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293930791621 **Exempt Organization Business Income Tax Return** (and proxy tax under section 6033(e)) For calendar year 2019 or other tax year beginning , 2019, and ending · . ▶ Go to www.irs.gov/Form990T for instructions and the latest information. Department of the Treasury ▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3). Internal Revenue Service Name of organization ( Check box if name changed and see instructions) D Employer identification number A Check box if address changed (Employees' trust, see instructions) OCHSNER CLINIC FOUNDATION B Exempt under section **Print** 72-0502505 √ 501( C) (√3) Number, street, and room or suite no. If a P.O. box, see instructions NUV 23 2020 E Unrelated business activity code 408(e) 220(e) 1514 JEFFERSON HIGHWAY, BH 546 Type City or town, state or province, country, and ZIP or foreign postal code Ogden, UT (See instructions) ☐ 408A 530(a) 529(a) NEW ORLEANS, LA 70121 F Group exemption number (See instructions.) ▶ ☐ 401(a) trust 3,490,558,630 G Check organization type ▶ ✓ 501(c) corporation 501(c) trust Other trust H Enter the number of the organization's unrelated trades or businesses. ▶ Describe the only (or first) unrelated If only one, complete Parts I-V. If more than one, describe the trade or business here ▶ RETAIL TRADE first in the blank space at the end of the previous sentence, complete Parts I and II, complete a Schedule M for each additional trade or business, then complete Parts III-V During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? . . . ▶ ☐ Yes ☑ No If "Yes," enter the name and identifying number of the parent corporation. The books are in care of ▶ SCOTT J POSECAI Telephone number ▶ (504) 842-4097 Part I Unrelated Trade or Business Income (A) Income (B) Expenses Gross receipts or sales 1,152,885 21.632 b Less returns and allowances 1c 2 594,373 2 Cost of goods sold (Schedule A, line 7) . 536.880 Gross profit. Subtract line 2 from line 1c. 3 3 Capital gain net income (attach Schedule D) 4a 0 Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797) 4b 0 0 Capital loss deduction for trusts 4c C Income (loss) from a partnership or an S corporation (attach statement) 0 5 0 6 6 Rent income (Schedule C) . 0 0 0 7 Unrelated debt-financed income (Schedule E) . . . 7 0 0 0 8 8 Interest, annuities, royalties, and rents from a controlled organization (Schedule F) 0 9 0 0 9 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G) 0 ŧÓ. 0 0 10 Exploited exempt activity income (Schedule I) 0 0 0 11 Advertising income (Schedule J) . . 11 12 Other income (See instructions; attach schedule) . 12 0 ٥ 13 Total. Combine lines 3 through 12 13 536,880 Deductions Not Taken Elsewhere (See instructions for limitations on deductions.) (Deductions must be directly Par connected with the unrelated business income 14 Compensation of officers, directors, and trustees (Schedule K) 14 15 249.801 Salaries and wares

	16	Repairs and maintenance	16	C
ĺ	17	Bad debts	17	0
l	18	Interest (attach schedule) (see instructions)	18	0
ŧ	19	Taxes and licenses	19	23,049
:	20	Depreciation (attach Form 4562)	<b>2</b>	
È	21	Less depreciation claimed on Schedule A and elsewhere on return	21b	8,218
	<b>22</b> .	,Depletion	22	O
1	23	Contributions to deferred compensation plans	23	0
	24°	Employee benefit programs	24	58,304
	25	Excess exempt expenses (Schedule I)	25	0
5	26	Excess readership costs (Schedule J)	26	0
5	27	Other deductions (attach schedule)	27	173,470
	28	Total geductions. Add lines 14 through 27	28	512,842
	29	Unrelated business taxable income before net operating loss deduction. Subtract line 28 from line 13	29	24,038
	30	Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see		
		Instructions)	30	24,038
	.31	Unrelated business taxable income. Subtract line 30 from line 29	3	0
7	Eor Da	propurery Paduction Act Notice see instructions Cat No. 11991	1	Form <b>990-T</b> (2019

