (don't include commuting miles)												
<b>31</b> Total commuting miles driven during the year												
<b>32</b> Total other personal (noncommuting) miles driven												
<b>33</b> Total miles driven during the year Add lines 30 through 32	0	0	0	0	0	0	0	0	0	0	0	0
<b>34</b> Was the vehicle available for personal use during off-duty hours?	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
<b>35</b> Was the vehicle used primarily by a more than 5% owner or related person?												
<b>36</b> Is another vehicle available for personal use?												

**Section C—Questions for Employers Who Provide Vehicles for Use by Their Employees**

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who aren't more than 5% owners or related persons. See instructions.

	Yes	No
<b>37</b> Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?		✓
<b>38</b> Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners		✓
<b>39</b> Do you treat all use of vehicles by employees as personal use?		✓
<b>40</b> Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		✓
<b>41</b> Do you meet the requirements concerning qualified automobile demonstration use? See instructions.		✓

**Note:** If your answer to 37, 38, 39, 40, or 41 is "Yes," don't complete Section B for the covered vehicles.

**Part VI Amortization**

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
<b>42</b> Amortization of costs that begins during your 2018 tax year (see instructions):					
<b>43</b> Amortization of costs that began before your 2018 tax year				<b>43</b>	0
<b>44</b> Total. Add amounts in column (f). See the instructions for where to report				<b>44</b>	0

**Depreciation and Amortization**  
(Including Information on Listed Property)

Department of the Treasury  
Internal Revenue Service (99)

▶ Attach to your tax return.  
▶ Get [www.irs.gov/Form4562](http://www.irs.gov/Form4562) for instructions and the latest information.

Attachment  
Sequence No **179**

Name(s) shown on return <b>OCHSNER CLINIC FOUNDATION</b>	Business or activity to which this form relates <b>325412</b>	Identifying number <b>72-0502505</b>
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**Part I Election To Expense Certain Property Under Section 179**

**Note:** If you have any listed property, complete Part V before you complete Part I.

1 Maximum amount (see instructions)	<b>1</b>	510,000
2 Total cost of section 179 property placed in service (see instructions)	<b>2</b>	0
3 Threshold cost of section 179 property before reduction in limitation (see instructions)	<b>3</b>	510,000
4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	<b>4</b>	0
5 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	<b>5</b>	510,000
<b>6</b>		
(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7 Listed property. Enter the amount from line 29	<b>7</b>	0
8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	<b>8</b>	0
9 Tentative deduction. Enter the <b>smaller</b> of line 5 or line 8	<b>9</b>	0
10 Carryover of disallowed deduction from line 13 of your 2017 Form 4562	<b>10</b>	0
11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions	<b>11</b>	0
12 Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11	<b>12</b>	0
13 Carryover of disallowed deduction to 2019. Add lines 9 and 10, less line 12	<b>13</b>	0

**Note:** Don't use Part II or Part III below for listed property. Instead, use Part V.

**Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property. See instructions.)**

14 Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year. See instructions	<b>14</b>	0
15 Property subject to section 168(f)(1) election	<b>15</b>	0
16 Other depreciation (including ACRS)	<b>16</b>	88,997

**Part III MACRS Depreciation (Don't include listed property. See instructions.)**

**Section A**

17 MACRS deductions for assets placed in service in tax years beginning before 2018	<b>17</b>	0
18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here <input type="checkbox"/>		

**Section B—Assets Placed in Service During 2018 Tax Year Using the General Depreciation System**

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs		S/L	
h Residential rental property			27.5 yrs	MM	S/L	
			27.5 yrs	MM	S/L	
i Nonresidential real property			39 yrs	MM	S/L	
				MM	S/L	

**Section C—Assets Placed in Service During 2018 Tax Year Using the Alternative Depreciation System**

20a Class life					S/L	
b 12-year			12 yrs.		S/L	
c 30-year			30 yrs.	MM	S/L	
d 40-year			40 yrs.	MM	S/L	

**Part IV Summary (See instructions.)**

21 Listed property. Enter amount from line 28	<b>21</b>	0
22 <b>Total.</b> Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions	<b>22</b>	88,997
23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	<b>23</b>	0

**Part V Listed Property** (Include automobiles, certain other vehicles, certain aircraft, and property used for entertainment, recreation, or amusement.)

