4	OOO T	E	Exempt Organization Busin	ess	Income Tax	Return		OMB No 1545-06	87
Form	9 90-T		(and proxy tax under	secti	ion 6033(e))			മ∩ 4 0	,
1 **	₩,	For cale	ndar year 2018 or other tax year beginning	, 20		2018)		
Depart#	ent of the Treasury		► Go to www.irs.gov/Form990T for instru		en to Public Inspect	ion for			
	Revenue Service	▶ Do ı	not enter SSN numbers on this form as it may be			ion is a 501(c)(3)	50	1(c)(3) Organizations	s Only
A \square a	heck box if iddress changed		Name of organization (er identification nu			
_	pt under şection	Print	OCHSNER CLINIC FOUNDATION	"	•	es' trust, see instruc	(10/15.)		
<u>√</u> 50	n(C)()3)	or	Number, street, and room or suite no If a P O box	, see ins	structions.			72-0502505	
<u> </u>		Туре	1514 JEFFERSON HIGHWAY, BH 546			1 -		d business activity of ructions)	code
<u> </u>			City or town, state or province, country, and ZIP or	foreign	postal code	, ,			
	9(a)		NEW ORLEANS, LA 70121		· · · · · · · · · · · · · · · · · · ·			446199	
at en	yalue of all assets		oup exemption number (See instructions.		>> □ €01/o\ +==	nt [] 401	(a) tri	ust Other	truct
H En	2,930,887,555		neck organization type				(a) tru		
			organization's unrelated trades or business RETAIL SERVICES		nly one, complete P			(or first) unrelate	
			at the end of the previous sentence, com						
		•	omplete Parts III–V.	ipicio	Tato Tana II, com	pioto a conoc	10.0	. 101 04011 4441	
			e corporation a subsidiary in an affiliated grou	up or a	parent-subsidiary co	ntrolled aroup	, , ,	▶ ☐ Yes 🗸	l No
			and identifying number of the parent corp			5 4P	- •		
			SCOTT J POSECAI			ne number >		(504) 842-4097	7
			e or Business Income		(A) Income	(B) Expense	es	(C) Net	
1a	Gross receipts	or sale	es 2,321,731						
b	Less returns and a	allowance	es 1,439,589 c Balance ▶	1c	882,142				
2	Cost of goods	sold (S	Schedule A, line 7)	2	297,132				
3	Gross profit. S	Subtract	line 2 from line 1c	3	585,010			585,010	
4a			ne (attach Schedule D)	4a	0			0	<u> </u>
þ	Net gain (loss)	(Form 4	1797, Part II, line 17) (attach Form 4797)	4b	0			0	
¢	•		n for trusts	4c	0		ļ	0	
5		-	tnership or an S corporation (attach statement)	5	0	<u></u>	<u> </u>	0	
6	•		le C)	6	0	0	-	0	<u> </u>
7			ced income (Schedule E)	7	0	0		0	<u></u>
8		-	and rents from a controlled organization (Schedule F)		0	0	+	0	 -
9			ction 501(c)(7), (9), or (17) organization (Schedule G)	9	0	0		0	
10		•	vity income (Schedule I)	10	0	0	+	0	<u> </u>
11 12	-		Schedule J)	11	0	0	 	0	
13	•		ructions; attach schedule)	13	585,010	0	+	585,010	_
Part			Taken Elsewhere (See instructions for						<u> </u>
			be directly connected with the unrelate			no., (Except i	01 001	na ibadono,	
14			cers, directors, and trustees (Schedule K)				14	0	
15	•						15	237,433	
16		aintena	ance				16	9,935	
17	Bad debts .						17	0	
18	Interest (attach	n sched	lule) (see instructions)				18	0	
<u>79</u> 19	Taxes and lice						19	34,553	<u></u>
D 20			ns (See instructions for limitation rules) .		1 1	,.	20	0	<u> </u>
21			Form 4562)			157,691	ļ	_	
→ 22	•		imed on Schedule A and elsewhere on re-		22a	0	22b		<u> </u>
23	Depletion			VEC) <u></u>		23	0	
ン 24 コ 25			irea compendation plant		1001		24	0 21 064	
	Employee ben	•	- 101 101	2019			25 26	31,964	
26 27 28 29 29 30 31	•		nses (Schedule I)	• - •	. 181		26	م م	
Z 20	Other deduction	•	sts (Schedule J) . Q				28	247,440	
Z 20			ach schedule) OGDE	N; L	<u> </u>		29	719,016	
3 30			xable income before net operating loss de			rom line 13	30	(134,006)	
1733			ating loss arising in tax years beginning on o				31	(1.5-7,000)	
32			Exable income. Subtract line 31 from line 3				32	(134,006)	
			Notice, see instructions.	<u> </u>	Cat No 11291J		7	Form 990-T	(2018)

1

2018 Return OCHSNER CLINIC FOUNDATION 72-0502505

10111100				
Part				
33	Total of unrelated business taxable income computed from all unrelated trades or business		e	
	instructions)		33	1,359,527
34、	Amounts paid for disallowed fringes		34	1,139,131
35	Deduction for net operating loss arising in tax years beginning before January 1,			-,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
33				ا
	instructions)		35	0
36	Total of unrelated business taxable income before specific deduction. Subtract line 35 from	m the sur	n	
	of lines 33 and 34		36	2,498,658
37	Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions)		37	1,000
38	Unrelated business taxable income. Subtract line 37 from line 36. If line 37 is greater th	an line 36	6,	
	enter the smaller of zero or line 36		38	2.497.658
Dout	V Tax Computation		1 55 1	2,101,000
			100	524,508
39	Organizations Taxable as Corporations. Multiply line 38 by 21% (0.21)			524,506
40	Trusts Taxable at Trust Rates. See instructions for tax computation. Income		I	
	the amount on line 38 from: $\ \ \ \ \ \ \ \ \ \ \ \ \ $		40	
41	Proxy tax. See instructions	▶	41	
42	Alternative minimum tax (trusts only)		42	
43	Tax on Noncompliant Facility Income. See instructions		43	
44	Total. Add lines 41, 42, and 43 to line 39 or 40, whichever applies		44	524,508
Part		· · · · · · · · · · · · · · · · · · ·		
	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) . 45a		انسا	
45a				
b	Other credits (see instructions)			
С	General business credit. Attach Form 3800 (see instructions)	898		
d	Credit for prior year minimum tax (attach Form 8801 or 8827)			
е	Total credits. Add lines 45a through 45d		45e	898
46	Subtract line 45e from line 44		46	523,610
47	Other taxes. Check if from. Form 4255 Form 8611 Form 8697 Form 8866 Other (attach s	chedule) .	47	0
48	Total tax. Add lines 46 and 47 (see instructions)		48	523,610
49	2018 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2		49	· · ·
	Payments: A 2017 overpayment credited to 2018	· · · ·		
50a	•	96,000	—	ł
b				
С	Tax doposited with some some some some some some some some	40,000		
d	Foreign organizations: Tax paid or withheld at source (see instructions) . 50d		_	
е	Backup withholding (see instructions)			
, f	Credit for small employer health insurance premiums (attach Form 8941) . 50f			
g	Other credits, adjustments, and payments: Form 2439			
_	☐ Form 4136 ☐ Other ☐ 0 Total ► 50g	0		
51	Total payments. Add lines 50a through 50g		51	636,000
52	Estimated tax penalty (see instructions). Check if Form 2220 is attached		√ 52	3.841
53	Tax due. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed		53	0
		ord D	54	108,549
54	Overpayment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overp			0
55		efunded)	55	<u> </u>
Part '				I Vaa I Na
56	At any time during the 2018 calendar year, did the organization have an interest in or a sig			
	over a financial account (bank, securities, or other) in a foreign country? If "Yes," the orga			
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the nar	ne of the	foreign co	untry
	here ▶ BD, CJ, EI			
57	During the tax year, did the organization receive a distribution from, or was it the grantor of, or trans-	feror to, a	foreign trust	?. ✓
-	If "Yes," see instructions for other forms the organization may have to file.	•	-	
58	Enter the amount of tax-exempt interest received or accrued during the tax year ▶ \$			7
	Under penalties of penury. I declare that I have examined this return, including accompanying schedules and statement	s, and to the	best of my kn	owledge and belief, it
Sign	true, correct, and complete Declaration Opereparer (other than taxpayer) is based on all information of which preparer has	any knowled	ge	
_	must free 11/12/2015 EVP TREASURER AND	050		IRS discuss this return preparer shown below
Here	The state of the s	CFO		uctions)? Yes No
	Signature of officer Date Title	····		
Paid	Print/Type preparer's name Preparer's signature Date		Check 🔲	
Prepa	MELVA SCOTT Modra Ocott 11/1	1/2019	self-employe	d P01207335
-	LEI-Janama & ERNSL& YOUNG USTLE L		Firm's ElN ►	34-6565596
Use (Firm's address ► 425 HOUSTON STREET, SUITE 600, FORT WORTH, TX 76102-7427		Phone no	(817) 335-1900
	· · · · · · · · · · · · · · · · · · ·			200 T

Form 9	90-T (2018)									ı	Page 3
Sche	dule A—Cost of Goods S	old. Er	nter meth	od of in	ventor	y va	luation ▶	LOWER OF FIFO OR MAP	RKET VALUE		
1	Inventory at beginning of ye	ar	1	0		6	Inventory a	at end of year	6	0	
2	Purchases	. [2	0		7	Cost of	goods sold. Subtract			
З.	Cost of labor	. [3	0	<u> </u>			n line 5. Enter here and			
4a	Additional section 263A c	osts					ın Part I, lıı	ne 2	7 2	97,132	
	(attach schedule)		4a	0		8	Do the ru	les of section 263A (wi	th respect to	Yes	No
b	Other costs (attach schedule	e) 🗀	4b	297,132			property p	produced or acquired for	resale) apply		
5	Total. Add lines 1 through 4	ь	5	297,132			to the orga	anization?			✓
Sche	dule C-Rent Income (Fr	om Re	al Prope	rty and	Perso	nal	Property	Leased With Real Pro	perty)		·
(see	instructions)										
1. Desc	nption of property			_							
(1)											
(2)											
(3)											
(4)				. =							
	2. R	lent receiv	ed or accrue	·d							
	om personal property (if the percentag personal property is more than 10% b more than 50%)		percentag	ge of rent f	or persona	al pro	perty (if the perty exceeds ifit or income)	3(a) Deductions directly in columns 2(a) and			ne
(1)							· 				
(2)											
(3)											
(4)											
Total		0	Total					0 (2) 7-4-1-4-1-1-1			
(c) Tot	al income. Add totals of column	s 2(a) an	d 2(b) Ente	er				(b) Total deductions. Enter here and on page	1.		
	nd on page 1, Part I, line 6, colum		• • • • • • • • • • • • • • • • • • • •	 •				0 Part I, line 6, column (B)			0
Sche	dule E-Unrelated Debt-	Financ	ed Incon	ne (see i	ınstructı	ons)				
	1. Description of debt-fina	nced prop	ertv				ome from or debt-financed		ced property		
							perty	(a) Straight line depreciation (attach schedule)	(b) Other d (attach s		s
(1)											
(2)											
(3)									ļ. <u>.</u>		
(4)											
	Amount of average acquisition debt on or llocable to debt-financed roperty (attach schedule)	of or debt-fin	e adjusted ba allocable to anced proper ch schedule)			4 div	olumn rided umn 5	7. Gross income reportable (column 2 x column 6)	8. Allocable (column 6 × tot 3(a) and	al of colu	
(1)							%		<u></u>		
(2)		·					%				
(3)							%		<u> </u>		
(4)					L		<u>%</u>				
								Enter here and on page 1, Part I, line 7, column (A).	Enter here an Part I, line 7,		
Totals							▶	0	1_		0
Total o	lividends-received deductions	included						>	•		0
									Form	990-T	(2018)

