_ & (E	Exempt Organizatio						eturr	1		OMB No 1545-	-0687
Form •		For cale	and proxy to ndar year 2018 or other tax year be	eginnıng	, 20	018, and	ending					201	В
	ent of the Treasury Revenue Service	▶ Dor	► Go to www.irs.gov/FormS not enter SSN numbers on this for							I (c)(3).	Open 501(to Public Insp c)(3) Organizati	ection for ions Only
	heck box if ddress changed		Name of organization (nged an	d see ins	tructions	s)				identification s' trust, see inst	
☑ 50		Print or	Number, street, and room or suite	no If a P O box,	see inst	ructions				E IIa		2-0502505 business activ	tu codo
☐ 40 ☐ 40	8(e)	Type	1514 JEFFERSON HIGHWAY, City or town, state or province, cou		foreign p	ostal co	de					ctions)	ity odda
52	9(a)		NEW ORLEANS, LA 70121 446199										
C Book at end	yalue of all assets of year		oup exemption number (See leck organization type 🕨 📝			,	7 501	(c) trust		4010	a) trus	t Oth	er trust
H Ent			rganization's unrelated trade				8	• •	escribe	 -		or first) unre	
			t the end of the previous se										
			omplete Parts III-V.										
	-		e corporation a subsidiary in an	_			subsıdi	ary conti	rolled g	roup?	1	► ☐ Yes	✓ No
			and identifying number of the	parent corpo	oration	1. ▶	T-1					(504) 942 44	007
			SCOTT J POSECAI e or Business Income		T	(A)	Income	ephone		penses	T	(504) 842-41 (C) Ne	
1a	Gross receipts		···			(~)		, T	(5) 5	Jense		(0).10	1
b	Less returns and a	allowance	s 1,439,589 c	_Balance ▶	1c	88	82,142						
2	Cost of goods	sold (S	OCDEVA Pupano		2		97,132						1
3	Gross profit. S	ubtract	line 2 from the 1c		3	58	85,010					585,0°	10
4a	Capital gain ne	et incom	e (attach Schedule D) . O		4a		0						0
b	Net gain (loss)	(Forth	397, GARII, Tina 140 Attachig	orm 4797)	4b		0						0
С	Capital loss de	eductia	n or trusts		4c		0						0
5	Income (loss) fro	m a part	nership or an Sepreparation (atta	ch statement)	5		0						0
6					6		0	 		0	<u></u>		0
7					7		0			0			0
8 9			and rents from a controlled organizate stion 501(c)(7), (9), or (17) organization		8		0	 -		0			
10			ivity income (Schedule I).	•	10		0			- 6		-	
11	· · · · · ·	-	ichedule J)		11		0			- 6			0
12	_	-	ructions, attach schedule) .		12		0		·				0
13			3 through 12		13	58	85,010			0		585,0	10
Part	Deduction	ns Not	Taken Elsewhere (See ins	structions for					.) (Exc	ept fo	r con	tributions,	-
			be directly connected with									.=	
14	•		cers, directors, and trustees	•							14	007.4	0
15											15	237,4	-
16 17	•		ance								16 17	9,9	0
18			lule) (see instructions)								18		0
19	-										19	34,5	
20			ns (See instructions for limit								20		0
21			Form 4562)				21		57,691				
22	Less deprecia	tion cla	imed on Schedule A and else	ewhere on ret	turn .	. [22a		0		22b	157,6	91
23	•									.	23		0
24			rred compensation plans							.	24		0
25		-	grams								25	31,9	
26			nses (Schedule I)								26		0
27			sts (Schedule J) ach schedule)								27 28	247,4	-
28 29		•	ach schedule)								29	719,0	
30			xable income before net ope								30	(134,00	
31			ating loss arising in tax years b								31	, ,	1 1
32			exable income. Subtract line			-					32	(134,00)6) T (2048)

	13	
iom.	T-npp	(2018)

Páge,2

Part I	Total Unrelated Business Taxable Income			
33	Total of unrelated business taxable income computed from all unrelated trades or businesses (see	T		T
	instructions)	33	1,359;52	7
	Amounts paid for disallowed fringes	34	1,139,13	
34	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see		1,100,10	`
	instructions)	35		اه
		35		'
	Total of unrelated business taxable income before specific deduction. Subtract line 35 from the sum		8 400 55	ام
	of lines 33 and 34	36	2,498,65	
	Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions)	37	1,00	0
	Unrelated business taxable income. Subtract line 37 from line 36. If line 37 is greater than line 36,	l 1		
	enter the smaller of zero or line 36	38	2,497,65	8
Part I				
	Organizations Taxable as Corporations. Multiply line 38 by 21% (0.21)	39	524,50	8"
	Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on			
	the amount on line 38 from: Tax rate schedule or Schedule D (Form 1041).	40		
41	Proxy tax. See instructions	41		<u> </u>
42	Alternative minimum tax (trusts only)	42		
	Tax on Noncompliant Facility Income. See instructions	43		
	Total. Add lines 41, 42, and 43 to line 39 or 40, whichever applies	44	524,50	8
	V Tax and Payments			
45a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) 45a			
	Other credits (see instructions)			
	General business credit. Attach Form 3800 (see instructions)			
	Credit for prior year minimum tax (attach Form 8801 or 8827)			,
	Total credits. Add lines 45a through 45d	45e	89	8
	Subtract line 45e from line 44	46	523,61	0
	Other taxes. Check if from: Form 4255 Form 8611 Form 8697 Form 8866 Other (attach schedule) .	47		0 .
	Total tax. Add lines 46 and 47 (see instructions)	48	523,61	0
	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	120504		' -
	2018 estimated tax payments			-
	Tax deposited with Form 8868			
d	Backup withholding (see instructions)			
				ŀ
	Creditive citizen citi			
_	Other credits, adjustments, and payments: ☐ Form 2439 ☐ Form 4136 ☐ Other 0 Total ► 50g 0			i
			636,00	.n.
	Total payments. Add lines 50a through 50g	51 52	3,84	
52	Estimated tax penalty (see instructions). Check if Form 2220 is attached	53	3,04	0.
53	Tax due. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed		108,54	
	Overpayment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpald.	54	1,00,04	0
55	Enter the amount of line 54 you want: Credited to 2019 estimated tax > 108,549 Refunded >	55		٠
Part \			thorthy Ye	s No
5 6	At any time during the 2018 calendar year, did the organization have an interest in or a signature or o	ther au		220 140
	over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may	ay nave	to file	
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the fo	reign c	ounity	
	here ► BD, CJ, EI			
57	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a for	éign trus	st? .	See from robers
	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	
<u> </u>	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the betrue, correct, and complete. Qeclaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge	st of my l	conviedge and	Dellet, it is
Sign		May the	IRS discuss t	
Here			a preparer show tructions)? [7]Y	
	Signature of officer Date Title	<u> </u>	. ,. ,. ,.	
Paid	Print/Type preparer's name Preparer's signature Date	neck 🔲		
	MELVA SCOTT 1/11/2019 Pai	if-employ		07335
Prepa	LCIla sama - N. FRNS J & YOUNG U.S. LCP - 1	mis EIN Þ	34-656	5596
.Use, (Jniv '	one no.	(817) 335	-1900
			Form 990	-T (2018)