**Note:** For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete **only** 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

**Section A—Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)**

**24a** Do you have evidence to support the business/investment use claimed?  Yes  **No** **24b** If "Yes," is the evidence written?  Yes  **No**

(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/Convention	(h) Depreciation deduction	(i) Elected section 179 cost	
<b>25</b> Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use. See instructions . . . . .								<b>25</b>	0
<b>26</b> Property used more than 50% in a qualified business use:									
		%							
		%							
		%							
<b>27</b> Property used 50% or less in a qualified business use:									
		%			S/L -				
		%			S/L -				
		%			S/L -				
<b>28</b> Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1 . . . . .								<b>28</b>	0
<b>29</b> Add amounts in column (i), line 26. Enter here and on line 7, page 1 . . . . .								<b>29</b>	0

**Section B—Information on Use of Vehicles**

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

	(a) Vehicle 1	(b) Vehicle 2	(c) Vehicle 3	(d) Vehicle 4	(e) Vehicle 5	(f) Vehicle 6
<b>30</b> Total business/investment miles driven during the year (don't include commuting miles) . . . . .						
<b>31</b> Total commuting miles driven during the year . . . . .						
<b>32</b> Total other personal (noncommuting) miles driven . . . . .						
<b>33</b> Total miles driven during the year. Add lines 30 through 32 . . . . .	0	0	0	0	0	0
<b>34</b> Was the vehicle available for personal use during off-duty hours? . . . . .	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No
<b>35</b> Was the vehicle used primarily by a more than 5% owner or related person? . . . . .						
<b>36</b> Is another vehicle available for personal use? . . . . .						

**Section C—Questions for Employers Who Provide Vehicles for Use by Their Employees**

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who aren't more than 5% owners or related persons. See instructions.

	Yes	No
<b>37</b> Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees? . . . . .		✓
<b>38</b> Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners . . . . .		✓
<b>39</b> Do you treat all use of vehicles by employees as personal use? . . . . .		✓
<b>40</b> Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received? . . . . .		✓
<b>41</b> Do you meet the requirements concerning qualified automobile demonstration use? See instructions. . . . .		✓

**Note:** If your answer to 37, 38, 39, 40, or 41 is "Yes," don't complete Section B for the covered vehicles

**Part VI Amortization**

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
<b>42</b> Amortization of costs that begins during your 2018 tax year (see instructions):					
<b>43</b> Amortization of costs that began before your 2018 tax year . . . . .				<b>43</b>	0
<b>44</b> Total. Add amounts in column (f). See the instructions for where to report . . . . .				<b>44</b>	0

**Depreciation and Amortization**  
(Including Information on Listed Property)

Department of the Treasury  
Internal Revenue Service (99)

▶ Attach to your tax return.  
▶ Get [www.irs.gov/Form4562](http://www.irs.gov/Form4562) for instructions and the latest information.

Name(s) shown on return OCHSNER CLINIC FOUNDATION	Business or activity to which this form relates 441611	Identifying number 72-0502505
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**Part I Election To Expense Certain Property Under Section 179**

**Note:** If you have any listed property, complete Part V before you complete Part I.

1 Maximum amount (see instructions)	<b>1</b>	510,000
2 Total cost of section 179 property placed in service (see instructions)	<b>2</b>	0
3 Threshold cost of section 179 property before reduction in limitation (see instructions)	<b>3</b>	510,000
4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	<b>4</b>	0
5 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	<b>5</b>	510,000
<b>6</b>		
(a) Description of property	(b) Cost (business use only)	(c) Elected cost
<b>7</b>		
7 Listed property. Enter the amount from line 29	<b>7</b>	0
8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	<b>8</b>	0
9 Tentative deduction. Enter the <b>smaller</b> of line 5 or line 8	<b>9</b>	0
10 Carryover of disallowed deduction from line 13 of your 2017 Form 4562	<b>10</b>	0
11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions	<b>11</b>	510,000
12 Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11	<b>12</b>	0
13 Carryover of disallowed deduction to 2019. Add lines 9 and 10, less line 12	<b>13</b>	0