•	edule F—Interest, Ann	uities	, Royalties,	and Ren	ts From	Controlled Org	anizations (se	e instruc	ctions)	
	•					Organizations				
,	Name of controlled organization		2. Employer ification number		lated income instructions)	4. Total of specified payments made	5. Part of column included in the corganization's gro	controlling	conne	eductions directly ected with income in column 5
(1)							-		 	
(2)	<u>. '.' .</u>									
(3)					-					
(4)	· · · · · · · · · · · · · · · · · · ·								1	
None	exempt Controlled Organia	zation	s			·	b		<u> </u>	
	7. Taxable Income	ε	3. Net unrelated ind (loss) (see instructi			otal of specified yments made	10. Part of column included in the coorganization's gro	controlling	connec	eductions directly sted with income in column 10
(1)										
(2)										
(3)									1	
(4)									<u> </u>	·
Total			`				Add columns 5 Enter here and c Part I, line 8, co	on page 1, olumn (A)	Enter h	columns 6 and 11 here and on page 1, line 8, column (B)
	edule G-Investment	Incor	ne of a Sect	on 501/			· i			····
30116	Description of income		2. Amount of		3. dire	Deductions ctly connected ach schedule)	4. Set-aside	s	5. To and s	otal deductions et-asides (col. 3 olus col. 4)
(1)					<u> </u>	<u> </u>		İ		
(2)					 					
(3)					+		•			
(4)										-
Totals	s edule I—Exploited Exc	▶	Part I, line 9, c	olumn (A)	0	Advertising In	come (see ins	ructions	Part I, In	re and on page 1, ne 9, column (B)
SCITE	edule I—Exploited Ext	mpt	Activity inco				Come (see insi	T detions	' <u>'</u>	I
	1. Description of exploited activ	ity	2. Gross unrelated business inco from trade o business	me conr r pro	Expenses directly nected with duction of nrelated less 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	attribu	oenses table to mn 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1)	· · · · · · · · · · · · · · · · · · ·									
(2)			<u> </u>							
(3)						1				
(4)										
Totals	s .	.)	Enter here and page 1, Part line 10, col (A	I, pag	here and on e 1, Part I, 10, col (B)					Enter here and on page 1, Part II, line 26
Sche	edule J-Advertising I									
Par					Consoli	dated Basis				
	1. Name of penodical		2. Gross advertising income		3. Direct rtising costs	4. Advertising gain or (loss) (col 2 minus col 3). If a gain, compute cols. 5 through 7	5. Circulation income	1	dership osts	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						阿萨斯 为1981年		1		MAN TELEPHONE
(2)	 .					A CA		-		P 1 KE
	-		-	+			·····	†.		
(3)								<u> </u>		
	s (carry to Part II, line (5))			0	0	O			·-	0
	() () () () () () () () () ()		1						F	orm 990-T (2018

1. Name of penodical	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)						<u> </u>
(3)					<u> </u>	
(4)			1			<u> </u>
Totals from Part I	0	0				ž0
	Enter here and on page 1, Part I, line 11, col (A)	Enter here and on page 1, Part I, line 11, col (B)				Enter here and on page 1, Part II, line 27
Totals, Part II (lines 1-5)	0	<u> </u>	Market Comments		HARMAN TAN	<u> </u>
Schedule K-Compensation of	f Officers, Direc	tors, and Tru	stees (see instri			
1. Name		;	2. Title	3. Percent of time devoted business	- 1 4. Compensa	tion attributable to ed business
(1)					%	
(2)			-		%	
(3)					%	
(4)					%	
Total. Enter here and on page 1, Part II,	line 14				>	0

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 _______,

• Go to www.irs.gov/Form990T for instructions and the latest information in the latest in

•	ent of the Treasury Revenue Service Do not enter SSN numbers on this form as it may be					c)(3) Organizations Only
	the organization			Employer identi		number
OCHS	NER CLINIC FOUNDATION				72-050	2505
Un	related business activity code (see instructions) ► 523000			_ 		
	scribe the unrelated trade or business ALTERNATIVE INVES	TMENT	s			
Part			(A) Income	(B) Expense	s	(C) Net
1a	Gross receipts or sales 0	T				
b	Less returns and allowances 0 c Balance ▶	1c	o			
2	Cost of goods sold (Schedule A, line 7)	2	0			
3	Gross profit. Subtract line 2 from line 1c	3	0			0
4a	Capital gain net income (attach Schedule D)	4a	0			0
b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4b	0			0
c	Capital loss deduction for trusts	4c	0			0
5	Income (loss) from a partnership or an S corporation (attach					
	statement)	5	124,852			124,852
6	Rent income (Schedule C)	6	0	0		0
7	Unrelated debt-financed income (Schedule E)	7	0	0		0
8	Interest, annuities, royalties, and rents from a controlled					
	organization (Schedule F)	8	0	0	1	0
9	Investment income of a section 501(c)(7), (9), or (17)					
	organization (Schedule G)	9	0	0		0
10	Exploited exempt activity income (Schedule I)	10	0	0		0
11	Advertising income (Schedule J)	11	0	0		0
12	Other income (See instructions, attach schedule)	12	0			0
13	Total. Combine lines 3 through 12	13	124,852	0		124,852
Part	deductions must be directly connected with the unrelate	ed bus	siness income.)		,	
14	Compensation of officers, directors, and trustees (Schedule K)				14	0
15	Salaries and wages				15	0
16	Repairs and maintenance				16	0
17	Bad debts				18	0
18 19	Interest (attach schedule) (see instructions)				19	0
20	Charitable contributions (See instructions for limitation rules) .				20	89
21	Depreciation (attach Form 4562)		1 1	 ol		
22	Less depreciation claimed on Schedule A and elsewhere on re				22b	0.
23	Depletion		. [·	23	1,555
24	Contributions to deferred compensation plans	• •			24	0
25	Employee benefit programs				25	0
26	Excess exempt expenses (Schedule I)				26	0
27	Excess readership costs (Schedule J)				27	0
28	Other deductions (attach schedule)				28	0
29	Total deductions. Add lines 14 through 28				29	1,644
30	Unrelated business taxable income before net operating loss d				30	123,208
31	Deduction for net operating loss arising in tax years beginn					,
• •	Instructions)				31	0
32	Unrelated business taxable income. Subtract line 31 from line				32	123,208
	enwork Reduction Act Notice, see instructions.		o 71329Y			le M (Form 990-T) 2018

Unrelated Business Taxable Income for Unrelated Trade or Business

OMB No 1545-0687

2018

		For calendar year 2018 or other tax year beginning	, 20 [.]	18, and ending	, 20	·L_		
Departm	ent of the Treasury	► Go to www.irs.gov/Form990T for instra					n to Public Inspection fo	
	Revenue Service	▶ Do not enter SSN numbers on this form as it may be	made p	ublic if your organiza			(c)(3) Organizations Only	/
	f the organization	IND ATION			Employer ident			
	NER CLINIC FOL	·				72-050	J25U5	_
		s activity code (see instructions) 621610		50				
Ue	scribe the unre	ated trade or business ► HOME HEALTHCARE	SERVIC	ES		_		_
Part	Unrelated	d Trade or Business Income		(A) Income	(B) Expens	es	(C) Net	
1a	Gross receipts		1 1					1
þ	Less returns and		1c	0				
2	-	sold (Schedule A, line 7)	2	0				
3	-	ubtract line 2 from line 1c	3	0		 	0	
4a		et income (attach Schedule D)	4a	0			0	
p		(Form 4797, Part II, line 17) (attach Form 4797)	4b	0		ļ	0	_
Ç	•	eduction for trusts	4c	0	<u> </u>		0	_
5		rom a partnership or an S corporation (attach	_	200 700		ŀ	200 700	
6	•		5	289,709		-	289,709	_
6 7	· · · · · · · · · · · · · · · · · · ·	Schedule C)	7		- 0	-	0	_
8		t-financed income (Schedule E)	 ' 		· · · · · · ·			_
•	organization (S	· · ·	8	٥		1 1	0	
9	-	ome of a section 501(c)(7), (9), or (17)	-	-	 	\vdash		_
•		Schedule G)	9	o	0		o	
10	•	npt activity income (Schedule I)	10	0	1 - 0		0	_
11		come (Schedule J)	11	0	0	t	0	_
12	-	See instructions; attach schedule)	12	0			0	_
13		e lines 3 through 12	13	289,709	0		289,709	_
Part	Deduction	ns Not Taken Elsewhere (See instructions for	r limitat	ions on deduction	ons.) (Except f	or con	tributions.	
		s must be directly connected with the unrelate			,, ,		•	
				.			0	_
14 15	•	of officers, directors, and trustees (Schedule K)				14	0	-
16	Salaries and w	ages				16	0	-
17						17	0	-
18		n schedule) (see instructions)				18	0	_
19	•	nses				19	4,588	
20		tributions (See instructions for limitation rules).				20	1,580	_
21		attach Form 4562)		1 1	65,377			_
22	•	ion claimed on Schedule A and elsewhere on re			0	22b	65,377	
23	•					23	0	_
24	Contributions t	o deferred compensation plans				24	0	_
25	Employee ben	efit programs				25	0	Τ
26	Excess exemp	t expenses (Schedule I)				26	0	
27		ship costs (Schedule J)				27	0	_
28		ons (attach schedule)				28	19,274	
29		ons. Add lines 14 through 28				29	90,819	_
30	Unrelated busi	ness taxable income before net operating loss d	eductio	n. Subtract line 2	9 from line 13	30	198,890	
31	Deduction for	net operating loss arising in tax years beginn	ing on	or after January	1, 2018 (see			_
	•					31	0	
32		ness taxable income. Subtract line 31 from line				32	198,890	_
For Pan	enwork Reduction	Act Notice, see instructions	Cat No.	71329Y		Schedu	ule M (Form 990-T) 201	R

Unrelated Business Taxable Income for Unrelated Trade or Business

OMB No 1545-0687

Department of the Treasury Internal Revenue Service Name of the organization

For calendar year 2018 or other tax year beginning______, 2018, and ending ______, 20

▶ Go to 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 Employer identification number

OCHS	NER CLINIC FOUNDATION				72-05	02505
	related business activity code (see instructions) ▶ 621491					
De	escribe the unrelated trade or business ACCOUNTABLE CARE	ORG	ANIZATION			
Pari	Unrelated Trade or Business Income		(A) Income	(B) Expense	es	(C) Net
1a	Gross receipts or sales 3,427,530					
b	Less returns and allowances 0 c Balance ▶	1c	3,427,530			
2	Cost of goods sold (Schedule A, line 7)	2	0			
3	Gross profit. Subtract line 2 from line 1c	3	3,427,530			3,427,530
4a	Capital gain net income (attach Schedule D)	4a	0			0
b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4b	0			0
С	Capital loss deduction for trusts	4c	0			0
5	Income (loss) from a partnership or an S corporation (attach					
	statement)	5	0			0
6	Rent income (Schedule C)	6	0	0		0
7	Unrelated debt-financed income (Schedule E)	7	0	0		0
8	Interest, annuities, royalties, and rents from a controlled					
	organization (Schedule F)	8	О	0		0
9	Investment income of a section 501(c)(7), (9), or (17)			Ī		
	organization (Schedule G)	9	0	0	l i	0
10	Exploited exempt activity income (Schedule I)	10	0	0		0
11	Advertising income (Schedule J)	11	0	0		0
12	Other income (See instructions; attach schedule)	12	0			0
13	Total. Combine lines 3 through 12	13	3,427,530	0		3,427,530
Part 14	Deductions Not Taken Elsewhere (See instructions for deductions must be directly connected with the unrelate Compensation of officers, directors, and trustees (Schedule K)	ed bus	siness income.)		14	o
15	Salaries and wages				15	1,195,981
16	Repairs and maintenance				16	0
17	Bad debts				17	0
18	Interest (attach schedule) (see instructions)				18	0
19	Taxes and licenses				19	24,691
20	Charitable contributions (See instructions for limitation rules) .				20	0
21	Depreciation (attach Form 4562)			3,592		
22	Less depreciation claimed on Schedule A and elsewhere on re	turn	. 22a	0	22b	3,592
23	Depletion				23	0
24	Contributions to deferred compensation plans				24	0
25	Employee benefit programs				25	105,354
26	Excess exempt expenses (Schedule I)				26	0
27	Excess readership costs (Schedule J)				27	0
28	Other deductions (attach schedule)				28	2,444,044
29	Total deductions. Add lines 14 through 28				29	3,773,662
30	Unrelated business taxable income before net operating loss d				30	(346,132)
31	Deduction for net operating loss arising in tax years beginn	ına or	or after lanuary	1 2018 (see		