Form	990-T	(2018)	

Page 3

	30-1 (2018)										age 3
Sche	dule A—Cost of Goods Sold.	Ente	r method of in	ventor	y val	uation 🕨	LOWER OF FIFO OR MAR	KET \	/ALUE		
1	Inventory at beginning of year	1	0			-	it end of year	6		0	
2	Purchases	2	0				goods sold. Subtract				
3	Cost of labor	3	0				line 5. Enter here and	į			
4a	Additional section 263A costs					•	ne 2	7		7,132	
	(attach schedule)	4a	0				es of section 263A (wit	Yes	No		
b	Other costs (attach schedule)	4b	297,132				roduced or acquired for				
_5	Total. Add lines 1 through 4b	5	297,132	.1. 1			nızation?				_ ✓
Sche	dule C-Rent Income (From	Real	Property and	l Perso	nal I	Property I	Leased With Real Pro	pert	y)		
(see	instructions)										
1. Desc	nption of property								-		
(1)											
(2)											
(3)											
(4)					_						
	2. Rent re	ceived	or accrued				4				
	om personal property (if the percentage of re personal property is more than 10% but not more than 50%)		(b) From real an percentage of rent f 50% or if the rent i	for persona	al prop	perty exceeds	3(a) Deductions directly in columns 2(a) and				ne
(1)							<u> </u>		-		
(2)		1	*****			-					
(3)											
(4)											
Total		0 т	otal				0				
	al income. Add totals of columns 2(a	and 2	(h) Enter				(b) Total deductions. Enter here and on page	1			
	nd on page 1, Part I, line 6, column (A)						0 Part I, line 6, column (B)				0
	dule E-Unrelated Debt-Fina			ınstructı	ions)	•					
	Description of debt-financed	oroperty	v			ome from or ebt-financed	3. Deductions directly con debt-finance	ed pro	perty		
	The second secon	р, орол,			prop		(a) Straight line depreciation (attach schedule)		(b) Other de attach sc)		s
(1)											
(2)						· · · · · · · · · · · · · · · · · · ·		<u> </u>			
(3)				<u> </u>				1			
(4)								1			
	acquisition debt on or debt on or debt-financed debt-financed	of or allo t-financ	djusted basis ocable to sed property schedule)		6. Col 4 divi by colu	ded	7. Gross income reportable (column 2 × column 6)		Allocable oumn 6 x tota 3(a) and	al of col	
(1)						%					
(2)		_				<u></u> %					
(3)						%					
(4)						%					
							Enter here and on page 1, Part I, line 7, column (A).		er here and t I, line 7, d		
Totals						. •	o				0
	dividends-received deductions include	ded in a	column 8							_	0
			<u> </u>						Form \$	190-T	(2018)

Schedule F-Interest, Ann	uities, Roya	alties, a	nd Ren	ts From	Controlled Org	anizations (se	e instruct	tions)	
			Exempt	Controlled	Organizations				
1. Name of controlled organization	2. Employ identification i			lated income instructions)	4. Total of specified payments made	5. Part of column included in the coorganization's gro	ontrolling	conne	ductions directly ected with income in column 5
(1)									
(2)				-		†			<u>-</u>
(3)					-				
(4)					**-				
Nonexempt Controlled Organiz	zations					- \ ,	•		·
7. Taxable Income	8. Net uni	related inc e instructio			otal of specified yments made	10. Part of colum included in the c organization's gro	ontrolling		eductions directly sted with income in column 10
(1)									
(2)									
(3)									
(4)									
Totals						Add columns 5 Enter here and o Part I, line 8, co	n page 1,	Enter h	erolumns 6 and 11 ere and on page 1, line 8, column (B)
Schedule G-Investment I	ncome of	a Secti	on 5016	c)(7), (9),	or (17) Organia	zation (see inst		1	
1. Description of income		Amount of		3. dire	Deductions ctly connected ach schedule)	4. Set-aside: (attach schedu	s	5. To and se	ital deductions et-asides (col. 3 olus col. 4)
(1)	— 			<u> </u>					
(2)				T					
(3)		,							
(4)	1								
Totals Schedule I—Exploited Exe	Part I,	line 9, co		0	Advertising In	come (see inst		Part I, lir	re and on page 1, ne 9, column (B) 0
Description of exploited activity	ity busin	2. Gross inrelated ness incon in trade or ousiness	ne conn	Expenses directly sected with duction of nrelated ess income	4. Net income (loss) from unrelated trade or business (column 2 minus column 3) If a gain, compute cols. 5 through 7.	5. Gross income from activity that is not unrelated business income	6. Expo attributa colun	enses able to	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1)									
(2)									
(3)									
(4) Totals	pag	here and ge 1, Part I 10, col (A	, pag	here and on e 1, Part I, 10, col (B)	Trigonia de la companya del la companya de la compa		HW146-44 1 4 1700		Enter here and on page 1, Part II, line 26
Schedule J-Advertising I	ncome (see	ınstruc	tions)		The cape of the Cap day	A F 1 - A F 1			
Part I Income From P				Consoli	dated Basis			-	
1. Name of penodical	a	2. Gross dvertising income	3	i. Direct tising costs	4. Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7	5. Circulation income	6. Read	•	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)									建筑
(2)									
(3)									
(4)							ļ		
Totals (carry to Part II, line (5))	•		0	0	0			-	0 0 990-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)	 					.,
(3)	<u> </u>					
(4) Totals from Part I	0	0	第 八十二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十二	神经		0
	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) Schedule K—Compensation o	f Officers Direc	tors and True	stees (see instri	ictions)	-80 1 Bit 1 Bit 1]0
1. Name	· Omcers, Direc		2. Title	3. Percent of time devoted to business	_ 4. Compensat	ion attributable to ed business
(1)					6	
(2)		-		9	6	
(3)				_+	6	
(4)				9	6	

Unrelated Business Taxable Income for Unrelated Trade or Business

OMB No 1545-0687

2018

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

Department of the Treasury Internal Revenue Service

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).