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(E)	Form 99	0- <b>T</b> (2019)				Page 2	
IJ	Part I		otal Unrelated Business Taxable Income				
	32 /	•	f unrelated business taxable income computed from all unrelated trades or businesses	(see			
	F 4	ınstruc	tions)	l,	32	490,652	
			tions) ts paid for disallowed fringes	iΔ	38		
	34		ble contributions (see instructions for limitation rules)	_ ~	34	49,065	
	35		nrelated business taxable income before pre-2018 NOLs and specific deduction. Subtract	: line	111		
			the sum of lines 32 and 33	、つ	35	441,587	
	36		tion for net operating loss arising in tax years beginning before January 1, 2018	(see	1111	_	
		ınstruc	•	_ ^	36	0	
	37		f unrelated business taxable income before specific deduction. Subtract line 36 from line 35	ن ن	37	441,587	
	38	•	c deduction (Generally \$1,000, but see line 38 instructions for exceptions)	$\mathcal{J}_{c}$	38	1,000	
	39		ted business taxable income. Subtract line 38 from line 37 If line 38 is greater than line ne smaller of zero or line 37	,34		440 507	
	Part I				39	440,587	
W			ax Computation zations Taxable as Corporations. Multiply line 39 by 21% (0 21) .		40	92,523	
O,	40 41		Taxable at Trust Rates. See instructions for tax computation income tax	on	1	32,323	
	71		ount on line 39 from Tax rate schedule or Schedule D (Form 1041)	▶			
	42		tax. See instructions	•	42		
			tive minimum tax (trusts only)	•	43		
	44		Noncompliant Facility Income. See instructions .		44		
$\sim$	45		Add lines 42, 43, and 44 to line 40 or 41, whichever applies	. 7	45	92,523	
()	Part '		ax and Payments				
$\nearrow$	46a	Foleg	tax credit (corporations attach Form 1118, trusts attach Form 1116) 46a				
	b	Other of	credits (see instructions)		]		
	C			14,364			
			for prior year minimum tax (attach Form 8801 or 8827)		1.1		
	е		redits. Add lines 46a through 46d	10	46e	14,364	
	47	Subtra	ct line 46e from line 45		47	78,159	
	48	Other ta	xes Check if from Form 4255 Form 8611 Form 8697 Form 8866 Other (attach schedu	ule) \	48	- 0	08345
			ax. Add lines 47 and 48 (see instructions)	V	49	78,159	
	50		et 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 3	08,549	50	- <del></del>	
	51a b	-	· · · · · · · · · · · · · · · · · · ·	43,000	<b>⊣</b> '		
			posited with Form 8868 51c	13,000	4		
	d		n organizations Tax paid or withheld at source (see instructions)		1		
	e	_	o withholding (see instructions)		1 }		
	f		for small employer health insurance premiums (attach Form 8941) 51f		1		
	g		redits, adjustments, and payments   Form 2439		1		
	•	☐ For		0			
	52	Total p	ayments. Add lines 51a through 51g		52	651,549	
	53	Estima	ted tax penalty (see instructions) Check if Form 2220 is attached	· 🗀	53		
	54		e. If line 52 is less than the total of lines 49, 50, and 53, enter amount owed	υ <b>&gt;</b>	54	0	
	55	-	syment. If line 52 is larger than the total of lines 49, 50, and 53, enter amount overpaid	11	\$5	573,390	
11	56		e amount of line 55 you want Credited to 2020 estimated tax 120,000 Refunde	<u>≪'B:</u>	<u> </u> 56	453,390	
	Part \		tatements Regarding Certain Activities and Other Information (see instructions)	<del></del>		Yee Me	
	57		time during the 2019 calendar year, did the organization have an interest in or a signature of				
			financial account (bank, securities, or other) in a foreign country? If "Yes," the organization I Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the				
			BD, CJ, El	5 1016	ign cour	""'   <sub>~</sub>   '	
	58		he tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a	fore	an trust?		
	50	_	" see instructions for other forms the organization may have to file	r ioi cię	girtiosti	·	
	59		ne amount of tax-exempt interest received or accrued during the tax year > \$			0     1	
		Under	penalties of penury, I declare that I here examined this return, including accompanying schedules and statements, and to the	ie best	of my know	riedge and belief, it is	
	Sign	true, c	orect, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowle	edge.	May the IRS	S discuss this return	
	Here		Port   1   1   20 EVP, TREASURER, AND CFO	١,	with the pre	eparer shown below kons)? [7]Yes [] No	
		Signati	ure of officer Date Title		,		
	Paid		Print/Type preparer's name Preparer's signature Date	Chec	k 🗆 ıf	PTIN	
	Prepa	arer	MELVA SCOTT TOOK Toot 11/09/2020		employed	P01207335	
	Use (		Firm's name FRNST & YOUNG U.S. LLP	Firm'	s EIN ►	34-6565596	
			Firm's address ▶ 425 HOUSTON ST, SUITE 600, FORT WORTH, TX 76102-7427	Phon	eno (8	917) 335-1900	