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Cat No 71329Y

(346, 132)Schedule M (Form 990-T) 2018

0

31

32

Unrelated business taxable income. Subtract line 31 from line 30

Unrelated Business Taxable Income for Unrelated Trade or Business

OMB No 1545-0687

2018

	ent of the Treasury Revenue Service Do not enter SSN numbers on this form as it may be					c)(3) Organizations (
Name of	f the organization			Employer ident	tification	number	
OCHS	NER CLINIC FOUNDATION				72-050	2505	
Un	related business activity code (see instructions) ▶ 325412						
De	scribe the unrelated trade or business NUCLEAR MEDICINE	PREPA	RATIONS MANUFA	CTURING			
Part	Unrelated Trade or Business Income		(A) Income	(B) Expens	es	(C) Net	
1a	Gross receipts or sales 647,070	\Box			T		
b	Less returns and allowances 0 c Balance ▶	1c	647,070				
2	Cost of goods sold (Schedule A, line 7)	2	0		1		
3	Gross profit. Subtract line 2 from line 1c	3	647,070			647,070	
4a	Capital gain net income (attach Schedule D)	4a	0			0	
b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4b	0		Т	0	
С	Capital loss deduction for trusts	4c	0			0	
5	Income (loss) from a partnership or an S corporation (attach					[
	statement)	5	0			0	
6	Rent income (Schedule C)	6	0	(0	
7	Unrelated debt-financed income (Schedule E)	7	0	0		0	
8	Interest, annuities, royalties, and rents from a controlled						
	organization (Schedule F)	8	0	0)	0	
9	Investment income of a section 501(c)(7), (9), or (17)						
	organization (Schedule G)	9	0	(0	
10	Exploited exempt activity income (Schedule I)	10	0	c	++	0	
11	Advertising income (Schedule J)	11	0	ļ <u>.</u>	4	0	
12	Other income (See instructions; attach schedule)	12	0		+	0	
13	Total. Combine lines 3 through 12	13	647,070	<u> </u>		647,070	
Part 14	Deductions Not Taken Elsewhere (See instructions fo deductions must be directly connected with the unrelated Compensation of officers, directors, and trustees (Schedule K)	ed bus	siness income.)		or con	tributions,	
15	Salaries and wages				15	87,475	
16	Repairs and maintenance				16	0	
17	Bad debts				17	0	
18	Interest (attach schedule) (see instructions)				18	0	
19	Taxes and licenses				19	1,218	
20	Charitable contributions (See instructions for limitation rules) .				20	0	
21	Depreciation (attach Form 4562)		. 21	88,997			
22	Less depreciation claimed on Schedule A and elsewhere on re	turn .	. 22a	0	22b	88,997	_
23	Depletion				23	0	
24	Contributions to deferred compensation plans				24	0	
25	Employee benefit programs				25	7,608	
26	Excess exempt expenses (Schedule I)				26	0	
27	Excess readership costs (Schedule J)				27	0	
28	Other deductions (attach schedule)				28	609,064	
29	Total deductions. Add lines 14 through 28				29	794,362	
30	Unrelated business taxable income before net operating loss d				30	(147,292)	
31	Deduction for net operating loss arising in tax years beginn						
•	instructions)				31	0	
32	Unrelated business taxable income. Subtract line 31 from line			<u> </u>	32	(147,292)	
For Pan	erwork Reduction Act Notice, see instructions.	Cat No	o 71329Y		Schedu	le M (Form 990-T)	2018

Unrelated Business Taxable Income for Unrelated Trade or Business

OMB No 1545-0687

For calendar year 2018 or other tax year beginning______, 2018, and ending ______, 20

► Go to www.irs.gov/Form990T for instructions and the latest information.

Open to Public Inspection for

Internal F	evenue Service Do not enter SSN numbers on this form as it may be	e made į	public if your organiz	ation is a 501(c)(3).	501(c)(3) Organizations Only
Name of	the organization			Employer identif	ication	number
OCHS	NER CLINIC FOUNDATION				72-050	02505
	related business activity code (see instructions) ▶ 54161					
De	scribe the unrelated trade or business MANAGEMENT AND	ADMINI	STRATION SERVIC	ES		
Part	Unrelated Trade or Business Income		(A) Income	(B) Expense	s	(C) Net
1a	Gross receipts or sales 11,985,414					
b	Less returns and allowances 0 c Balance ▶	1c	11,985,414			
2	Cost of goods sold (Schedule A, line 7)	2	0			
3	Gross profit. Subtract line 2 from line 1c	3	11,985,414			11,985,414
4a	Capital gain net income (attach Schedule D)	4a	0			0
b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4b	0			0
C	Capital loss deduction for trusts	4c	0			0
5	Income (loss) from a partnership or an S corporation (attach					
	statement)	5	0			0
6	Rent income (Schedule C)	6	0	0		0
7	Unrelated debt-financed income (Schedule E)	7	0	0		0
8	Interest, annuities, royalties, and rents from a controlled					
	organization (Schedule F)	8	0	0		0
9	Investment income of a section 501(c)(7), (9), or (17)	1 1				
	organization (Schedule G)	9	0	0		0
10	Exploited exempt activity income (Schedule I)	10	0	0		0
11	Advertising income (Schedule J)	11	0	0		0
12	Other income (See instructions; attach schedule)	12	0			0
13	Total. Combine lines 3 through 12	13	11,985,414	0		11,985,414
Part	deductions must be directly connected with the unrela	ted bus	siness income.)	·	,	·
14	Compensation of officers, directors, and trustees (Schedule F				14	0
15	Salaries and wages				15	3,641,679
16	Repairs and maintenance				16	511,384
17	Bad debts				17	0
18	Interest (attach schedule) (see instructions)				18	0
19	Taxes and licenses				19	133,506
20	Charitable contributions (See instructions for limitation rules)		1 1		20	246,507
21	Depreciation (attach Form 4562)			9,674		
22	Less depreciation claimed on Schedule A and elsewhere on r			0	22b	9,674
23	Depletion				23	0
24	Contributions to deferred compensation plans				24	0
25	Employee benefit programs				25	486,661
26	Excess exempt expenses (Schedule I)				26	0
27	Excess readership costs (Schedule J)				27	0
28	Other deductions (attach schedule)				28	6,178,690
29	Total deductions. Add lines 14 through 28				29	11,208,101
30	Unrelated business taxable income before net operating loss				30	777,313
31	Deduction for net operating loss arising in tax years begin	_				
	instructions)				31	0
32	Unrelated business taxable income. Subtract line 31 from line	30 .	<u> </u>		32	777,313

For Paperwork Reduction Act Notice, see instructions.

Cat No 71329Y

Schedule M (Form 990-T) 2018

Unrelated Business Taxable Income for Unrelated Trade or Business

OMB No 1545-0687

2018

, 20

For calendar year 2018 or other tax year beginning , 2018, and ending

	ent of the Treasury Revenue Service	rmation. ation is a 501(c)(3).	-0.4	to Public Inspection for c)(3) Organizations Only			
Name of	the organization				Employer identif	ication	number
OCHS	NER CLINIC FOUN	NDATION				72-050)2505
		activity code (see instructions) ► 621511 ted trade or business ► REFERRAL LAB SERV					_
	SCHOOL THE UNITERA	ted trade of business > NET ENTINE EAD OFTEN	1020		T	Т	
Part	Unrelated	Trade or Business Income		(A) Income	(B) Expense	S	(C) Net
1a	Gross receipts of						
b	Less returns and all		1c	540,671			
2	-	old (Schedule A, line 7)	2	0			510.071
3		btract line 2 from line 1c	3	540,671			540,671
4a		income (attach Schedule D)	4a	0			0
b	•	form 4797, Part II, line 17) (attach Form 4797)	4b	0			0
C	•	luction for trusts	4c				<u> </u>
5		om a partnership or an S corporation (attach	5	o			o
6	Rent income (So	chedule C)	6	0	0		0
7	· ·	financed income (Schedule E)	7	0	0		0
8		es, royalties, and rents from a controlled hedule F)	8	0	0		0
9	-	me of a section 501(c)(7), (9), or (17)			-		
3		the dule G)	9	0	0		0
10		ot activity income (Schedule I)	10	0	0		0
11	•	me (Schedule J)	11	0	0		0
12	•	ee instructions; attach schedule)	12	0			0
13		lines 3 through 12	13	540,671	0		540,671
Part	deductions	Not Taken Elsewhere (See instructions formust be directly connected with the unrelated	ed bus	siness income.)			<u>,</u>
14	•	of officers, directors, and trustees (Schedule K)				14	0
15	Salaries and wa	<u> </u>				15	125,046
16	•	intenance				16 17	7,298
17		schedule) (see instructions)				18	0
18 19		ses				19	12.631
20		ibutions (See instructions for limitation rules)				20	29,453
21		tach Form 4562)			8,505		
22		on claimed on Schedule A and elsewhere on re			0	22b	8,505
23						23	0
24		deferred compensation plans				24	0
25		fit programs				25	11,346
26	Excess exempt	expenses (Schedule I)				26	0
27		nip costs (Schedule J)				27	0
28		ns (attach schedule)				28	86,276
29		•				29	280,555
30		ess taxable income before net operating loss d	leducti	on. Subtract line 2	9 from line 13	30	260,116
31	Deduction for n	et operating loss arising in tax years beginn	ing or	or after January	1, 2018 (see		
	instructions) .					31	0
32		ess taxable income. Subtract line 31 from line				32	260,116
		at Nation and Inches offers	O-4 N	- 71220V		Cabad.	Ila M (Form 990-T) 2018

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Cat No 71329Y

Schedule M (Form 990-T) 2018

Unrelated Business Taxable Income for Unrelated Trade or Business

OMB No 1545-0687

2018

, 20

, 2018, and ending For calendar year 2018 or other tax year beginning

•	nent of the Treasury Revenue Service ▶ Go to www.irs.gov/For ▶ Do not enter SSN numbers on this						to Public Inspect c)(3) Organizations	
Name o	f the organization				Employer identif	ication	number	
OCHS	ENER CLINIC FOUNDATION				<u> </u>	72-050	2505	
	nrelated business activity code (see instructions)							
De	escribe the unrelated trade or business LONG	-TERM ACUTE (CARE					
Part	Unrelated Trade or Business Income			(A) Income	(B) Expense	s	(C) Net	
1a	Gross receipts or sales 0							7,
b	Less returns and allowances 0	Balance ►	1c	0				
2	Cost of goods sold (Schedule A, line 7)		2	0				
3	Gross profit. Subtract line 2 from line 1c		3	0			0	
4a	Capital gain net income (attach Schedule D) .		4a	0			0	
b	Net gain (loss) (Form 4797, Part II, line 17) (attac	h Form 4797)	4b	0			0	
C	Capital loss deduction for trusts		4c	0			0	
5	Income (loss) from a partnership or an S corpor statement)		5	(596,659)			(596,659)	. 1
6	Rent income (Schedule C)		6	0	0		0	
7	Unrelated debt-financed income (Schedule E)		7	0	0		0	
8	Interest, annuities, royalties, and rents from a c							
_	organization (Schedule F)		8	0	0		0	
9	Investment income of a section 501(c)(7), (9), or							
	organization (Schedule G)		9	0	0		0	
10	Exploited exempt activity income (Schedule I) .		10	0	0		0	
11	Advertising income (Schedule J)		11	0	0		0	
12	Other income (See instructions; attach schedule) .		12	0	,	,	0	
13	Total. Combine lines 3 through 12		13	(596,659)	0		(596,659)	
Part	Deductions Not Taken Elsewhere (See deductions must be directly connected w				ons.) (Except fo	or con	tributions,	
14	Compensation of officers, directors, and trusted	es (Schedule K)				14	0	
15	Salaries and wages					15	0	
16	Repairs and maintenance					16	0	L
17	Bad debts					17	0	
18	Interest (attach schedule) (see instructions)					18	0	
19	Taxes and licenses					19	0	<u> </u>
20	Charitable contributions (See instructions for lin			1 1		20	0	ļ
21	Depreciation (attach Form 4562)				0			
22	Less depreciation claimed on Schedule A and			. 22a	0	22b	0	
23	Depletion					23	0	
24	Contributions to deferred compensation plans					24	0	
25	Employee benefit programs					25	0	
26	Excess exempt expenses (Schedule I)					26	0	_
27	Excess readership costs (Schedule J)					27	0	
28	Other deductions (attach schedule)					28	0	
29	Total deductions. Add lines 14 through 28					29	(596,659)	
30	Unrelated business taxable income before net of					30	(580,058)	<u> </u>
31	Deduction for net operating loss arising in ta instructions)					31	0	
32	Unrelated business taxable income. Subtract lin					32	(596,659)	
	Officialed business taxable income. Subtract in						le M (Form 990-	