Name o	f the organization			Employer ident			
OCHS	NER CLINIC FOUNDATION				72-0502	:505	
	nrelated business activity code (see instructions) ►523000						
De	escribe the unrelated trade or business ALTERNATIVE INVES	TMENTS					
Parl	Unrelated Trade or Business Income		(A) Income	(B) Expense	es	(C) Net	
1a	Gross receipts or sales 0						
b	Less returns and allowances 0 c 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		<u> </u>	0	
b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4b	0		<u> </u>	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		0	
9	Investment income of a section 501(c)(7), (9), or (17)						
	organization (Schedule G)	9	0	0	1 1	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 Not Taken Elsewhere (See instructions for deductions must be directly connected with the unrelated to the control of the control o			ions.) (Except f	or contr	ibutions,	
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				17	0	
18	Interest (attach schedule) (see instructions)				18	0	
19	Taxes and licenses				19	0	
20	Charitable contributions (See instructions for limitation rules)			l l	20	89	
21	Depreciation (attach Form 4562)			0		_	
22	Less depreciation claimed on Schedule A and elsewhere on re			0	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 of				30	123,208	
31	Deduction for net operating loss arising in tax years beginn	-					
	instructions)				31	100 200	
32	Unrelated business taxable income. Subtract line 31 from line		<u> </u>	<u> </u>	32	123,208	
For Pay	perwork Reduction Act Notice, see instructions.	Cat No. 7	71329Y		Schedule	e M (Form 990-T)	2018

Unrelated Business Taxable Income for Unrelated Trade or Business

OMB No 1545-0687

2018

Department of the Treasury

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

	Revenue Service Do not enter SSN numbers on this form as it may be	made p	oublic if your organiza			(3) Organizations Only
	f the organization			Employer identif		
	NER CLINIC FOUNDATION				72-0502	2505
Ur	related business activity code (see instructions) ▶ 621610					
De	scribe the unrelated trade or business HOME HEALTHCARE	SERVIC	ES			<u></u>
Pari	Unrelated Trade or Business Income		(A) Income	(B) Expense	s	(C) Net
	Gross receipts or sales 0					
b	Less returns and allowances 0 c 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) (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	289,709			289,709
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		o
9	Investment income of a section 501(c)(7), (9), or (17)					
-	organization (Schedule G)	9	О	0		О
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	289,709	0		289,709
Part	deductions must be directly connected with the unrelate	ed bus	iness income.)		,	ributions,
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				17	0
18	Interest (attach schedule) (see instructions)				18	4,588
19	Taxes and licenses				19	1,580
20	Charitable contributions (See instructions for limitation rules) .		1 1	65.377 l	20	1,560
21	Depreciation (attach Form 4562)			05,377	22b	65,377
22	Less depreciation claimed on Schedule A and elsewhere on re			<u> </u>	23	05,577
23	Depletion				24	0
24	Contributions to deferred compensation plans				25	0
25 26	Employee benefit programs				26	0
26	Excess exempt expenses (Schedule I)				\vdash	0
27	Excess readership costs (Schedule J)				27 28	19,274
28	Other deductions (attach schedule)				29	90,819
29	Total deductions. Add lines 14 through 28 Unrelated business taxable income before net operating loss of				30	198,890
30					30	130,030
31	Deduction for net operating loss arising in tax years beginn instructions)				31	0
20	unstructions)				32	198,890
32	Official Dusiness taxable income, Subtract line 31 from line		- 71220V			190,090 T 2019

For Paperwork Reduction Act Notice, see instructions.

Cat No 71329Y

Unrelated Business Taxable Income for Unrelated Trade or Business

OMB No 1545-0687

2018

Department of the Treasury Internal Revenue Service Name of the organization

OCHSNER CLINIC FOUNDATION

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

▶ 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

72-0502505

Un	related business activity code (see instructions) ► 621491					
De	scribe the unrelated trade or business ► ACCOUNTABLE CARE	ORG	ANIZATION	_		
Part	Unrelated Trade or Business Income		(A) Income	(B) Expense	9	(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
ь	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	0	0		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	3,427,530	0	i .	3,427,530
Part	Deductions Not Taken Elsewhere (See instructions fo deductions must be directly connected with the unrelated to the connected with the connected with the unrelated to the connected with the con			ns.) (Except fo	or cor	ntributions,
14	Compensation of officers, directors, and trustees (Schedule K)	٠			14	0
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) .			1	20	0
21	Depreciation (attach Form 4562)				<u> </u>	
22	Less depreciation claimed on Schedule A and elsewhere on re				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 of				30	(346,132)
31	Deduction for net operating loss arising in tax years beginn	ing or	or after January	1, 2018 (see	L	

For Paperwork Reduction Act Notice, see instructions.

Cat No 71329Y

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

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Unrelated business taxable income. Subtract line 31 from line 30

Unrelated Business Taxable Income for Unrelated Trade or Business

OMB No 1545-0687

2018

Department of the Treasury

For calendar year 2018 or other tax year beginning______, 2018, and ending ______, 20 ► Go to www.irs.gov/Form9907 for instructions and the latest information.