	30-1 (2019)											age 3
<u>Sche</u>	dule A—Cost of Goods Sol	d. En	ter method of in	$\overline{}$	ory va				,			
1	Inventory at beginning of year	L	1	0	6	•	it end of year		6			0
2	Purchases		2	0	7		oods sold. Subtract					
3	Cost of labor		3	0			5. Enter here and in I	Part				
4a	Additional section 263A cos	ts				I, line 2 .			7		594	4,373
	(attach schedule)	4	4a	0	8	Do the rule	es of section 263A	(with	respe	ct to	Yes	No
b	Other costs (attach schedule)	_ [7	<b>4b</b> 594	,373			roduced or acquired			apply		
5	Total. Add lines 1 through 4b			,373			nization?			•		✓
Sche	dule C-Rent Income (Fron	n Re	al Property and	l Per	sonal	Property l	eased With Real F	Prop	erty)			
(see	instructions)											
1. Desc	nption of property											
(1)												
(2)						_						
(3)								<u>.,</u>				
(4)						· ·						
	2. Rent	receiv	ed or accrued									
	om personal property (if the percentage o personal property is more than 10% but i more than 50%)		(b) From real ar percentage of rent 50% or If the rent	for pers	sonal pro	perty exceeds	<b>3(a)</b> Deductions dire in columns 2(a)					ie
(1)	-											
(2)												
(3)									- ,			
(4)												
Total		0	Total				0 (h) Total deduction					
(c) Tot	al income. Add totals of columns 2	(a) an	d 2(b) Enter				(b) Total deductions Enter here and on pa					
	nd on page 1, Part I, line 6, column (				_	1	Part I, line 6, column					0
	dule E—Unrelated Debt-Fir		<b>ed Income</b> (see	ınstru	uctions	5)					-	
				2.0	Gross inc	come from or	3. Deductions directly		ected w		ocable to	)
	<ol> <li>Description of debt-finance</li> </ol>	ed prop	erty	alloc		debt-financed perty	(a) Straight line depreciate			Other de	ductions	
					pro	perty	(attach schedule)		(a	ittach sc	hedule)	
(1)				<u> </u>								
(2)			·	<u> </u>								
(3)				ļ								
(4)				ļ				$\rightarrow$				
	acquisition debt on or	of or lebt-fin	e adjusted basis allocable to anced property ch schedule)		4 dı	olumn vided ilumn 5	7. Gross income reportat (column 2 × column 6)			locable on 6 × tota 3(a) and	al of colu	
(1)						%						
(2)						%						
(3)						%						
(4)						%						
							Enter here and on page Part I, line 7, column (			ere and line 7,		
Totals						. ▶		0				0
	dividends-received deductions inc	luded	ın column 8			'	>	-				0
										Form (	190-T	(2010)