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Cat No 71329Y

Name of Partnership	EIN	UBI
ALTERNATIVE INVESTMENTS		
(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
HOME HEALTHCARE SERVICES		·
(1) SOUTHEAST LA HOMECARE, LLC	26-4020490	289,709
LONG-TERM ACUTE CARE		
(1) LA EXTENDED CARE OF KENNER LLC	26-4691864	-596,659
	Total for Part I, Line 5	-182,098

Form 990T Part II. Line 19	Taxes and Licenses
I UIII 3301 FAILII. LIIIE 13	Taxoo and Electrice

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

Form 990T Pa	art II, Line 20	Charitable Contri	butions	 		
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
Totals	2,349,171	38,138	277,629	0	2,033,404	

Description	Amount
RETAIL SERVICES	· · · · · · · · · · · · · · · · · · ·
(1) CONFERENCE MEETINGS	41
(2) INFORMATION TECHNOLOGY	1,676
(3) INSURANCE	
(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
	247,440
HOME HEALTHCARE SERVICES	
(14) GENERAL & ADMINISTRATIVE	57
(15) OFFICE EXPENSES	36
(16) OTHER PURCHASED SERVICES	19,145
(17) PROFESSIONAL FEES	36
Total	19,274
ACCOUNTABLE CARE ORGANIZATIONS	
(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
	2,444,044
OCHSNER CENTER FOR MOLECULAR IMAGING	
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
Total	609,064
MANAGEMENT SERVICES	
(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
	845,697
(40) OTHER PURCHASED SERVICES	
(40) OTHER PURCHASED SERVICES (41) PROFESSIONAL FEES	4,438
	4,438 20,960
(41) PROFESSIONAL FEES (42) TRAVEL	20,960
(41) PROFESSIONAL FEES (42) TRAVEL (43) MISCELLANEOUS EXPENSE	20,960 4,712
(41) PROFESSIONAL FEES (42) TRAVEL (43) MISCELLANEOUS EXPENSE (44) CONFERENCE MEETINGS	20,960 4,712 4,342
(41) PROFESSIONAL FEES (42) TRAVEL (43) MISCELLANEOUS EXPENSE	20,960 4,712

•	Total	6,178,690
REFERRAL LAB SERVICES		
(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		<u>51</u>
	Total	86,276
To	otal for All Activities	9,584,788

°Form 990T Part V, Line 50b	Estimated Tax Payments			
,	Date		Amount	
04/16/2018				173,000
12/14/2018	•			423,000
		Totals		596,000

° Schedule A, Line 4b	Other Costs			
	Description		Amount	
RETAIL SERVICES				
(1) ALLOCATED COST OF GOODS SOL	.D		29	97,132
		Total for Schedule A. Line 4b	2	97.132

General Business Credit

▶ Go to www.irs.gov/Form3800 for instructions and the latest information.

OMB No 1545-0895

Department of the Treasury Internal Revenue Service (99) Name(s) shown on return

▶ You must attach all pages of Form 3800, pages 1, 2, and 3, to your tax return.

Attachment Sequence No 22

Identifying number

OCHS	NER CLINIC FOUNDATION	7	72-0502505
Part	Current Year Credit for Credits Not Allowed Against Tentative Minimum Tax (rMT)	
	(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 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	1 1	
	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	Estates and trusts. Enter the sum of the amounts from Form 1041, Schedule G, lines 1a and 1b; or the amount from the applicable line of your return Alternative minimum tax:		
	• Individuals Enter the amount from Form 6251, line 11		i,
	• Corporations. Enter -0	8	0
	Estates and trusts. Enter the amount from Schedule I (Form 1041), line 56		
	•		
9	Add lines 7 and 8	9	524,508
		機関	
10a	Foreign tax credit		
þ	Certain allowable credits (see instructions)		
С	Add lines 10a and 10b	10c	0
11	Net income tax. Subtract line 10c from line 9. If zero, skip lines 12 through 15 and enter -0- on line 16	11	524,508
12	Net regular tax. 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		
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		
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 smaller of line 6 or line 16	17	0
	C corporations: See the line 17 instructions if there has been an ownership change, acquisition,		
	or reorganization.		
For Pa	perwork 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 e	nter -	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 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 32 0			
33	Enter the applicable passive activity credits allowed for 2018. See instructions	33		ι
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 smaller of line 29 or line 36	37	898	
38	Credit allowed for the current year. 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	
			Form 3800 (20	018)

Name(s) shown on return Identifying number OCHSNER CLINIC FOUNDATION 72-0502505 Part III General Business Credits or Eligible Small Business Credits (see instructions) Complete a separate Part III for each box checked below. See instructions. **A** ✓ General Business Credit From a Non-Passive Activity E Reserved F Reserved **B** General Business Credit From a Passive Activity **G** Eligible Small Business Credit Carryforwards **C** ☐ General Business Credit Carryforwards H Reserved **D** General Business Credit Carrybacks 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 (c) If claiming the credit Enter the appropriate Note: On any line where the credit is from more than one source, a separate Part III is needed for each from a pass-through amount pass-through entity entity, enter the EIN Investment (Form 3468, Part II only) (attach Form 3468) . 1a 1a 1b ь Increasing research activities (Form 6765) 1¢ C Low-income housing (Form 8586, Part I only) 1d d 1e Disabled access (Form 8826) (see instructions for limitation) 1f Renewable electricity, refined coal, and Indian coal production (Form 8835) 1g g 1h h Orphan drug (Form 8820) 1i New markets (Form 8874) Small employer pension plan startup costs (Form 8881) (see instructions for limitation) 1i Employer-provided child care facilities and services (Form 8882) (see 1k Biodiesel and renewable diesel fuels (attach Form 8864) 11 Low sulfur diesel fuel production (Form 8896) . 1m m Distilled spirits (Form 8906) 1n n Nonconventional source fuel (carryforward only) 10 o Energy efficient home (Form 8908) 1p Energy efficient appliance (carryforward only) 1q a Alternative motor vehicle (Form 8910) 1r Alternative fuel vehicle refueling property (Form 8911) 1s s 1t Enhanced oil recovery credit (Form 8830) t 1u Mine rescue team training (Form 8923) u Agricultural chemicals security (carryforward only) 1v 1w Employer differential wage payments (Form 8932) . . . w Carbon oxide sequestration (Form 8933) 1x x Qualified plug-in electric drive motor vehicle (Form 8936) . **1y** У 1z z Qualified plug-in electric vehicle (carryforward only) aa Employee retention (Form 5884-A) bb General credits from an electing large partnership (Schedule K-1 (Form 1065-B)) Other Oil and gas production from marginal wells (Form 8904) and certain 1zz 2 Add lines 1a through 1zz and enter here and on the applicable line of Part I 2 3 3 Enter the amount from Form 8844 here and on the applicable line of Part II 4a Investment (Form 3468, Part III) (attach Form 3468) 4a 4b 26-4020490 298 Work opportunity (Form 5884) . . . b 4c Biofuel producer (Form 6478) C d Low-income housing (Form 8586, Part II) 4d 4e Renewable electricity, refined coal, and Indian coal production (Form 8835) е 4f Employer social security and Medicare taxes paid on certain employee tips (Form 8846) f 4g g 4h Small employer health insurance premiums (Form 8941) . . . 4i j Employer credit for paid family and medical leave (Form 8994) . . . 4j 4z z Add lines 4a through 4z and enter here and on the applicable line of Part II 5 298 5 Add lines 2, 3, and 5 and enter here and on the applicable line of Part II 298 6

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t Enhanced oil recovery credit (Form 8830)		r						<u> </u>
w Mine rescue team training (Form 8923) . 1u v Agricultural chemicals security (carryforward only) . 1v w Employer differential wage payments (Form 8932) . 1w x Carbon oxide sequestration (Form 8933) . 1 y Qualified plug-in electric drive motor vehicle (Form 8936) . 1 z Qualified plug-in electric vehicle (carryforward only) . 1z aa Employee retention (Form 5884-A) . 1aa bb General credits from an electing large partnership (Schedule K-1 (Form 1065-B)) zz Other. Oil and gas production from marginal wells (Form 8904) and certain other credits (see instructions) . 1zz 2 Add lines 1a through 1zz and enter here and on the applicable line of Part I 3 Enter the amount from Form 8844 here and on the applicable line of Part I 4a Investment (Form 3468, Part III) (attach Form 3468) . 4b 26-4691864 600 c Biofuel producer (Form 6878) . 4c 4d 4d 4d 4d 4d 4d 4d		S	* · · · · · · · · · · · · · · · · · · ·		ļ			ļ
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x Carbon oxide sequestration (Form 8933)			The state of the s					
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4a Investment (Form 3468, Part III) (attach Form 3468) 4a b Work opportunity (Form 5884) 4b c Biofuel producer (Form 6478) 4c d Low-income housing (Form 8586, Part II) 4d e Renewable electricity, refined coal, and Indian coal production (Form 8835) 4e f Employer social security and Medicare taxes paid on certain employee tips (Form 8846) 4f g Qualified railroad track maintenance (Form 8900) 4g h Small employer health insurance premiums (Form 8941) 4h i Increasing research activities (Form 6765) 4i j Employer credit for paid family and medical leave (Form 8994) 4j z Other 4z 5 Add lines 4a through 4z and enter here and on the applicable line of Part II 5								-
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d Low-income housing (Form 8586, Part II)			• • • • • • • • • • • • • • • • • • • •					
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				-			600	
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Depreciation and Amortization

(including Information on Listed Property)

▶Attach toyour taxreturn.

▶Cotowww.irs.gov/Form4562 f or instructions and the 1 atest information. Business or activity to which this form relates

OMB No 1545-0172

Attachment Sequence No 179

Department of the Treasury Internal Revenue Service (99) Name(e) shown on return

Identifying number

ОСН	SNER CLINIC FOUND	ATION	44619	99				72-0502505
Par	t I Election To	Expense Cer	rtain Property Un	der Section	179		<u> </u>	
			ed property, comp			omplete Part I.		
1	Maximum amount (see instructions	s)				1	510,000
	Total cost of section						2	0
	Threshold cost of se						3	510,000
4	Reduction in limitat	ion. Subtract lir	ne 3 from line 2. If ze	ero or less, ent	ter -0		4	0
5	Dollar limitation for	r tax year. Sub	otract line 4 from I	ine 1. If zero	or less, ent	er -0 If married filing		
	separately, see inst	ructions .					5	510,000
6	(a) De	escription of proper	ty	(b) Cost (busi	ness use only)	(c) Elected cost		Mary States
7	Listed property. Ent	ter the amount	from line 29		7		0	
8	Total elected cost of	of section 179 p	roperty. Add amour	nts in column (c), lines 6 an	d7	8	0
9	Tentative deduction	n. Enter the sm a	aller of line 5 or line	8			9	0
10	Carryover of disallo	wed deduction	from line 13 of your	2017 Form 45	562		10	0
11	Business income limit	tation. Enter the	smaller of business in	ncome (not less	than zero) or	line 5. See instructions.	11	0
12	Section 179 expens	se deduction A	dd lines 9 and 10, b	ut don't enter	more than la	ne <u> 11</u>	12	0
13	Carryover of disallo	wed deduction	to 2019 Add lines	9 and 10, less	line 12 🕨	13	0	
	: Don't use Part II o					- · - · - · · · · · · · · · · · · · · ·		· ·- · · -
Par	t II Special Dep	reciation Allo	wance and Other	Depreciation	(Don't incl	ude listed property. See	ınstr	uctions.)
14	Special depreciation	n allowance f	or qualified proper	ty (other than	listed prop	erty) placed in service		•
	during the tax year	See instruction	ns				14	0
15	Property subject to	section 168(f)(I) election				15	0
	Other depreciation						16	157,691
Par	t III MACRS De	preciation (D	on't include listed	property. Se	e instructio	ons.)		
				Section A			,	
						18	17	O
18	•	•	•	-		to one or more general		
	asset accounts, che						NAME OF THE PERSON NAME OF THE P	
	Section B			ng 2018 Tax Y	ear Using tr	ne General Depreciation	1 Syst	em
(a) C	Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Conventi	on (f) Method	(g) [Depreciation deduction
19a	3-year property							
b	5-year property							
c	7-year property	EZMARI					<u> </u>	
d	10-year property						ļ	
е	15-year property						ļ	
f	20-year property							
g	25-year property			25 yrs		S/L		
h	Residential rental			27 5 yrs.	MM	S/L	ļ	· · · · · · · · · · · · · · · · · · ·
	property			27 5 yrs.	MM	S/L	<u> </u>	
i	Nonresidential real			39 yrs	MM	S/L		
	property				MM	S/L		
	Section C-	-Assets Place	d in Service During	2018 Tax Ye	ar Using the	Alternative Depreciation	on Sy	stem
20a	Class life					S/L		
b	12-year	erec car		12 yrs.		S/L		
c	30-year			′ 30 yrs.	MM	S/L	ļ	
	40-year			40 yrs.	MM	S/L	<u> </u>	
Par	t IV Summary (See instructio	ns.)				,	<u></u>
	Listed property Ent						21	0
22	Total. Add amount here and on the app					n (g), and line 21. Enter	22	157,691
23	For assets shown a	-	=					
			section 263A costs		,		1	