Open to Public Inspection for

	Revenue Service Do not enter SSN numbers on this form as it may be	made p	ublic if your organiz		_	C/(5) Grganizations	Only
Name o	f the organization			Employer identi			
	NER CLINIC FOUNDATION				72-050	02505	
	related business activity code (see instructions) ► 325412						
De	escribe the unrelated trade or business NUCLEAR MEDICINE	PREPAR	RATIONS MANUFA	ACTURING	<u> </u>		
Part	Unrelated Trade or Business Income	i	(A) Income	(B) Expense	es	(C) Net	
10	Gross receipts or sales 647,070	┰┈┼			$T^{}$		
1a b	Less returns and allowances 0 c Balance	1c	647,070	ŀ			1
2	Cost of goods sold (Schedule A, line 7)	2	047,070	 			
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		 	017,070	
та b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4b				0	
C	Capital loss deduction for trusts	4c		<u> </u>	 	0	
5	Income (loss) from a partnership or an S corporation (attach	 ~ 		<u> </u>		-	
,	statement)	5	o			اه	
6	Rent income (Schedule C)	6	0	- o		0	
7	Unrelated debt-financed income (Schedule E)	7	0	0		0	
8	Interest, annuities, royalties, and rents from a controlled	 	1			-	
٠	organization (Schedule F)	8	0	٥ ا		اه	
9	Investment income of a section 501(c)(7), (9), or (17)	+					
•	organization (Schedule G)	9	o	l 0		اه	
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	647,070	0		647,070	
	<u> </u>						
Part				ions.) (Except to	or con	itributions,	
	deductions must be directly connected with the unrelate	ea busi	ness income.)				
14	Compensation of officers, directors, and trustees (Schedule K)				14	0	
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)			88,997			
22	Less depreciation claimed on Schedule A and elsewhere on re	eturn .	. 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 of				30	(147,292)	
31	Deduction for net operating loss arising in tax years beginn	_	-				
	instructions)				31	(4.47.000)	
32	Unrelated business taxable income. Subtract line 31 from line			· · · · · · · · · · · · · · · · · · ·	32	(147,292)	
For Par	perwork Reduction Act Notice, see instructions.	Cat No	71329Y		Schedi	ule M (Form 990-T	2018

Unrelated Business Taxable Income for Unrelated Trade or Business

OMB No 1545-0687

2018

Department of the Treasury Internal Revenue Service

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

	rtne organization NER CLINIC FOUNDATION	72-050	2505				
	related business activity code (see instructions) ► 541611			<u> </u>			
	scribe the unrelated trade or business MANAGEMENT AND A		STRATION SERV	/ICES			
				(B) Expense	_	(C) Net	
Part	Unrelated Trade or Business Income		(A) Income	(b) Expense	· ·	(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					Î	
	organization (Schedule F)	8	0	0		o	
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	11,985,414	0		11,985,414	
Part	deductions must be directly connected with the unrelate	ed bus	siness income.)	or con		
14	Compensation of officers, directors, and trustees (Schedule K)				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) .				20	246,507	
21	Depreciation (attach Form 4562)			9,674		i	
22	Less depreciation claimed on Schedule A and elsewhere on re	turn .	. 22a	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 of				30	777,313	
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>30 .</u>	<u> </u>	·	32	777,313	
For Par	perwork Reduction Act Notice, see instructions.	Cat No	o 71329Y		Sched	ule M (Form 990-T)	2018

Unrelated Business Taxable Income for Unrelated Trade or Business

OMB No 1545-0687

Internal Revenue Service

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

▶ Go to www.irs.gov/Form990T for instructions and the latest information. Open to Public Inspection for Department of the Treasury 501(c)(3) Organizations Only ▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3). Employer identification number Name of the organization 72-0502505 OCHSNER CLINIC FOUNDATION 621511 Unrelated business activity code (see instructions) ▶ Describe the unrelated trade or business ▶ REFERRAL LAB SERVICES (A) Income (B) Expenses (C) Net Part I Unrelated Trade or Business Income Gross receipts or sales 0 c Balance ▶ 1c 540,671 **b** Less returns and allowances 2 n Cost of goods sold (Schedule A, line 7) . 540,671 3 540,671 3 Gross profit. Subtract line 2 from line 1c . . . 4a 0 4a Capital gain net income (attach Schedule D) 0 0 Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797) 4b 0 4c 0 Income (loss) from a partnership or an S corporation (attach 5 0 statement) 5 0 6 0 0 0 6 Rent income (Schedule C) 7 0 0 0 Unrelated debt-financed income (Schedule E) 7 Interest, annuities, royalties, and rents from a controlled 8 0 0 0 8 Investment income of a section 501(c)(7), (9), or (17) 0 Λ 0 0 0 0 10 Exploited exempt activity income (Schedule I) 10 0 0 0 11 11 n 0 Other income (See instructions; attach schedule) 12 12 540.671 540.671 **Total.** Combine lines 3 through 12 13 13 Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.) (Except for contributions, deductions must be directly connected with the unrelated business income.) 0 Compensation of officers, directors, and trustees (Schedule K) . . . 14 14 15 Salaries and wages 15 125.046 7,298 16 16 Repairs and maintenance 0 17 17 Bad debts 18 0 18 19 12.631 19 20 29,453 Charitable contributions (See instructions for limitation rules) 20 21 21 22b 8.505 Less depreciation claimed on Schedule A and elsewhere on return . . . 22a 22 23 0 23 24 0 Contributions to deferred compensation plans 24 25 11.346 25 26 Λ 26 0 27 27 Excess readership costs (Schedule J) 28 86,276 28 Other deductions (attach schedule) 280,555 29 Total deductions. Add lines 14 through 28 29 Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13 260,116 30 Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see 31 0 31 260,116 Unrelated business taxable income. Subtract line 31 from line 30

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

For calendar year 2018 or other tax year beginning_____, 2018, and ending _____, 20

Departm Internal I		Open to Public Inspection for 501(c)(3) Organizations Only						
Name o	Revenue Service Do not enter SSN numbers on this form a of the organization	·		Employer identif	ication	number		
OCHS	72-050	2505						
Un	nrelated business activity code (see instructions)	622110		. •			_	
	escribe the unrelated trade or business LONG-TERM	ACUTE CARE						
Part			(A) Income	(B) Expense	9	(C) Net		
1a	Gross receipts or sales 0						٦	
b		lance ▶ 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	n 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	(596,659)			(596,659)		
6	Rent income (Schedule C)		0	0		0	_	
7	Unrelated debt-financed income (Schedule E)		0	0		0	_	
8	Interest, annuities, royalties, and rents from a controll		ļ					
	organization (Schedule F)	. 8	0	0		0		
9	Investment income of a section 501(c)(7), (9), or (17)							
	organization (Schedule G)		0	0		0	_	
10	Exploited exempt activity income (Schedule I)		0	0		0	_	
11	Advertising income (Schedule J)		0	0		0		
12	Other income (See instructions; attach schedule)		0			0		
13	Total. Combine lines 3 through 12	13	(596,659)	0	1	(596,659)	_	
Part	Deductions Not Taken Elsewhere (See instructions must be directly connected with the			ions.) (Except fo	r con	tributions,		
14	Compensation of officers, directors, and trustees (Sci	hedule K)			14	0		
15	Salaries and wages				15	0	_	
16	Repairs and maintenance				16	0	_	
17	Bad debts				17	0	_	
18	Interest (attach schedule) (see instructions)				18	0	_	
19	Taxes and licenses				19	0		
20	Charitable contributions (See instructions for limitatio	· · ·	1 1	1	20	0		
21	Depreciation (attach Form 4562)			0	004			
22	Less depreciation claimed on Schedule A and elsewh				22b 23	0	_	
23	Depletion				23		_	
24 25	Contributions to deferred compensation plans Employee benefit programs				25		_	
25 26	Excess exempt expenses (Schedule I)				26	- 0	_	
26 27	Excess exempt expenses (Schedule I)				27	- 0	_	
28	Other deductions (attach schedule)				28	0	_	
28 29	Total deductions. Add lines 14 through 28				29	0	_	
30	Unrelated business taxable income before net operation				30	(596,659)	_	
	Deduction for net operating loss arising in tax year	_				(000,000)	_	
31	instructions)				31	0	_	
32	Unrelated business taxable income. Subtract line 31				32	(596,659)		
	Officialed Eddiness taxable moonie. Subtract file of			<u> </u>	- -	(0.0,000)		