Page 4

				Controlled Org		·o	ciono,		
		Exempt	Controlled	Organizations					
1. Name of controlled organization	2. Employer identification number		lated income instructions)	4. Total of specified payments made	5. Part of column included in the corganization's groups	controlling	conne	eductions directly ected with income in column 5	
(1)				,					
(2)									
(3)							Ī		
(4)									
Nonexempt Controlled Organi	zations			•					
7. Taxable Income	8. Net unrelated in (loss) (see instruct			otal of specified yments made	10. Part of column cluded in the corganization's great transfer to the corganization of the corganization of the column of the c	controlling	connec	eductions directly cted with income in column 10	i
<b>(1)</b> →							ļ		
(2)							ļ		
(3)							ļ		
(4)							ļ		
					Add columns 5 Enter here and 6 Part I, line 8, co	on page 1,	Enter h	columns 6 and 11 nere and on page 1, line 8, column (B)	,
Totals .				<b>&gt;</b>		0			0
Schedule G-Investment	Income of a Sect	ion 501(	c)(7), (9),	or (17) Organi	zation (see ins	tructions)			
1. Description of income	2. Amount o	f income	dire	Deductions ctly connected ach schedule)	4. Set-aside (attach sched		and s	otal deductions et-asides (col. 3 plus col. 4)	
(1)									
(2)									
(3)									
(4)									
Totals	Enter here and Part I, line 9, c	column (A).	0				Part I, III	re and on page 1 ne 9, column (B)	
Schedule I—Exploited Exc	empt Activity Inc	ome, Otl	her Than	Advertising In	come (see inst	tructions)		<del></del>	_
Description of exploited activ	2. Gross unrelated business inco from trade of business	me conr	Expenses directly nected with duction of nrelated ness 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	able to	7. Excess exemp expenses (column 6 minus column 5, but no more than column 4)	3
(1)									
(2)									
(3)									
(4)									
Totals	Enter here and page 1, Part line 10, col (/	I, pag	here and on e 1, Part I, 10, col (B) 0					Enter here and on page 1, Part II, line 25	0
Schedule J-Advertising	Income (see instruc	ctions)							_
Part I Income From F	Periodicals Repor	ted on a	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	6. Read		7. Excess readersh costs (column 6 minus column 5, bi not more than column 4)	
(1)									
(2)				(A. 1888)				STATE CONT	
(3)				S2 53.2 3				. F. C. S.	
(4)				\$ 42.5	- <del>-</del>				
Totals (carry to Part II, line (5))	<b>&gt;</b>	0	0	0				990-T (201	0

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Page 5

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

2. Gross
3. Direct
3. Direct
5. Circulation
6. Readership costs (column 6 through 7 to 10 to 10

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)						
(2)						
(3)						
(4)						
Totals from Part I	▶ 0	0		LAK XX XX		0
Totals, Part II (lines 1–5)	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 26

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

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

Form **990-T** (2019)

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

## **Unrelated Business Taxable Income from an Unrelated Trade or Business**

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

For calendar year 2019 or other tax year beginning \_\_\_\_\_\_, 2019, 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).

501(c)(3) Organizations Only

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

Unrelated Business Activity Code (see instructions) ▶ Describe the unrelated trade or business ► MANUFACTURING

Part	Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1a	Gross receipts or sales 1,014,999				
b	Less returns and allowances 0 c Balance ▶	1c	1,014,999		
2	Cost of goods sold (Schedule A, line 7)	2	0		
3	Gross profit. Subtract line 2 from line 1c	3	1,014,999		1,014,999
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	2位 1 <b>20 2 20 0</b> 0 2 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	92228682	0
13	Total. Combine lines 3 through 12	13	1,014,999	0	1,014,999

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

14	Compensation of officers, directors, and trustees (Schedule K)	14	0
15	Salaries and wages	15	94,916
16	Repairs and maintenance	16	0
17	Bad debts	17	0
18	Interest (attach schedule) (see instructions)	18	0
19	Taxes and licenses	19	(27,417)
20	Depreciation (attach Form 4562)	2	
21	Less depreciation claimed on Schedule A and elsewhere on return . 21a 0	21b	83,607
22	Depletion	22	0
23	Contributions to deferred compensation plans	23	0
24	Employee benefit programs	24	7,213
25	Excess exempt expenses (Schedule I)	25	0
26	Excess readership costs (Schedule J)	26	0
27	Other deductions (attach schedule)	27	818,587
28	Total deductions. Add lines 14 through 27	28	976,906
29	Unrelated business taxable income before net operating loss deduction. Subtract line 28 from line 13	29	38,093
30	Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions)	30	38,093
31	Unrelated business taxable income. Subtract line 30 from line 29	31	0

For Paperwork Reduction Act Notice, see instructions.