	-	- `				ertain	other	vehic	cles,	cert	aın a	ircraft,	and	prope		Page 2 ed for
	-				•							lanna e				h. 24a
												lease e	expens	se, com	Diete on	ı y ∠4a,
Section A	-Depreci	iation an	d Other In	forma	tion (Ca	aution: S	See the	instr	uctio	ns for	lımıts	for pas	senge	r autom	obiles.)	
Do you have e	vidence to su	pport the	business/inv	estment	use clair		Yes [⊘ No	24	₿b If "`	Yes," i	s the evi	dence	written?	☐ Yes	√ No
(a) of property (list vehicles first)	(b) Date placed in service	investment	use Cost or c		1	for depre ness/inves	stment			Meth	nod/			n Ele	(i) ected sect cost	ion 179
											25			0		
Property use	ed more tha	an 50% ı	n a qualifie	d busir	ness use	э:						,		,		
			%		_							<u> </u>				
					-							-				
Droporty use	d 50% or l	loce in a		ICIDACE								l		i		
Property use	1 30% OF	less in a		15111655	use.					S/I -						
																
			%							S/L ~						
Add amount	s ın columi	n (h), line	s 25 throug	jh 27. l	Enter he	ere and	on line	21, pa	age 1	1	28			0		
Add amount	s ın columi	n (ı), line									<u> </u>	<u></u>	.	29		0
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			-					V		3		•			Vehic	
Total commut	ing miles dr	iven durin	g the year													
	-	nonco	ommuting)													
Total miles	driven dur	ing the	year. Add			†										
lines 30 thro	ugh 32 .				0		0	<u> </u>	0			0		0)
		•		Yes	No	Yes	No	Yes	S	No	Yes	No	Yes	No	Yes	No
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	•	-	-]			
Is another veh																
	stions to d	letermine	of you mee	et an ex	ception										who are	en't
than 5% ow	ners or rela	ated pers	sons. See ir	nstruct	ions.											
•		-													Yes	No ✓
																✓
					-											√
Do you prov	ıde more t	than five	vehicles to	your	employ		tain inf	format	tion 1	from y	our e	mploye		out the		✓
						mobile (•	$\vdash \vdash \vdash$	
		, ,	,,		22, 30											
		T	(b)				-					(e)	T	, 		
	Listed entert Note: 24b, c Section A Do you have e (a) of property (list rehicles first) Special dep the tax year Property use Property use Add amount Add amount Add amount Add amount Add amount Total business the year (don't Total community Total other miles driven Total miles lines 30 thro Was the vehines 4 during own Was the vehines 5% own Is another vehicle than 5%	Listed Proper entertainment, Note: For any very 24b, columns (a) Section A — Depreciation A—Depreciation A—Dep	Note: For any vehicle for 24b, columns (a) through Section A—Depreciation and Do you have evidence to support the periodic first) Special depreciation allowance the tax year and used more than 50% in Property used for vehicles used the tax year and used more than 50% in Property used for vehicles used the tax year and used more than 50% in Property used for vehicles used the tax year and used more than 50% in Property used 50% or less in a Property used for vehicles used the year (don't include commuting the year (don't include commuting Total commuting miles driven during the lines 30 through 32. 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Was the vehicle available for peruse than 5% owner or related personal in the your amintain a written police of the your amintain a written police of the your amintain a written police in your maintain a written police in your meet the requirements of the your meet the requirements of the your answer to 37, 38, Note: If your answer to 37, 38,	Note: For any vehicle for which you 24b, columns (a) through (c) of Section A—Depreciation and Other In 1Do you have evidence to support the business/investment use percentage (c) 1Date placed in service (c) 1Date placed in se	Listed Property (Include automobe entertainment, recreation, or amuseme Note: For any vehicle for which you are us 24b, columns (a) through (c) of Section A, a Section A — Depreciation and Other Information by our have evidence to support the business/investment using for property (list placed in service) Special depreciation allowance for qualified lister the tax year and used more than 50% in a qualified business and used more than 50% in a qualified business and used more than 50% in a qualified business and used more than 50% in a qualified business and used more than 50% in a qualified business and used more than 50% in a qualified business and used more than 50% in a qualified business and used more than 50% in a qualified business and used more than 50% in a qualified business and used more than 50% in a qualified business and used in the property used 50% or less in a qualified business and used in the property used 50% or less in a qualified business. 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Property used 50% or less in a qualified busines. Property used 50%	Listed Property (Include automobiles, contertainment, recreation, or amusement.) Note: For any vehicle for which you are using the 24b, columns (a) through (c) of Section A, all of Secsetion A—Depreciation and Other Information (Call Do you have evidence to support the business/investment use clair (a) (b) Date placed in service precentage Special depreciation allowance for qualified listed proping the tax year and used more than 50% in a qualified business use. Property used more than 50% in a qualified business use. Property used more than 50% in a qualified business use. Property used foo or less in a qualified business use. Property used 50% or less in a qualified business use. Add amounts in column (h), lines 25 through 27. Enter her Add amounts in column (i), line 26. Enter here and on line. Section B—Information of the properties of the year (don't include commuting miles). Total business/investment miles driven during the year (don't include commuting miles). Total commuting miles driven during the year. Add lines 30 through 32	Note: For any vehicle for which you are using the standa 24b, columns (a) through (c) of Section A, all of Section B. Section A — Depreciation and Other Information (Caution: 10 you have evidence to support the business/investment use claimed? (e) Business/ (a) property (list of property (list ethicles first) (b) Date placed of new year and used more than 50% in a qualified business use of the tax year and used more than 50% in a qualified business use: Property used more than 50% in a qualified business use: Property used more than 50% in a qualified business use: Property used 50% or less in a qualified business use: Add amounts in column (h), lines 25 through 27. Enter here and on line 7, pag Section B — Information year (a) year (a	Note: For any vehicle for which you are using the standard mile 24b, columns (a) through (c) of Section A, all of Section B, and St. Section A—Depreciation and Other Information (Caution: See the 10 you have evidence to support the business/investment use claimed? Yes (e) Business/ (d) Cost or other basis percentage whercles first) By our hard percentage percentage Cost or other basis percentage Cost or other percentage Cost or other basis percentage Cost or other ba	Listed Property (Include automobiles, certain other vehice entertainment, recreation, or amusement.) Note: For any vehicle for which you are using the standard mileage razub, columns (a) through (c) of Section A, all of Section B, and Section B. part Section A—Depreciation and Other Information (Caution: See the instruction of the property list of property placed in service of the tax year and used more than 50% in a qualified listed property placed in service that axy year and used more than 50% in a qualified business use. See instructions of the tax year and used more than 50% in a qualified business use. Property used more than 50% in a qualified business use:	entertamment, recreation, or amusement). 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Enter here and on line 21, page 1 Section B—Information on Use of Vehicles plete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or rur employees, first answer the questions in Section C to see if you meet an exception to completing the year (don't include commuting miles) Total business/investment miles driven during the year (don't include commuting miles) Total commuting miles driven during the year and the personal use? Was the vehicle used primarily by a more than 5% owner or related persons. See instructions for Employers Who Provide Vehicles for Use by The verthese questions to determine if you meet an exception to completing Section B for vehicles than 5% owners or related persons. See instructions for vehicles used by corporate officers, directors, or 1% or Do you maintain a written policy statement that prohibits personal use of vehicles, exception by our meptionees? See the instructions for vehicles used by corporate officers, directors, or 1% or Do you maintain a written policy statement that prohibits personal use of vehicles, exception by our maintain a written	Listed Property (Include automobiles, certain other vehicles, certain aircraft, entertainment, recreation, or amusement.) Note: For any vehicle for which you are using the standard mileage rate or deducting lease of 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 pass ID you have evidence to support the business/investment use claimed? Tyes No 24b ff 'Yes, is the evidence for support the business/investment use claimed? Tyes No 24b ff 'Yes, is the evidence for property (list of property (list)) Section P — Information of list of property (list) Section P — Information of list of property used more than 50% in a qualified business use. Section P — Information of list of	entertainment, recreation, or amusement.) Note: For any vehicle for which you are using the standard mileage rate or deducting lease expensed to the continuity of the contin	Listed Property (Include automobiles, certain other vehicles, certain aircraft, and prope entertainment, recreation, or amusement.) Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, compared to the co	Listed Property (Include automobiles, certain other vehicles, certain aircraft, and property use entertainment, recreation, or amusement.) Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete on 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). It do you have evidence to support the business/investment use claimed? yes you yet yet

Depreciation and Amortization

(Including Information on Listed Property)

▶Attach toyour taxreturn.

▶Cotowww.irs.gov/Form4562 f or instructions and the I atest information.

OMB No 1545-0172

Attachment Sequence No 179

Department of the Treasury Internal Revenue Service (99) Name(s) shown on return

Business or activity to which this form relates

	SNER CLINIC FOUND	DATION	62161	In	mon and torm re	aics		100	72-0502505
			tain Property Un		170			<u> </u>	72 0002300
Pal	Election To	have any liste	ed property, comp	lete Part V h	efore vou co	molet	e Part I		
								1	510,000
1	Maximum amount (•					2	310,000
2	Total cost of sectio							3	510,000
3	Threshold cost of s							4	310,000
4			ne 3 from line 2. If ze					4	<u> </u>
Э	Dollar limitation for							5	510,000
					ness use only)	<u> </u>	(c) Elected cost] 3	74 1-201-00-00 MINERS
6	(a) De	escription of propert	У	(b) Cost (busi	mess use only)		(c) Elected Cost		
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	Listed property. En				· · <u> </u>	.		8	0
	Total elected cost of							9	0
	Tentative deduction							10	0
10	Carryover of disallo						· · · · · ·	11	198,890
11			smaller of business in					12	190,090
12	Section 179 expens				_		- · · · · · · · · · · · · · · · · · · ·	0	C. C
13	Carryover of disallo					13			E. SERVERSE STEP
	: Don't use Part II o					ida liat	ad proports Coo	unatr	uotione)
_			wance and Other					insu T	T
14	Special depreciation				listed prope	erty) pi	aced in service		
	during the tax year.							14	0
	Property subject to							16	65,377
	Other depreciation			nranarhi Ci			· · · · ·	10	65,577
Pai	t III MACRS De	preciation (De	on't include listed		e instructio	115.)			
	1410D0 ded et et			Section A	, befere 00:			17	1 0
17	MACRS deductions If you are electing							17	***・アルダの検索的のからなり
10									
	Section F	Accete Plac	ed in Service Durin	ng 2018 Tay Y	ear Using th	e Gene	eral Denreciation	Svst	n. * he sweet was it.
	- Cection E	(b) Month and year	(c) Basis for depreciation	· i · · · · · · · · · · · · · · · · · ·		1		T	
(a)	Classification of property	placed in service	(business/investment use only—see instructions)	(d) Recovery period	(e) Convention	n	(f) Method	(g) [Depreciation deduction
100	3 year property	MAN AND AND AND AND AND AND AND AND AND A	Only—see instructions;	+		- + -		† 	
19a				-					
		Entransis No. 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		-			** ·		
	10-year property	arst 1257				\dashv		+	· · ·
	15-year property		··· +					 	
	20-year property			 	-	-+-		\vdash	
				25 yrs.		-+	· S/L		
$\overline{}$	25-year property Residential rental	Part of the second		27 5 yrs	MM	\dashv	5/L	1	
n	property			27 5 yrs	MM	\dashv	5/L	1	
	Nonresidential real				MM	_	S/L	+	
				39 yrs	MM				
	property	Accets Disease	d in Service During	2019 Tax Va		Altorn		20 SV	
			u in Service During	2016 Tax Te	ar Using the	Aitem	S/L	T Sy	3(6)11
	Class life			12.00		-	S/L	 	
	12-year	EXTENS CONTRACTOR		12 yrs	N 4 N 4	+	5/L	+	
	30-year	 		30 yrs.	MM	-+	S/L	 	
	40-year	Soo instruction	no \	40 yrs.	<u>MM</u>		J/L		
	t IV Summary (······································	101	1 0
21	Listed property. En	ter amount from	1 IINE 28			 . (a)	nd line 21 Enter	21	+
22	Total. Add amount	is from line 12,	ines 14 through 17 of your return. Parth	, illies 19 and erebine and S	corporations	ı(y), aı —sooı	netructions	00	65 277
	1			,			naductions .	22	65,377
23	For assets shown a					1	_		
	portion of the basis	aπributable to	section 263A costs	<u></u>		23	0	就物	