**Note:** Don't use Part II or Part III below for listed property. Instead, use Part V.

**Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property. See instructions.)**

14 Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year. See instructions	<b>14</b>	0
15 Property subject to section 168(f)(1) election	<b>15</b>	0
16 Other depreciation (including ACRS)	<b>16</b>	9,674

**Part III MACRS Depreciation (Don't include listed property. See instructions.)**

**Section A**

17 MACRS deductions for assets placed in service in tax years beginning before 2018	<b>17</b>	0
18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here <input type="checkbox"/>		

**Section B—Assets Placed in Service During 2018 Tax Year Using the General Depreciation System**

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs		S/L	
h Residential rental property			27.5 yrs	MM	S/L	
			27 5 yrs	MM	S/L	
i Nonresidential real property			39 yrs	MM	S/L	
				MM	S/L	

**Section C—Assets Placed in Service During 2018 Tax Year Using the Alternative Depreciation System**

20a Class life					S/L	
b 12-year			12 yrs.		S/L	
c 30-year			30 yrs.	MM	S/L	
d 40-year			40 yrs.	MM	S/L	

**Part IV Summary (See instructions.)**

21 Listed property. Enter amount from line 28	<b>21</b>	0
22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions	<b>22</b>	9,674
23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	<b>23</b>	0



**Part V Listed Property** (Include automobiles, certain other vehicles, certain aircraft, and property used for entertainment, recreation, or amusement.)

**Note:** For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete **only** 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

**Section A—Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)**

<b>24a</b> Do you have evidence to support the business/investment use claimed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No								<b>24b</b> If "Yes," is the evidence written? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/Convention	(h) Depreciation deduction	(i) Elected section 179 cost	
<b>25</b> Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use. See instructions							<b>25</b>	0	
<b>26</b> Property used more than 50% in a qualified business use:									
		%							
		%							
		%							
<b>27</b> Property used 50% or less in a qualified business use:									
		%				S/L –			
		%				S/L –			
		%				S/L –			
<b>28</b> Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1							<b>28</b>	0	
<b>29</b> Add amounts in column (i), line 26. Enter here and on line 7, page 1								<b>29</b>	0

**Section B—Information on Use of Vehicles**

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

	(a) Vehicle 1		(b) Vehicle 2		(c) Vehicle 3		(d) Vehicle 4		(e) Vehicle 5		(f) Vehicle 6	
<b>30</b> Total business/investment miles driven during the year (don't include commuting miles)												
<b>31</b> Total commuting miles driven during the year												
<b>32</b> Total other personal (noncommuting) miles driven												
<b>33</b> Total miles driven during the year. Add lines 30 through 32	0		0		0		0		0		0	
<b>34</b> Was the vehicle available for personal use during off-duty hours?	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
<b>35</b> Was the vehicle used primarily by a more than 5% owner or related person?												
<b>36</b> Is another vehicle available for personal use?												

**Section C—Questions for Employers Who Provide Vehicles for Use by Their Employees**

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who aren't more than 5% owners or related persons. See instructions.

	Yes	No
<b>37</b> Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?		✓
<b>38</b> Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners		✓
<b>39</b> Do you treat all use of vehicles by employees as personal use?		✓
<b>40</b> Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		✓
<b>41</b> Do you meet the requirements concerning qualified automobile demonstration use? See instructions.		✓
<b>Note:</b> If your answer to 37, 38, 39, 40, or 41 is "Yes," don't complete Section B for the covered vehicles.		

**Part VI Amortization**

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year	
<b>42</b> Amortization of costs that begins during your 2018 tax year (see instructions):						
<b>43</b> Amortization of costs that began before your 2018 tax year					43	0
<b>44</b> Total. Add amounts in column (f). See the instructions for where to report					<b>44</b>	0

# Depreciation and Amortization

(Including Information on Listed Property)

Department of the Treasury  
Internal Revenue Service (99)

▶ Attach to your tax return.  
▶ Get [www.irs.gov/Form4562](http://www.irs.gov/Form4562) for instructions and the latest information.