Cat No 71329Y

Schedule M (Form 990-T) 2019

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

## **Unrelated Business Taxable Income from an Unrelated Trade or Business**

OMB No 1545-0047

2019

Department of the Treasury Internal Revenue Service Name of the organization

OCHSNER CLINIC FOUNDATION

For calendar year 2019 or other tax year beginning\_\_\_\_\_\_, 2019, 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). Employer identification number

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

72-0502505

Part	Unrelated Trade or Business Income		(A) income	(B) Expenses	(C) Net
1a	Gross receipts or sales 0				
b	Less returns and allowances0 c Balance ▶	1c	0	\$255	
2	Cost of goods sold (Schedule A, line 7)	2	0	72.6.2 (SEE 17.0) Fig. 2	
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	33,105		33,105
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
0	Exploited exempt activity income (Schedule I)	10	0	0	0
1	Advertising income (Schedule J)	11	0	0	0
2	Other income (See instructions; attach schedule)	12	0	M. 1888 88 88 88	0
3	Total. Combine lines 3 through 12	13	33,105	0	33,105

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	Depreciation (attach Form 4562)		
21	Less depreciation claimed on Schedule A and elsewhere on return 21a 0	21b	0
22	Depletion	22	5,267
23	Contributions to deferred compensation plans	23	0
24	Employee benefit programs	24	0
25	Excess exempt expenses (Schedule I)	25	0
26	Excess readership costs (Schedule J)	26	0
27	Other deductions (attach schedule)	27	1,816
28	Total deductions. Add lines 14 through 27	28	7,083
29	Unrelated business taxable income before net operating loss deduction. Subtract line 28 from line 13	29	26,022
30	Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see	<b>2000</b>	
	instructions)	30	0
31	Unrelated business taxable income Subtract line 30 from line 29	31	26,022
	O-1 N- 74000V	Cabadala	M /F 000 T) 00

For Paperwork Reduction Act Notice, see instructions.

Cat No 71329Y

Schedule M (Form 990-T) 2019

# SCHEDULE M (Form 990-T)

### Unrelated Business Taxable Income from an Unrelated Trade or Business

OMB No 1545-0047

2019

Department of the Treasury Internal Revenue Service

13

OCHSNER CLINIC FOUNDATION

For calendar year 2019 or other tax year beginning\_\_\_\_\_, 2019, 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). 501(c)(3) Organization is a 501(c)(3) Organization is a 501(c)(3).

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

72-0502505

Unrelated Business Activity Code (see instructions) ▶ Describe the unrelated trade or business ▶ REAL ESTATE AND RENTAL & LEASING (C) Net (B) Expenses Part I Unrelated Trade or Business Income (A) Income 1a Gross receipts or sales 1.813.350 0 c Balance ▶ 1,813,350 **b** Less returns and allowances 1c TO THE Cost of goods sold (Schedule A, line 7) . . 2 2 3 1.813.350 3 Gross profit. Subtract line 2 from line 1c. . . 0 4a 4a Capital gain net income (attach Schedule D) 4b 0 0 **b** Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797) 0 0 4c Capital loss deduction for trusts С . . . . Income (loss) from a partnership or an S corporation (attach 5 5 0 0 6 0 0 6 Rent income (Schedule C) . . . . . . 0 7 0 0 7 Unrelated debt-financed income (Schedule E) . . . . 8 Interest, annuities, royalties, and rents from a controlled organization (Schedule F) 8 0 0 0 . . . . investment income of a section 501(c)(7), (9), or (17) 9 organization (Schedule G) 0 0 0 0 0 0 Exploited exempt activity income (Schedule I) . . . 10 10 Advertising income (Schedule J) . . . . 11 0 0 0 11 12 0 0 12 Other income (See instructions, attach schedule) . . . .