29

Form	4562 (2018)																Page 2
Pa		i Proper ainment, i	ty (Included Included	de auto or amu			ertain o	other	vehicl	es, c	ertain	airo	craft,	and	prope	rty use	ed for
			hicle for wh			•	standar	rd mile	eage rat	e or d	educti	ng le	ase e	expense	e, comp	olete on	ly 24a
	· 24b, co	olumns (a)	through (c)	of Section	n A, ali	of Sec	tion B,	and S	ection C	if app	olicable) .			_		
			iation and (
24	a Do you have ev	vidence to su		siness/inve	estment u	ise clain		Yes [☐ No ☐	24b	If "Yes	" is th	ne evi	dence w	ritten?	☐ Yes	✓ No
	(a) e of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage		d) ther basis		(e) for depre ness/inves use only)	stment	(f) Recove period	, i	(g) Method/ onventio	۱		(h) reciation duction	Ele	(i) ected sect cost	ion 179
25	Special depi											5			0		
26																	
			%				-	T				Т					
			%														
			%														
27	Property use	d 50% or	less in a qua	alıfıed bu	isiness	use [.]											
			%			\perp				S/I	· -					-	
	<u></u>		%							S/I		_					
		L	%	=		<u> </u>				S/I		_					
	Add amount			_										- 1	0		0
			1 (1), 11116 20.						se of Ve			: _	•	. :	29		
to yo	nplete this secti our employees,	on for vehic first answe	cles used by or the question	Sec a sole pr ons in Sec	tion Bo	-Infor , partne o see if	mation er, or oth you me	on Us	ore than exception	hicles 5% ov	vner," o	r rela	s sect	erson. I	f you pr	rovided vehicles.	/ehicles
30	Total business the year (don'	ion for vehic first answe s/investmen t include co	cles used by ir the question t miles driver immuting mile	Section a sole proposed in Section Sec	tion B- oprietor tion C t	-Infor , partne o see if	mation er, or oth you me	on Us ner "mo et an e	ore than exception	hicles 5% ov to co	vner," o	or rela g this (d)	s sect	erson. I	f you pr hose ve	hicles.	/ehicles
30 31	Total business the year (don'	ion for vehic first answe s/investmen t include co ing miles dr	cles used by ir the question t miles driver immuting mile iven during the	Section a sole property on Section Section 6 and 4 and	tion B- oprietor tion C t	-Infor , partne o see if	mation er, or oth you me	on Us ner "mo et an e	ore than exception	hicles 5% ov to co	vner," o	or rela g this (d)	s sect	erson. I	f you pr hose ve	hicles.	/ehicles
30 31	Total business the year (don'	ion for vehic first answe s/investmen t include co ing miles dr personal	cles used by ir the question t miles driver immuting mile iven during the	Sec a sole prons in Sec n during es) . he year muting)	tion B- oprietor tion C t	-Infor , partne o see if	mation er, or oth you me	on Us ner "mo et an e	ore than exception	hicles 5% ov to co	vner," o	or rela g this (d)	s sect	erson. I	f you pr hose ve	hicles.	/ehicles
30 31 32	Total business the year (don' Total commut Total other	first answer s/investmen t include co ing miles dr personal driven dur	cles used by the question the miles driver the miles driv	sec a sole prons in Sec n during es) . he year muting) 	tion B- oprietor tion C t	- Infor , partne o see if	mation er, or oth you me (I Vehi	on Us ner "mo et an e	ore than exception	hicles 5% ov to co	vner," o	or rela g this (d)	s sect	person. I tion for t (« Veh	f you pr hose ve	hicles.	vehicles) cle 6
30 31 32 33	Total business the year (don' Total commut Total other miles driven Total miles	on for vehic first answer s/investmen t include co ing miles dr personal driven dur ugh 32	cles used by in the question the question the question the question of the que	Sec a sole prons in Sec n during es) . he year muting) 	oprietor oprietor otion C t (a Vehi	- Infor , partne o see if	mation er, or oth you me (I Vehi	on Us ner "mo et an e b) note 2	ore than exception	hicles 5% ov to co (c) nicle 3	wner," (mpletir	or relag this (d) ehicle	s sect	person. I tion for t (« Veh	f you pr hose ve e) cle 5	(1 Vehi	vehicles) cle 6
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30 31 32 33 34	Total business the year (don' Total commut Total other miles driven Total miles lines 30 throwas the yeh	ion for vehic first answer s/investmen t include co ing miles dr personal driven dur ugh 32 . icle availab ff-duty hou icle used p	cles used by Ir the question It miles driver It miles driver It miles driver It miles driver It (noncome It (nonco	Sec a sole prons in Sec n during es) . he year muting) ar. Add onal	ction B- oprietor oprietor oprietor (a Vehi	- Infor , partne o see if a) cle 1	mation er, or oth you me (I Vehi	on Us ner "mo et an e b) note 2	se of Ve	hicles 5% ov to co (c) nicle 3	wner," (mpletir	or relag this (d) ehicle	s sect	person. I ion for t (a Vehi	f you pr hose ve e) cle 5	thicles.	vehicles) cle 6
30 31 32 33 34 35	Total business the year (don' Total commut Total other miles driven Total miles lines 30 throwwas the vehuse during owas the vehuse the vehuse the vehuse of	ion for vehic first answe s/investmen t include co ing miles dr personal driven dur ugh 32 . icle availab ff-duty hou icle used p	cles used by It miles driver It (noncomit It	Sec a sole prons in Sec n during es) . he year muting) ar. Add onal	ction B- oprietor oprietor oprietor (a Vehi	- Infor , partne o see if a) cle 1	mation er, or oth you me (I Vehi	on Us ner "mo et an e b) note 2	se of Ve	hicles 5% ov to co (c) nicle 3	wner," (mpletir	or relag this (d) ehicle	s sect	person. I ion for t (a Vehi	f you pr hose ve e) cle 5	thicles.	vehicles) cle 6
30 31 32 33 34 35 36	Total business the year (don' Total commut Total other miles driven Total miles lines 30 throi Was the veh use during o Was the veh than 5% owils another veh	ion for vehic first answers finvestment include cooling miles drapersonal and the cooling miles drapersonal and the cooling miles drapersonal and the cooling miles available section	cles used by It miles driver It (noncomit It	sec a sole prons in Sec n during es) . he year muting) ar. Add onal a more al use?	tion B- oprietor ction C t (a Vehi	- Infor , partne o see if a) cle 1	rmation er, or oth you me (I) Vehi	on Us ner "mo et an e b) note 2	Yes	hicles 5% over 1 to co (c) nicle 3	yner," (mpletin	g this (d) 0 s	No No	verson. I (consideration for the version of the version for the version of the ve	f you pr hose ve e) Cle 5	(1 Vehicles.	/ehicles
30 31 32 33 34 35 36 Ans:	Total business the year (don' Total commut Total other miles driven Total miles lines 30 throi Was the veh use during o Was the veh than 5% own	ion for vehic first answer s/investmen t include cooling miles drapersonal cooling miles drapersonal cooling miles availability for the cooling miles availability for the cooling availability section stood	t miles driver mmuting mile iven during the ing the yea ing the ye	sec a sole prons in Sec n during es) . he year muting) ar. Add onal a more al use?	tion B- oprietor Ction C t (a Vehi Yes Emplo t an except	- Infor , partne o see if a) cle 1	rmation er, or oth you me (I) Vehi	on Us ner "mo et an e b) note 2	Yes	hicles 5% over 1 to co (c) nicle 3	yner," (mpletin	g this (d) 0 s	No No	verson. I (consideration for the version of the version for the version of the ve	f you pr hose ve e) Cle 5	(1 Vehicles.	/ehicles
30 31 32 33 34 35 Ans:	Total business the year (don' Total commut Total other miles driven Total miles lines 30 throwas the vehuse during o Was the vehuse than 5% owi Is another vehuse than 5% owe	ion for vehic first answer s/investment include coing miles dripersonal driven durugh 32 icle availabiff-duty housele used prince availabiner or relativele availabiners or relativele	t miles driver t miles driver training mile training the training the training the training the yea training train	sec a sole prons in Sec n during es) . he year muting) . ar. Add onal a more al use? tions for you mee	Yes Emplo t an except truction B- coprietor B- (a) Vehill Yes	No yers W ceptions.	Yes	on Us ner "mo tet an e b) ticle 2	Yes Yehicles g Section	o No	Ye se by	g this (d) 0 s Their	No r Em	Yes	f you pr hose ve e) cle 5	(1 Vehicles.	/ehicles
30 31 32 33 34 35 Ans:	Total business the year (don' Total commut Total other miles driven Total miles lines 30 throwas the veh use during owas the veh than 5% owe Is another vehouse que	ion for vehic first answer s/investment tinclude cooling miles dripersonal driven durugh 32 icle availabiff-duty housele used perfor relaticle availabilities stions to diners or relatitating a written a wri	cles used by it the question th	sec a sole prons in Sec n during es) . he year muting) ar. Add onal a more al use? tions for you mee is. See in	Yes Employ t an excustruction t that p	No	Yes The Protection of the Communication of the Com	on Us ner "mo et an e b) ncle 2 No No vide V	Yes Yehicles g Section	o No	Ye se by	g this (d) 0 s Their	No r Em	Yes	f you pr hose ve e) cle 5	Vehicles. (1) Vehicles.	/ehicles
30 31 32 33 34 35 36 Ans mor 37	Total business the year (don' Total commut Total other miles driven Total miles lines 30 throwas the veh use during o Was the veh than 5% owe Is another veh wer these que than 5% ow Do you mair your employed.	ion for vehic first answer s/investment tinclude cooling miles dripersonal cooling miles driven durugh 32 icle availabiff-duty housele used princer or relatice availabities or relating to different or relating to different or relating to different or relating the section of the section of the section of the section at a written a writ	cles used by a the question of	sec a sole prons in Sec n during es) . he year muting) ar. Add onal a more al use? tions for you mee is. See in	Yes Employ t an excustruction t that p	No	Yes The Pro s all pe	on Us ner "mo let an e b) note 2 No No vide V npletin ersonal	Yes Yes Vehicles g Sector use of ve	o Non B for Uchicles	Ye se by or vehic es, inc	(d) (d) (ehicle	No r Employeed	Yes ployees by emp	f you pr hose ve e) cle 5 No No	Vehicles. (1) Vehicles.	/ehicles) cle 6 No No
30 31 32 33 34 35 36 Ans mor 37	Total business the year (don' Total commut Total other miles driven Total miles lines 30 throwas the veh use during o Was the veh than 5% owe Is another vehower these quee than 5% ow Do you mair your employer	ion for vehic first answer s/investmen t include coung miles draward personal control of the con	cles used by the question of t	Secondary services of the secondary of t	Yes Emplo t an except that persons used	No No Personal dispersion of the personal disp	Yes Tho Pro to com s all pe c persorporate	on Us ner "mo et an e b) icle 2 No No vide V ipletin ersonal confice	Yes Yes Vehicles g Sector use of ve	o No Vehicestors,	Ye se by or vehicles, inc. excepor 1%	or relation of the control of the co	No No r Empused used ong co onumber or one	Yes ployees by emp mmuting, by wners	f you pr hose ve e) Cle 5	Vehicles. (1) Vehicles.	vehicles) No No No

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

.

Form 4562 (2018)

41 Do you meet the requirements concerning qualified automobile demonstration use? See instructions. .

use of the vehicles, and retain the information received? .