For Paperwork Reduction Act Notice, see instructions.

Cat No 71329Y

Schedule M (Form 990-T) 2018

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 ³ 990T Part II, Line 19	Taxes and Licenses	
;		
	Description	Amount
RETAIL SERVICES		
(1) TAXES 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 IN	AGING	
(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 Part II, Line 20	Charitable Contributions
----------------------------	--------------------------

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	

Form	тараз	Part I	Llino	28
rom.	19901	Falk	I. Liife	20

Other Deductions

Description	Amount
RETAIL SERVICES	
(1) CONFERENCE MEETINGS	41
(2) INFORMATION TECHNOLOGY	1,676
(3) INSURANCE	6,539
(4) MEDICAL SUPPLIES, ORGANS, & DRUGS	210
(5) MEMBERSHIPS & SUBSCRIPTIONS	272
(6) OCCUPANCY	18,008
(7) OFFICE EXPENSES	51,304
(8) OTHER PURCHASED SERVICES	166,225
(9) PROFESSIONAL FEES	294
(10) RECRUITING	28
(11) TRAVEL	2,823
(12) MISCELLANEOUS EXPENSE	20
(13) AMORTIZATION	0
Total	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
Total	2,444,044
OCHSNER CENTER FOR MOLECULAR IMAGING	
(27) GENERAL & ADMINISTRATIVE	45,619
(28) INSURANCE	14,121
(29) MEDICAL SUPPLIES, ORGANS, & DRUGS	56,734
(30) OCCUPANCY	77,456
(31) OFFICE EXPENSES	8,592
(32) OTHER PURCHASED SERVICES	406,222
(33) PROFESSIONAL FEES	320
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
(37) MEMBERSHIPS & SUBSCRIPTIONS (38) OCCUPANCY	93,783
	120,064
(39) OFFICE EXPENSES (40) OTHER PURCHASED SERVICES	845,697
(41) PROFESSIONAL FEES	4,438
	20,960
(42) TRAVEL	4,712
(43) MISCELLANEOUS EXPENSE	4,712
(44) CONFERENCE MEETINGS	
(45) GENERAL & ADMINISTRATIVE	8,115
(46) RECRUITING	283
(47) MANAGEMENT SERVICES	133,334

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	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		51
	Total	86,276
	Total for All Activities	9,584,788

Form 990T Part V, Line	e 50b Estimated Tax	c 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 SO	LD		297,132
		Total for Schedule A, Line 4b	297,132

Depreciation and Amortization

(Including Information on Listed Property)

▶Attach toyour taxreturn.

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

OMB No 1545-0172

Attachment Sequence No 179

Internal Revenue Service (99) Name(s) shown on return Business or activity to which this form relates 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 1 2 Total cost of section 179 property placed in service (see instructions) 2 3 Threshold cost of section 179 property before reduction in limitation (see instructions) 3 510.000 4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0- 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) (c) Elected cost 7 Listed property. Enter the amount from line 29 8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 8 0 9 9 Tentative deduction. Enter the smaller of line 5 or line 8 0 10 Carryover of disallowed deduction from line 13 of your 2017 Form 4562 10 0 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions . 11 0 12 Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11 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 0 15 157,691 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 (g) Depreciation deduction (a) Classification of property (e) Convention placed in (business/investment use only-see instructions) service 19a 3-year property **b** 5-year property LANGE THE DE 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 property 27 5 yrs. MM S/L i Nonresidential real 39 yrs. MM S/L 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 c 30-year 30 yrs. MM S/L d 40-year MM S/L 40 yrs. 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 here and on the appropriate lines of your return. Partnerships and S corporations - see instructions 157.691 23 For assets shown above and placed in service during the current year, enter the

23

Cat No 12906N

72-0502505

For Paperwork Reduction Act Notice, see separate instructions.

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.) (e)
Basis for depreciation (b) (g) Rusiness/ Type of property (list Date placed Recovery Method/ Depreciation Elected section 179 nvestment use Cost or other basis (business/investment vehicles first) in service period Convention deduction percentage use only) 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. 0 26 Property used more than 50% in a qualified business use % % % Property used 50% or less in a qualified business use: % S/L -% S/L-% S/L-28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1 0 29 Add amounts in column (i), line 26. Enter here and on line 7, page 1 29 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. Vehicle 1 Vehicle 2 Vehicle 3 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 34 Was the vehicle available for personal Yes No Yes No Yes No Yes No Yes No Yes No 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. . 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)

(c) (d) Amortization Date amortization Amortization for this year Description of costs Amortizable amount Code section period or beains 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 43 0 0 44 Total. Add amounts in column (f). See the instructions for where to report

Form 4562 (2018)

Depreciation and Amortization

(Including Information on Listed Property)

▶Attach toy our taxreturn.