Name(s) shown on return <b>OCHSNER CLINIC FOUNDATION</b>	Business or activity to which this form relates <b>621511</b>	Identifying number <b>72-0502505</b>
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**Part I Election To Expense Certain Property Under Section 179**

**Note:** If you have any listed property, complete Part V before you complete Part I.

1 Maximum amount (see instructions)	<b>1</b>	510,000
2 Total cost of section 179 property placed in service (see instructions)	<b>2</b>	0
3 Threshold cost of section 179 property before reduction in limitation (see instructions)	<b>3</b>	510,000
4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	<b>4</b>	0
5 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	<b>5</b>	510,000
<b>6</b>		
(a) Description of property	(b) Cost (business use only)	(c) Elected cost
<b>7</b>		
7 Listed property. Enter the amount from line 29	<b>7</b>	0
8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	<b>8</b>	0
9 Tentative deduction. Enter the <b>smaller</b> of line 5 or line 8	<b>9</b>	0
10 Carryover of disallowed deduction from line 13 of your 2017 Form 4562	<b>10</b>	0
11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions	<b>11</b>	260,116
12 Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11	<b>12</b>	0
13 Carryover of disallowed deduction to 2019. Add lines 9 and 10, less line 12	<b>13</b>	0

**Note:** Don't use Part II or Part III below for listed property. Instead, use Part V.

**Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property. See instructions.)**

14 Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year. See instructions	<b>14</b>	0
15 Property subject to section 168(f)(1) election	<b>15</b>	0
16 Other depreciation (including ACRS)	<b>16</b>	8,505

**Part III MACRS Depreciation (Don't include listed property. See instructions.)**

**Section A**

17 MACRS deductions for assets placed in service in tax years beginning before 2018	<b>17</b>	0
18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here <input type="checkbox"/>		

**Section B—Assets Placed in Service During 2018 Tax Year Using the General Depreciation System**

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property			27.5 yrs.	MM	S/L	
			27.5 yrs.	MM	S/L	
i Nonresidential real property			39 yrs.	MM	S/L	
				MM	S/L	

**Section C—Assets Placed in Service During 2018 Tax Year Using the Alternative Depreciation System**

20a Class life					S/L	
b 12-year			12 yrs.		S/L	
c 30-year			30 yrs	MM	S/L	
d 40-year			40 yrs	MM	S/L	

**Part IV Summary (See instructions.)**

21 Listed property. Enter amount from line 28	<b>21</b>	0
22 <b>Total.</b> Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions	<b>22</b>	8,505
23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	<b>23</b>	0

Part V Listed Property (Include automobiles, certain other vehicles, certain aircraft, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A—Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)

24a Do you have evidence to support the business/investment use claimed? Yes No 24b If "Yes," is the evidence written? Yes No

Table with columns (a) Type of property, (b) Date placed in service, (c) Business/investment use percentage, (d) Cost or other basis, (e) Basis for depreciation, (f) Recovery period, (g) Method/Convention, (h) Depreciation deduction, (i) Elected section 179 cost. Includes rows 25-29.

Section B—Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

Table with columns (a) Vehicle 1, (b) Vehicle 2, (c) Vehicle 3, (d) Vehicle 4, (e) Vehicle 5, (f) Vehicle 6. Includes rows 30-36 regarding miles driven and personal use.

Section C—Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who aren't more than 5% owners or related persons. See instructions.

Table with questions 37-41 regarding vehicle policies and requirements, with Yes/No columns.

Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," don't complete Section B for the covered vehicles.

Part VI Amortization

Table with columns (a) Description of costs, (b) Date amortization begins, (c) Amortizable amount, (d) Code section, (e) Amortization period or percentage, (f) Amortization for this year. Includes rows 42-44.

OCHSNER CLINIC FOUNDATION  
72-0502505  
FOR THE YEAR ENDED 12/31/2018

**OCF 990-T Charitable Contribution Calculation**

<b>Schedule M: Alternative Investments w/o charitable</b>	123,297.00
<b>Schedule M: Home Healthcare Services w/o charitable</b>	200,470.00
<b>Schedule M: Management and Administration Services w/o charitable</b>	1,023,820.00
<b>Schedule M: Referral Lab Services w/o charitable</b>	289,569.00
<b>Disallowed Fringes</b>	1,139,131.00
<b>All unrelated trades or businesses w/o charitable</b>	<u>2,776,287.00</u>
<b>Charitable Contribution Limit</b>	<u>0.10</u>
<b>CY Charitable Contribution Deduction Allowed</b>	<u><u>277,628.70</u></u>