Form 4562

Department of the Treasury

Internal Revenue Service (99)

Depreciation and Amortization

(Including Information on Listed Property)

▶Attach toyour taxreturn.

▶ Cotowww.irs.gov/Form4562 for instructions and the latest information.

OMB No 1545-0172

Attachment Sequence No 179

Identifying number Business or activity to which this form relates Name(s) shown on return 621491 72-0502505 OCHSNER CLINIC FOUNDATION **Election To Expense Certain Property Under Section 179** Note: If you have any listed property, complete Part V before you complete Part I. 510,000 2 0 2 Total cost of section 179 property placed in service (see instructions) 510,000 3 3 Threshold cost of section 179 property before reduction in limitation (see instructions). Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0- Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filling separately, see instructions . 510,000 (b) Cost (business use only) (a) Description of property 6 7 Listed property. Enter the amount from line 29 8 8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 0 9 Tentative deduction. Enter the smaller of line 5 or line 8 9 0 10 10 Carryover of disallowed deduction from line 13 of your 2017 Form 4562 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 13 Carryover of disallowed deduction to 2019. Add lines 9 and 10, less line 12 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 14 0 during the tax year. See instructions 0 15 3,592 16 Other depreciation (including ACRS) 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 18 If you are electing to group any assets placed in service during the tax year into one or more general Section B-Assets Placed in Service During 2018 Tax Year Using the General Depreciation System (b) Month and year (c) Basis for depreciation (d) Recovery (f) Method (g) Depreciation deduction (a) Classification of property placed in (e) Convention (business/investment use only—see instructions) service 19a 3-year property **b** 5-year property c 7-year property TO PROPERTY K. d 10-year property e 15-year property f 20-year property 25 yrs g 25-year property 27.5 yrs S/L MM h Residential rental MM S/L 27.5 yrs. property MM S/L 39 yrs i Nonresidential real S/L MM Section C-Assets Placed in Service During 2018 Tax Year Using the Alternative Depreciation System S/L 20a Class life **b** 12-year 12 yrs. S/L MM S/L c 30-year 30 vrs. 40 yrs. MM d 40-year Part IV Summary (See instructions.) 0 21 Listed property. Enter amount from line 28 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 3,592 23 For assets shown above and placed in service during the current year, enter the 23

Form 4562 (2018) 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) Basis for depreciation Depreciation Elected section 179 Method/ Type of property (list | Date placed Recovery nvestment use Cost or other basis (business/investment Convention deduction cost vehicles first) in service period percentage 25 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 . n 26 Property used more than 50% in a qualified business use % % % 27 Property used 50% or less in a qualified business use: % S/L -% S/L -% S/L -0 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1 29 29 Add amounts in column (i), line 26 Enter here and on line 7, page 1 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) (c) (d) (e) (f) Vehicle 1 Vehicle 2 Vehicle 4 Vehicle 5 Vehicle 6 30 Total business/investment miles driven during the year (don't include commuting miles) . 31 Total commuting miles driven during the year 32 Total other personal (noncommuting) miles driven 33 Total miles driven during the year Add lines 30 through 32 . Yes No Yes No Yes No Yes No Yes No Yes No 34 Was the vehicle available for personal use during off-duty hours? 35 Was the vehicle used primarily by a more than 5% owner or related person? . . 36 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. No Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by 38 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 . . . 39 Do you treat all use of vehicles by employees as personal use? 40 Do you provide more than five vehicles to your employees, obtain information from your employees about the 41 Do you meet the requirements concerning qualified automobile demonstration use? See instructions.

Part VI Amortization		,				
(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e Amortiz perio percer	zation d or	(f) Amortization for this year
42 Amortization of costs that	at begins during your 201	8 tax year (see instructi	ons):	T	-	
43 Amortization of costs tha	at began before your 201	8 tax year			43	0
44 Total. Add amounts in o	column (f). See the instruc	ctions for where to repo	<u>rt</u>		44	0
						- 4ECO

Depreciation and Amortization

(Including Information on Listed Property)

▶Attach toyour taxreturn.

▶Cotowww.irs.gov/Form4562 for instructions and the latest information.

OMB No 1545-0172

Attachment Sequence No 179

Department of the Treasury Internal Revenue Service (99)

-	s) snown on return			ness or activity to w	nich this ionn re	elates	Idein	70 ocoococ
	SNER CLINIC FOUND		3254				<u> </u>	72-0502505
Part	Election To Note: If you	Expense Cer have any liste	rtain Property Under the property, comparty, c	nder Section olete Part V b	179 efore you c	omplete Part I.		
1	Maximum amount (s	see instructions	s)				1	510,000
2	Total cost of section	n 179 property	placed in service (s	see instructions	s) .		2	0
3	Threshold cost of s	ection 179 prop	perty before reduct	ion in limitation	(see instruc	tions)	3	510,000
	Reduction in limitati						4	0
5	Dollar limitation for	tax year Sub	otract line 4 from	line 1 If zero	or less, ent	er -0 If married filing		1
!	separately, see insti	ructions			<u> </u>		5	510,000
6	(a) De	scription of propert	ty	(b) Cost (busi	ness use only)	(c) Elected cost		
	Listed property. Ent						0	
8	Total elected cost o	f section 179 p	roperty. Add amou	ints in column ((c), lines 6 an	d7	8	0
_	Tentative deduction						9	0
	Carryover of disallo						10	0
						line 5. See instructions .	11	0
	Section 179 expens						12	0
	Carryover of disallo					13	0	
	Don't use Part II o					d. listed assessment. Co.	. :	
						ude listed property. See	T	Uctions.)
						erty) placed in service	14	
	during the tax year.						14	0
			•			• • • • • • •	16	88,997
	Other depreciation of MACRS Dep		onit include lister	d property Se	e instruction		1 10	00,997
Par	III WACKS DE	preciation (D	OII t include lister	Section A	se il istructio) is.j		
17	MACRS deductions	for assets place	red in service in tax		na before 20	18	17	0
18	If you are elections	to group any a	ssets placed in se	rvice during th	e tax vear in	to one or more general		
	asset accounts, che					.		
			ed in Service Duri	ng 2018 Tax Y	ear Using t	ne General Depreciation	1 Syst	tem
(a) C	lassification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Conventi	on (f) Method	(g) [Depreciation deduction
19a	3-year property	the Salling					↓	
b	5-year property						ļ	
c	7-year property						ļ	
<u>d</u>	10-year property				ļ		<u> </u>	
	15-year property						1	
	20-year property						+	
	25-year property			25 yrs		S/L	1	
h	Residential rental			27 5 yrs	MM	S/L	-	
	property			27.5 yrs	MM	S/L	ļ	
i	Nonresidential real			39 yrs	MM	S/L	+	
	property	L		224277 34	MM_	S/L	0	
		-Assets Place	d in Service Durin	g 2018 Tax Ye	ar Using the	Alternative Depreciati	on Sy	stem
	Class life		····	10		S/L	+	
	12-year			12 yrs.	N 48 4	S/L	+	
	30-year			30 yrs.	MM	S/L	 	
	40-year	Poo instructio	.nc.\	40 yrs.	MM	S/L	Ц	
	Summary (· · ··	···	21	Τ ο
21	Listed property. Ent	ter amount from	n iine ∠5 Junes 14 through 1	7 lines 10 and	 L20 in colum	nn (g), and line 21 Enter		1
22	here and on the app	oropriate lines o	inies 14 through 1 of vour return. Parti	nerships and S	corporations	s—see instructions .	22	88,997
	For assets shown a							
	portion of the basis					23		

Form	4562 (2018)															Page 2
		Proper	ty (Inc	clude aut	omobi	les, c	ertain	other	vehic	es, c	ertain	aircraft	, and	prope	erty us	ed fo
		ainment, r														
		For any ve											expens	e, com	plete or	1 ly 24a
		olumns (a)														
		-Depreci														
24	a Do you have e	vidence to su		business/inv	estment	use clan		∫ Yes \	✓ No	24b	lf "Yes,	' is the ev	idence v	vritten?	∐ Yes	<u>√</u> No
_	(a)	(b)	(c) Business	,	(d)	Basis	(e) s for depre	ciation	(f)	,	(g)	5-	(h)		(i)	tion 170
	e of property (list vehicles first)	Date placed in service	investment		other bas	ıs (busı	ness/inve		Recove period		/lethod/ onvention		preciation eduction	5	lected sect cost	
	Special dep	registion of	percentag		od listo	od prop	use only		service	a durin	<u>a</u>	 				
25	the tax year	and used	more tha	n 50% in a	eu iiste a gualifi	ed busi	ness us	e. See	instruc	tions	2	.		o		
26	Property use										L_ _					
	1 Toperty use	i more the	1	%	<u> </u>	1	<u>. </u>	T		\Box						
	- · · · · ·			%												
				%												
27	Property use	ed 50% or l	less in a	qualified bi	usiness	use:										
				%						S/L	-					
				%						S/L						
			<u> </u>	%						S/L						
	Add amount				-									0		
_29	Add amount	s in columi	n (i), lıne											29		ι
C 0 m	plete this sect	ion for volu	oloc usod				rmation					r related	narson	lf vou r	rovided	vehicle
to vo	our employees,	first answe	r the aue	stions in Se	ction C	to see i	f vou me	et an e	xceptio	n to cor	noletin	a this sec	tion for	those v	ehicles.	vernoic
,					T	(a)		(b)	T	(c)		(d)		'e)	1	f)
30	Total busines	s/investmen	t miles dr	iven during		nicle 1		icle 2		nicle 3	v	ehicle 4		icle 5		icle 6
	the year (don			_												
31	Total commut	ting miles dr	ıven durın	g the year												
	Total other															
	miles driven								<u> </u>						ļ	
33	Total miles		ing the	year. Add								_		_		_
	lines 30 thro	-				0		0	 	0	 	0		0		0
34	Was the veh		•		Yes	No	Yes	No	Yes	No	Ye	No No	Yes	No	Yes	No
25	use during of Was the veh					 	+	 	+	+	+		İ		 	
33	than 5% ow	•	-	•												
36	Is another ver		•				 		+-	+	+		+		 	<u> </u>
	15 dilotiloi voi			estions for	r Emplo	overs V	Vho Pro	vide V	ehicles	for U	se by	Their En	ployee	s		
Ans	wer these que	stions to d	letermine	of you mee	et an ex	ceptio	n to con	npleting	g Section	on B fo	r vehic	les used	by emp	oloyees	who ar	en't
mor	e than 5% ow	ners or rela	ated pers	sons. See i	nstructi	ons.										
37	Do you mair	ntain a writ	ten polic	y stateme	nt that	prohibi	ts all pe	ersonal	use of	vehicle	es, ınc	luding c	ommutir	ng, by	Yes	No
	your employ				-											✓
38	Do you mair	ntain a writ	ten polic	y stateme	nt that	prohibi	ts perso	onal us	e of ve	hicles,	excep	t commi	iting, by	y your		✓
	employees?							office								
												· ·				✓
40	, ,											employe	es abo	ut the		1
44	use of the ve Do you mee								 etration	-		struction		• •		1
41	Note: If you													• •		
Pa	rt VI Amor		<i> </i>	50, 40, 01		JU, U	C OOI		2000011	IOI C	500					
نجير	7.11101			(b)					~			(e				_
		a) on of costs		Date amortiz	zation	Δm	(c) ortizable a	mount		(d) Code sec	tion	Amortiz	1	Amortiz	(f) ation for th	nis vear

Amortization

(a)
Description of costs

(b)
Date amortization begins

(c)
Amortizable amount

(d)
Code section

(e)
Amortization period or percentage

42 Amortization of costs that begins during your 2018 tax year (see instructions):

43 Amortization of costs that began before your 2018 tax year

44 Total. Add amounts in column (f). See the instructions for where to report

45 Amortization of costs that began before your 2018 tax year

46 Total. Add amounts in column (f). See the instructions for where to report

47 Amortization of costs that began before your 2018 tax year

48 Amortization of costs that began before your 2018 tax year

49 Output

40 Description of costs that began before your 2018 tax year

40 Description of costs that began before your 2018 tax year

41 Description of costs that began before your 2018 tax year

42 Description of costs that began before your 2018 tax year

43 Description of costs that began before your 2018 tax year

44 Total. Add amounts in column (f). See the instructions for where to report

Form 4562

Department of the Treasury

Depreciation and Amortization

(Including Information on Listed Property)

▶Attach toyour taxreturn.