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

OMB No. 1545-0172

Attachment Sequence No 179

Internal Revenue Service (99) Business or activity to which this form relates Identifying number Name(s) shown on return 72-0502505 OCHSNER CLINIC FOUNDATION 621610 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 Total cost of section 179 property placed in service (see instructions) 2 0 510.000 3 Threshold cost of section 179 property before reduction in limitation (see instructions) . 3 4 0 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 filling 510.000 (b) Cost (business use only) 6 (a) Description of property (c) Elected cost 8 8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 0 9 0 10 Carryover of disallowed deduction from line 13 of your 2017 Form 4562 10 198,890 11 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions . 12 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 0 15 15 Property subject to section 168(f)(1) election 65,377 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 (g) Depreciation deduction (e) Convention (f) Method (a) Classification of property placed in (business/investment use only—see instructions) service 19a 3-year property **b** 5-year property c 7-year property d 10-year property e 15-year property f 20-year property g 25-year property 25 yrs. h Residential rental 27.5 yrs MM S/L 27.5 vrs MM S/L property 39 yrs MM S/L i Nonresidential real MM S/L Section C-Assets Placed in Service During 2018 Tax Year Using the Alternative Depreciation System 20a Class life S/L **PEST, VEST** S/L **b** 12-year 12 yrs. MM c 30-year 30 yrs S/L MM S/L 40 yrs. d 40-year 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 here and on the appropriate lines of your return. Partnerships and S corporations - see instructions 65,377 23 For assets shown above and placed in service during the current year, enter the 23

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Eorm	4562 (2018)															Page 2
	rt V Listed	d Proper	ty (Inclu	de auto			ertain o	other	vehicle	s, ce	rtain a	ırcraft,	and	prope		
	Note:	For any ve	hicle for wh through (c)	nich you	are usir	g the						lease e	expense	, com	plete on	l y 24a,
			iation and									for pas	senger	autom	obiles.)	
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٠.١	vehicles first)	in service	investment use percentage		ther basis	_լ՝	ness/inves use only)		period		vention	de	duction		cost	
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26	Property use	ed more tha		qualified	busine	ss use) :									
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	7.00 0		(//,						e of Veh							
Com	plete this sect	on for vehic	cles used by	a sole pi	oprietor	partne	er, or oth	er "mo	re than 5	% own	er," or r	elated p	erson. I	f you p	rovided v	/ehicles
to yo	our employees,	first answe	er the question	ons in Sec	ction C to	see If	you me	et an e	xception	to com	pleting t	this sect	ion for t	hose v	ehicles.	
					(a			b)		:)		d)		e)		
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32	Total other miles driven	•	I (noncom	muting) 												
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36	Is another veh	nicle availab	le for person	al use?			<u> </u>		<u> </u>							
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	wer these que e than 5% ow						to com	pleting	g Sectioi	n B for	vehicle	s used	by emp	loyees	who ar	en't
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20	employees?					-	-	опісе							<u> </u>	/
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Pa	rt VI Amor															
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(e) Amortization (d) Code section (f) Amortization for this year (c) Amortizable amount (a) Description of costs Date amortization penod or begins percentage 42 Amortization of costs that begins during your 2018 tax year (see instructions): 43 0 43 Amortization of costs that began before your 2018 tax year 0 44 Total. Add amounts in column (f). See the instructions for where to report 44

Form 4562

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

Business or activity to which this form relates Name(s) shown on return 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 Total cost of section 179 property placed in service (see instructions) . . . 2 3 Threshold cost of section 179 property before reduction in limitation (see instructions) . 3 510.000 4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0- 0 5 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 (a) Description of property (b) Cost (business use only) (c) Elected cost 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 9 0 **9** Tentative deduction. Enter the **smaller** of line 5 or line 8 . . . 0 10 10 Carryover of disallowed deduction from line 13 of your 2017 Form 4562 Ó 11 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions . 0 12 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 0 14 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 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 (a) Classification of property (e) Convention (f) Method (g) Depreciation deduction placed in (business/investment use 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 g 25-year property 25 yrs. h Residential rental 27 5 yrs. MM S/L 27.5 yrs. MM S/L property 39 yrs MM S/L i Nonresidential real MM S/L Section C-Assets Placed in Service During 2018 Tax Year Using the Alternative Depreciation System 20a Class life S/L b 12-year S/L 12 yrs. c 30-year 30 yrs MM S/L MM d 40-year 40 yrs Part IV Summary (See instructions.) 21 Listed property. Enter amount from line 28 21 22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions 22 3,592 23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs Form 4562 (2018) For Paperwork Reduction Act Notice, see separate instructions. Cat No 12906N

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		ted Proper ertainment,		clude aut			ertain	other	vehicles	s, cer	tain a	ırcraft,	and	prope	erty us	
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		n A-Deprec		• •								for pas	senge	autom	obiles.)	
24 a		e evidence to si													☐ Yes	✓ No
	(a) e of property (vehicles first)	(b) Ist Date placed In service	investment	use Cost or d	(d) other basi		(e) for depre	stment	(f) Recovery period	Met	(g) thod/ rention		(h) reciation duction	n El	(I) ected sec cos	
25		epreciation a		for qualifi				ced in			T					
		ear and used						e. See	instructio	ons .	25			0		
26	Ргорепу	used more that	an 50% i T	n a qualifie	a busin	ess use	9:	Т		T						
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_29	Add amo	unts in colum	n (i), line						e of Vehi		• •	· · ·	<u>· </u>	29		
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38	Do you n	naintain a writes? See the in	tten polic	cy statemer	nt that	prohibi	ts perso	nał us								1
39		eat all use of				-	-									1
40	Do you p	rovide more vehicles, and	than five	vehicles to	your o	employ	ees, ob				-			out the		1
41	Do you m	eet the requir	rements	concerning	qualifie	ed auto	mobile (demon	stration u	se? Se	ee ınstr	uctions				✓
Pa		our answer to	o <u>37, 38,</u>	39, 40, or 4	41 is "Y	es," do	on't com	plete S	Section B	for the	cover	ed vehi	cles.	· · ·	<u> </u>	
لتهم			 T	(b)					· I			(e)				
	Descr	(a) ption of costs		Date amortiz begins		Amo	(c) ortizable ai	mount	Cod	(d) de sectio	on	Amortiza		Amortiz	(f) ation for t	hıs year

0 0 Form **4562** (2018)

43

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

Form 4562

Internal Revenue Service (99)

Depreciation and Amortization

(Including Information on Listed Property)

▶Attach toy our taxreturn.

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

OMB No 1545-0172

2018

Attachment Sequence No 179

Name(s) shown on return Business or activity to which this form relates 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 Total cost of section 179 property placed in service (see instructions) . . . 2 3 Threshold cost of section 179 property before reduction in limitation (see instructions) . 3 510.000 4 4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0- 0 5 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing 510,000 (a) Description of property (b) Cost (business use only) (c) Elected cost 0 8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 8 0 0 9 0 10 Carryover of disallowed deduction from line 13 of your 2017 Form 4562 10 0 11 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions . 0 12 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 0 14 0 15 88,997 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 0 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 (a) Classification of property (e) Convention (f) Method (g) Depreciation deduction placed in (business/investment use only-see instructions) 19a 3-year property **b** 5-year property c 7-year property d 10-year property 15-year property f 20-year property 25 yrs. g 25-year property h Residential rental 27 5 yrs. MM S/L property 27.5 yrs. MM S/L i Nonresidential real 39 yrs. MM S/L MM S/L Section C-Assets Placed in Service During 2018 Tax Year Using the Alternative Depreciation System 20a Class life **b** 12-year 12 yrs S/L MM c 30-year 30 yrs. S/L d 40-year MM 40 yrs 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 here and on the appropriate lines of your return. Partnerships and S corporations—see instructions 22 88,997 23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs . . .

Form	4562 (2018)																Page 2
	rt V Listed	Proper ainment, i	• ,	ude auto			ertain	other	vehic	les,	certa	ain a	ircraft,	, and	prope	erty us	ed fo
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24a	Do you have e	vidence to su	pport the bu	ısiness/inv	estment u	se clain	ned?] Yes [No	24b	If "Y	∕es," ʁ	the evi	dence v	ntten?	☐ Yes	✓ No
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25	Special departments the tax year											25			0	·	, etc
26	Property use	ed more tha	an 50% in	a qualifie	d busine	ess use):										
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27	Property use	d 50% or l	less in a qu	alified bu	siness	use:											
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30	employees?																✓
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41	Do you meet																<u> </u>
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Pa	rt VI Amor	tization								_				 ,			
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42	Amortization	of costs the	hat begins	during vo	our 2018	tax ve	ear (see	ınstruc	ctions):								
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43	Amortization	of costs the	hat began	before yo	ur 2018	tax ye	ar							43			0

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Form **4562** (2018)

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

▶ Cotowww.irs.gov/Form4562 for instructions and the latest information. Sequence No 179 Internal Revenue Service (99) Name(s) shown on return Business or activity to which this form relates Identifying number OCHSNER CLINIC FOUNDATION 541611 72-0502505 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 Total cost of section 179 property placed in service (see instructions) 2 510,000 3 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- . . . 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 0 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 Carryover of disallowed deduction from line 13 of your 2017 Form 4562 10 510,000 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions . 11 12 Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11. 12 O 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 0 14 15 0 9,674 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 和英星来海的 asset accounts, check here . and the sale 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 (e) Convention (f) Method (q) Depreciation deduction placed in (business/investment use only-see instructions) 19a 3-year property **b** 5-year property 上海 基础。通 c 7-year property d 10-year property e 15-year property f 20-year property S/L g 25-year property 25 yrs. h Residential rental 27.5 yrs. MM S/L 27.5 yrs MM S/L property i Nonresidential real MM S/L 39 yrs S/L property MM Section C-Assets Placed in Service During 2018 Tax Year Using the Alternative Depreciation System 20a Class life **b** 12-year S/L 12 vrs c 30-year 30 yrs MM S/L MM d 40-year 40 yrs 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 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

portion of the basis attributable to section 263A costs.

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		Proper	- ,	de auto			ertain o	other	vehicle	es,	cert	ain a	ircraft,	and	prope		ed for
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			hicle for wh through (c)										lease e	expense	, com	olete on	l y 24a,
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248	Do you have e															Yes [√ No
	(a) e of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage		d) ther basis		(e) for depred ness/inves use only)	tment	(f) Recover period	у	(g Meth Conve	nod/		(h) Depreciation deduction		(i) Elected section cost	
25	Special depi																
	the tax year							e. See	Instruct	llon	ıs .	25			0	<u> </u>	
26	Property use	ed more tha			busine	ss use):									•	
			%			+		$\overline{}$		+					 -		
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28	Add amount	s ın columr			h 27. Er	nter he	re and c	on line	21, pag	_		28			0		
29	Add amount			_											29		0
	plete this secti our employees,			a sole pr	oprietor,	partne see if	er, or oth	er "me	exception	5%	owne		his sect		hose ve		
30	Total business the year (don'			_	Vehic			cle 2	Veh	icle :	3	Vehic	cle 4	Vehic	cle 5	Vehic	cle 6
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33	Total miles lines 30 thro		ing the yea		0	ı	()		0		()	()	C)
34	Was the veh	icle availab	ole for perso	onal	Yes	No	Yes	No	Yes		No	Yes	No	Yes	No	Yes	No
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35	Was the veh than 5% ow	-															
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	wer these que e than 5% ow	stions to d		you mee	t an exc	eption										who are	en't
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	your employ	ees?															√
38	Do you mair employees?														your 		✓
39	Do you treat		-														✓
40	Do you provuse of the ve							taın ın			rom y		nploye 	es abou	ut the		✓
41	Do you meet												uctions				√
٠.	Note: If you														-		

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage		(f) Amortization for this yea	
2 Amortization of costs that beg	ins during your 201	8 tax year (see instruction	ons):	Τ			
			ļ				
	<u> </u>						
3 Amortization of costs that beg		3 tax year		<u> </u>	43		

Form **4562** (2018)

Department of the Treasury

Depreciation and Amortization

(Including Information on Listed Property)

▶Attach toyour taxreturn.

▶Gotowww.irs.gov/Form4562 f or instructions and the l atest information.

OMB No 1545-0172

Attachment Sequence No 179 Internal Revenue Service (99) Business or activity to which this form relates Identifying number 72-0502505 OCHSNER CLINIC FOUNDATION 621511 Part 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 Total cost of section 179 property placed in service (see instructions) . . . 2 O 3 Threshold cost of section 179 property before reduction in limitation (see instructions) . . . 3 510.000 4 0 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 510,000 (b) Cost (business use only) (c) Elected cost 6 (a) Description of property 8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 8 0 0 **9** Tentative deduction. Enter the **smaller** of line 5 or line 8 9 0 10 Carryover of disallowed deduction from line 13 of your 2017 Form 4562 10 11 Business income limitation, Enter the smaller of business income (not less than zero) or line 5. See instructions. 11 260,116 12 Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11. 12 0 13 Carryover of disallowed deduction to 2019. Add lines 9 and 10, less line 12 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 0 14 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 n 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 (e) Convention placed in (business/investment use 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 27 5 yrs S/L h Residential rental MM 27 5 yrs. S/L property MM 39 yrs MM S/L 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 c 30-year 30 vrs S/L MM S/L d 40-year 40 yrs Part IV Summary (See instructions.) 21 Listed property. Enter amount from line 28 0 22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions 8,505 22 23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs . . . 23 Form 4562 (2018)

Cat No 12906N

72-0502505

For Paperwork Reduction Act Notice, see separate instructions.