Internal Revenue Service (99) Name(s) shown on return

▶ Cotowww.irs.gov/Form 4562 for instructions and the latest information.

Business or activity to which this form relates

OMB No. 1545-0172

Attachment Sequence No 179

Identifying number

541611 72-0502505 OCHSNER CLINIC FOUNDATION **Election To Expense Certain Property Under Section 179** Note: If you have any listed property, complete Part V before you complete Part I. 510,000 Maximum amount (see instructions) 2 0 2 Total cost of section 179 property placed in service (see instructions) 3 510,000 3 Threshold cost of section 179 property before reduction in limitation (see instructions) . 4 Reduction in limitation, Subtract line 3 from line 2. If zero or less, enter -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 510,000 (a) Description of property (b) Cost (business use only) 7 Listed property. Enter the amount from line 29 8 8 Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7 0 9 Tentative deduction. Enter the smaller of line 5 or line 8 9 10 Carryover of disallowed deduction from line 13 of your 2017 Form 4562 . . . 0 10 510,000 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions . 11 n 12 Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11. 13 Carryover of disallowed deduction to 2019. Add lines 9 and 10, less line 12 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 14 0 during the tax year. See instructions. 0 15 Property subject to section 168(f)(1) election . 15 16 Other depreciation (including ACRS) 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 . . . 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 Section B-Assets Placed in Service During 2018 Tax Year Using the General Depreciation System (b) Month and year (c) Basis for depreciation (d) Recovery (f) Method (g) Depreciation deduction (a) Classification of property placed in (e) Convention (business/investment use only-see instructions) 3-year property b 5-year property c 7-year property d 10-year property e 15-year property f 20-year property S/L 25 yrs g 25-year property 27.5 yrs MM S/L h Residential rental S/L 27 5 yrs MM property S/L i Nonresidential real 39 yrs MM MM S/L Section C-Assets Placed in Service During 2018 Tax Year Using the Alternative Depreciation System S/L 20a Class life S/L **b** 12-year 12 yrs. S/L c 30-year MM 30 yrs. d 40-year 40 yrs. MM Part IV Summary (See instructions.) 0 21 Listed property. Enter amount from line 28 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 9,674 23 For assets shown above and placed in service during the current year, enter the

72-0502505

For Paperwork Reduction Act Notice, see separate instructions.

Form	4562 (2018)																Page 2
		Proper	ty (Inc	lude auto	omobile	s, ce	ertain	other	vehic	les,	cert	ain a	ircraft	, and	prope		ed fo
	· entert	aınment, ı															
		For any ve											lease (expense	e, com	plete or	ı ly 24a
		olumns (a)															
		-Depreci															
_24a	Do you have e	vidence to su	7.1	usiness/inv	estment u	se claın		Yes	✓ No	24	b If "	Yes," is	the evi	idence v	ritten?	☐ Yes	✓ No
	(a) e of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment us percentage	se Costoro	d) other basis		(e) for depre ness/inves use only)	stment	(f) Recove period		(e Meti Conve	hod/		(h) preciation eduction	EI	(i) ected sect cost	
25	Special dep	reciation a	llowance	for qualific	ed listed	prop	erty pla	ced in	servic	e di	uring						1.1
	the tax year	and used	more thar	1 50% in a	qualified	d busii	ness us	e. See	ınstru	ction	าร	25			0		
26	Property use	ed more tha	an 50% in	a qualified	d busine	ss use	e:										
		-	9	%													
			9	%													
				%		<u> </u>											
27	Property use	ed 50% or l			ısıness ı	ıse:							1				
				%		 				-	S/L -						
				%		 		-		-	S/L -						
-00	Add amount		<u> </u>	% 	h 07 Ea	<u> </u>	ro and	on line	21 00	_	S/L -	28	ļ		0		
	Add amount								Ζ1, μα	_			L		29		
	Add amount	S III COIUITII	11 (1), 11116 2		ction B-				e of V		les	<u> </u>		<u> </u>			
Com	plete this sect	on for vehic	cies used b									r," or r	elated p	erson.	lf you p	rovided ¹	vehicle
to yo	ur employees,	first answe	r the ques	tions in Sec	ction C to	see If	you me	et an e	xceptio	n to	comp	leting 1	his sec	tion for t	those v	ehicles.	
					(a			(b)		(c)		•	d)		e)		f)
30	Total busines: the year (don'			•	Vehic	le 1	Vehi	icle 2	Ve	hicle	3	Vehi	cle 4	Veh	icle 5	Vehi	cle 6
31	Total commut	ting miles dr	iven during	the year													
32	Total other miles driven	•	I (noncor	mmuting) 													
33	Total miles	driven dur	ing the y	ear. Add													
	lines 30 thro	ugh 32 .		•	0			0		0		(0	 	0)
34	Was the veh		•	sonal	Yes	No	Yes	No	Yes	<u> </u>	No	Yes	No	Yes	No	Yes	No
	use during o			•			 	├	↓	+-				<u> </u>		-	ļ
35	Was the veh		-	-										ŀ			
36	Is another veh		•		-		 		+	+				<u> </u>		1	
30	is another ver			stions for	Employ	ers W	/ho Pro	vide V	ehicle	s fo	r Use	by Th	eir Em	plovee	 S	1	<u> </u>
	wer these que than 5% ow	stions to d	letermine	ıf you mee	et an exc	eption										who ar	en't
37	Do you mair		tten policy	statemer	nt that p	rohibit	s all pe	ersonal	use o	f vel	hicles,	, ınclu	ding co	mmutir	ng, by	Yes	No ✓
38	Do you mair employees?	ntain a writ															✓
39	Do you treat									•							√
40	Do you prov	ıde more t	than five v	vehicles to	your e	mploy	ees, ob	tain in			from y		mploye	es abo	ut the		1
44	use of the ve Do you meet							 domon	 etratio	•			uctions		• •		
71	Note: If you	r answer to	- 37 38 3	0110e1111119 39 40 ∩r4	quaiilet 11 is "Ye	s." do	n't com	nolete S	Section	n Bif	or the	cover	ed veh		•	فالتوزع	الن الله
Par		tization	,, c	20, 70, 01 2		<u> </u>		٠,٥٠٥ (1	<u> </u>		, , , , , , ,				
	(6	a) on of costs		(b) Date amortiz begins	ation	Amo	(c) rtızable aı	mount			(d) e section	n	(e) Amortiz penoc percent	lor	Amortiza	(f) ation for th	nis year
42	Amortization	of costs th	hat begins	s during yo	our 2018	tax ye	ear (see	ınstru	ctions):	:		L	P 2. 0011	-9- [

43 Amortization of costs that began before your 2018 tax year 0 43 0 44

44 Total. Add amounts in column (f). See the instructions for where to report

Form 4562

Depreciation and Amortization

(Including Information on Listed Property)

▶Attach toyour taxreturn.

OMB No 1545-0172

Attachment Sequence No 179 Department of the Treasury ▶ Cotowww.irs.gov/Form 4562 for instructions and the latest information. Internal Revenue Service (99) Identifying number Business or activity to which this form relates Name(s) shown on return 72-0502505 OCHSNER CLINIC FOUNDATION 621511 **Election To Expense Certain Property Under Section 179** Note: If you have any listed property, complete Part V before you complete Part I. 510,000 1 Maximum amount (see instructions) 2 0 2 Total cost of section 179 property placed in service (see instructions) 510,000 3 3 Threshold cost of section 179 property before reduction in limitation (see instructions) . Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0- Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing 510,000 (b) Cost (business use only) (a) Description of property 7 Listed property. Enter the amount from line 29 0 8 8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 0 9 0 10 10 Carryover of disallowed deduction from line 13 of your 2017 Form 4562 . . . 11 260,116 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions . 0 12 Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11. 13 Carryover of disallowed deduction to 2019. Add lines 9 and 10, less line 12 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 14 0 15 0 15 Property subject to section 168(f)(1) election 8.505 16 Other depreciation (including ACRS) 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 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 Section B-Assets Placed in Service During 2018 Tax Year Using the General Depreciation System (b) Month and year (c) Basis for depreciation (d) Recovery (a) Classification of property (business/investment use (e) Convention (f) Method (g) Depreciation deduction placed in service only-see instructions) 19a 3-year property **b** 5-year property c 7-year property d 10-year property e 15-year property f 20-year property 25 yrs. g 25-year property h Residential rental 27.5 yrs MM S/L S/L 27.5 yrs. MM property MM S/L i Nonresidential real 39 yrs. S/L MM property Section C-Assets Placed in Service During 2018 Tax Year Using the Alternative Depreciation System S/L 20a Class life **b** 12-year 12 vrs. S/L 30 yrs c 30-year MM S/L S/L MM d 40-year 40 vrs Part IV Summary (See instructions.) 21 Listed property. Enter amount from line 28 22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter

For Paperwork Reduction Act Notice, see separate instructions.

23 Cat No 12906N

Form 4562 (2018)

8,505

here and on the appropriate lines of your return. Partnerships and S corporations—see instructions

23 For assets shown above and placed in service during the current year, enter the

Form 4562 (2018)								Page 2
	d Proper ainment, r	• '	de automobiles or amusement.		vehicles	s, certain a	aircraft, and pr	operty used for
				g the standard mile of Section B, and S			lease expense, o	omplete only 24a,
Section A	-Depreci	ation and	Other Information	n (Caution: See th	e instructi	ons for limits	for passenger au	tomobiles.)
24a Do you have e	vidence to su	pport the bus	siness/investment us	e claimed? 🔲 Yes	✓ No 2	4b If "Yes,"	s the evidence writte	en [?] ☐ Yes ☑ No
(a) Type of property (list vehicles first)	(b) Date placed	(c) Business/ investment use	(d) Cost or other basis	(e) Basis for depreciation (business/investment	(f) Recovery period	(g) Method/ Convention	(h) Depreciation deduction	(i) Elected section 179 cost

24a Do you have e	vidence to su	pport the bu	siness/investment us	e claimed? Yes	✓ No	24b If "Yes,"	s the evidence writte	n [?] ☐ Yes ☑ No
(a) Type of property (list vehicles first)	(b)	(c)	(d)	(e) Basis for depreciation (business/investment use only)		(g) Method/ Convention	(h) Depreciation deduction	(i) Elected section 179 cost
				property placed in				1
the tax year	r and used	more than	50% in a qualified	business use. See	e instructi	ons . 25	0	
26 Property use	ed more tha	an 50% in a	a qualified busines	s use:				
		%						
		%						
		%			[
27 Property use	ed 50% or	less in a qu	alified business u	se:				
		%				S/L -		
		%				S/L -		
		%				S/L -		\$4.6
28 Add amount	ts in colum	n (h), lines 2	25 through 27. Ent	ter here and on line	e 21, page	e 1 . 28	0	
			Enter here and o			·	29	0

Section B-Information on Use of Vehicles

Complete this section for vehicles used by a sole propnetor, 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.

30	Total business/investment miles driven during the year (don't include commuting miles) .		a) cle 1	(Ł Vehi		(e Vehi	cle 3	(c Vehi		(e Vehi	•	(' Vehi	n) cle 6
31 32	Total commuting miles driven during the year Total other personal (noncommuting) miles driven												
33	Total miles driven during the year. Add lines 30 through 32	()	()	(ו	()	()	()
	Was the vehicle available for personal use during off-duty hours?	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
36	than 5% owner or related person? Is another vehicle available for personal use?											<u> </u>	

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.

37	Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by	Yes	No
	your employees?		✓
38	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		✓
39	Do you treat all use of vehicles by employees as personal use?		✓
40	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?		✓
41	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.		

Fal	Amortization						
•	(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortiza period percent	or	(f) Amortization for this year
42	Amortization of costs that beg	ins during your 201	18 tax year (see instructi	ons):	1		
43	Amortization of costs that beg	an before your 201	8 tax year			43	0
	Total. Add amounts in colum	•			<u> </u>	44	0

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

OCF 990-T Charitable Contribution Calculation

Schedule M: Alternative Investements w/o charitable	123,297 00
Schedule M: Home Healthcare Services w/o charitable	200,470.00
Schedule M: Management and Administration Services w/o charitable	1,023,820.00
Schedule M: Referral Lab Services w/o charitable	289,569.00
Disallowed Fringes	1,139,131.00
All unrelated trades or businesses w/o charitable	2,776,287.00
Charitable Contribution Limit	0.10
CY Charitable Contribution Deduction Allowed	277,628.70