_																Page 2
Pa		ed Proper		clude aut			ertain	other	vehicle	es, cer	tain a	ircraft	, and	prope		
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		A-Deprec	<u>-</u> _	<u> </u>								for pas	senger	automo	biles.)	
24a		evidence to s											dence w			✓ No
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	e of property (list rehicles first)	n service	Business investment percentag	use Cost or o	(d) other basi		ness/inves use only	stment	Recovery period		thod/ vention		reciation eduction	Ele	cted sect cost	
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37		aintain a wri											mmutir	ng, by	Yes	No ✓
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41		et the requi													<u> </u>	1
••		our answer t												•		<u> </u>
Pai	rt VI Amo															
	Descrip	(a) tion of costs		(b) Date amortiz begins		Amo	(c) ortizable a	mount	С	(d) ode secti	on	(e) Amortiz period percen	ation for	Amortiza	(f) tion for th	nis year

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

Form **4562** (2018)

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

Form, 3800

General Business Credit

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

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

OMB No 1545-0895

2018

Attachment
Sequence No 22

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

Identifying number

OCHSNER CLINIC FOUNDATION 72-0502505 Current Year Credit for Credits Not Allowed Against Tentative Minimum Tax (TMT) Part I (See instructions and complete Part(s) III before Parts I and II.) General business credit from line 2 of all Parts III with box A checked . 2 Passive activity credits from line 2 of all Parts III with box B checked 3 0 Enter the applicable passive activity credits allowed for 2018. See instructions 3 Carryforward of general business credit to 2018. Enter the amount from line 2 of Part III with 0 4 Carryback of general business credit from 2019. Enter the amount from line 2 of Part III with 5 Add lines 1, 3, 4, and 5 . 6 0 **Allowable Credit** Part II 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 524,508 • 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 8 O • Estates and trusts. Enter the amount from Schedule I (Form 1041), line 56 . 524,508 Add lines 7 and 8 9 **b** Certain allowable credits (see instructions) . . . 10b 10c 0 c Add lines 10a and 10b 524,508 Net income tax. Subtract line 10c from line 9. If zero, skip lines 12 through 15 and enter -0- on line 16 11 11 Net regular tax. Subtract line 10c from line 7. If zero or less, enter -0-12 13 Enter 25% (0.25) of the excess, if any, of line 12 over \$25,000. See 124,877 14 Tentative minimum tax: • Individuals. Enter the amount from Form 6251, line 9 . Estates and trusts. Enter the amount from Schedule! (Form 1041), line 54 15 Enter the greater of line 13 or line 14 124,877 Subtract line 15 from line 11. If zero or less, enter -0-16 399,631 16 0 Enter the **smaller** of line 6 or line 16 17 C corporations: See the line 17 instructions if there has been an ownership change, acquisition, or reorganization.

For Paperwork Reduction Act Notice, see separate instructions.

Part			2 1 00
Note:	If you are not required to report any amounts on line 22 or 24 below, skip lines 18 through 25 and er	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 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	
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 (2018

40

298 Form **3800** (2018)

298

4g

4h

4i

4j

4z

5

6

i

j

z

5

6

Qualified railroad track maintenance (Form 8900)

Employer credit for paid family and medical leave (Form 8994)

Add lines 4a through 4z and enter here and on the applicable line of Part II

Add lines 2, 3, and 5 and enter here and on the applicable line of Part II

Small employer health insurance premiums (Form 8941)

Increasing research activities (Form 6765)

4a Investment (Form 3468, Part III) (attach Form 3468) 26-4691864 600 4b b 4c Biofuel producer (Form 6478) C 4d d Low-income housing (Form 8586, Part II) 4e Renewable electricity, refined coal, and Indian coal production (Form 8835) e 4f Employer social security and Medicare taxes paid on certain employee tips (Form 8846) 4g g Qualified railroad track maintenance (Form 8900) h Small employer health insurance premiums (Form 8941) 4h 4i i Employer credit for paid family and medical leave (Form 8994) 4j j 4z Z 5 600 Add lines 4a through 4z and enter here and on the applicable line of Part II Add lines 2, 3, and 5 and enter here and on the applicable line of Part II 600 6 Form 3800 (2018) 2018 Return OCHSNER CLINIC FOUNDATION

5

^{1,} Form 990-T	Supplemental Information
Return Reference - Identifier	Explanation
- ANNUAL ELECTIONS UNDER TANGIBLE PROPERTY REGULATIONS - SECTION 1 263(A)-1(F) DE MINIMIS SAFE HARBOR ELECTION STATEMENT	TAXPAYER NAME OCHSNER CLINIC FOUNDATION ("TAXPAYER") TAXPAYER ADDRESS 1514 JEFFERSON HIGHWAY, NEW ORLEANS, LA 70121-2429 EIN 72-0502505 THE ABOVE-REFERENCED TAXPAYER IS MAKING THE DE MINIMIS SAFE HARBOR ELECTION UNDER SECTION 1 263(A)-1(F) FOR ITS TAX YEAR ENDING DECEMBER 31, 2018
- ANNUAL ELECTIONS UNDER TANGIBLE PROPERTY REGULATIONS - SECTION 1 263(A)-3(N) ELECTION STATEMENT	TAXPAYER NAME OCHSNER CLINIC FOUNDATION ("TAXPAYER") TAXPAYER ADDRESS 1514 JEFFERSON HIGHWAY, NEW ORLEANS, LA 70121-2429 EIN 72-0502505 THE ABOVE-REFERENCED TAXPAYER IS MAKING THE ELECTION TO CAPITALIZE REPAIR AND MAINTENANCE COSTS UNDER SECTION 1 263(A)-3(N) FOR ITS TAX YEAR ENDING DECEMBER 31, 2018