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

13

1,813,350

14	Compensation of officers, directors, and trustees (Schedule K)	14	0
15	Salaries and wages	15	314,697
16	Repairs and maintenance	16	220,994
17	Bad debts	17	0
18	Interest (attach schedule) (see instructions)	18	0
19	Taxes and licenses	19	238
20	Depreciation (attach Form 4562)		
21	Less depreciation claimed on Schedule A and elsewhere on return 21a 0	21b	208,695
22	Depletion	22	0
23	Contributions to deferred compensation plans	23	0
24	Employee benefit programs	24	30,772
25	Excess exempt expenses (Schedule I)	25	0
26	Excess readership costs (Schedule J)	26	0
27	Other deductions (attach schedule)	27	4,891,655
28	Total deductions. Add lines 14 through 27	28	5,667,051
29	Unrelated business taxable income before net operating loss deduction. Subtract line 28 from line 13	29	(3,853,701)
30	Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see		0
	instructions)	30	
31	Unrelated business taxable income Subtract line 30 from line 29	31	(3,853,701)

For Paperwork Reduction Act Notice, see instructions.

Total. Combine lines 3 through 12 . . .

Cat No 71329Y

Schedule M (Form 990-T) 2019

1,813,350

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

## **Unrelated Business Taxable Income from an Unrelated Trade or Business**

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

For calendar year 2019 or other tax year beginning , 2019, 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).

501(c)(3) Organizations Only

Employer identification number Name of the organization 72-0502505 OCHSNER CLINIC FOUNDATION Unrelated Business Activity Code (see instructions) ▶

Describe the unrelated trade or business PROFESSIONAL, SCIENTIFIC, AND TECHNICAL SERVICES

Part	Unrelated Trade or Business Income	_	(A) Income	(B) Expenses	(C) Net
1a	Gross receipts or sales 19,882,936				
b	Less returns and allowances 0 c Balance ▶	1c	19,882,936		14 480 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
2	Cost of goods sold (Schedule A, line 7)	2	0		
3	Gross profit. Subtract line 2 from line 1c	3	19,882,936	變大學的學術學例	19,882,936
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	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	19,882,936	0	19,882,936

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

14	Compensation of officers, directors, and trustees (Schedule K)	14	0
15	Salaries and wages	15	8,304,761
16	Repairs and maintenance	16	272,345
17	Bad debts	17	0
18	Interest (attach schedule) (see instructions)	18	0
19	Taxes and licenses	19	294,586
20	Depreciation (attach Form 4562)	60	
21	Less depreciation claimed on Schedule A and elsewhere on return	21b	237,697
22	Depletion	22	0
23	Contributions to deferred compensation plans	23	0
24	Employee benefit programs	24	1,303,548
25	Excess exempt expenses (Schedule I)	25	0
26	Excess readership costs (Schedule J)	26	0
27	Other deductions (attach schedule)	27	9,005,369
28	Total deductions. Add lines 14 through 27	28	19,418,306
29	Unrelated business taxable income before net operating loss deduction. Subtract line 28 from line 13	29	464,630
30	Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see	<b>****</b>	
_	instructions)	30	0
31	Unrelated business taxable income Subtract line 30 from line 29	31	464,630

For Paperwork Reduction Act Notice, see instructions.

Cat No 71329Y

Schedule M (Form 990-T) 2019

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

## **Unrelated Business Taxable Income from an Unrelated Trade or Business**

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

For calendar year 2019 or other tax year beginning\_\_\_\_\_\_, 2019, and ending \_\_\_\_\_\_, 20

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

Open to Public Inspection fo 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).

Name of the organization OCHSNER CLINIC FOUNDATION Employer identification number

72-0502505

Unrelated Business Activity Code (see instructions) ▶ Describe the unrelated trade or business ▶ HEALTH CARE AND SOCIAL ASSISTANCE

Par	Part I Unrelated Trade or Business Income			(B) Expenses	(C) Net
1a	Gross receipts or sales 7,550,878			\$25500 MA	
b	Less returns and allowances 0 <b>c</b> Balance ▶	1c	7,550,878		
2	Cost of goods sold (Schedule A, line 7)	2	0		
3	Gross profit. Subtract line 2 from line 1c	3	7,550,878		7,550,878
4a	Capital gain net income (attach Schedule D)	4a	0		0
þ	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4b	0	<b>\$\$</b> \$	0
C	Capital loss deduction for trusts	4c	0		0
5	Income (loss) from a partnership or an S corporation (attach statement)	5	(628,523)		(628,523)
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	<b>3</b>	0
13	Total. Combine lines 3 through 12	13	6,922,355	0	6,922,355

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

14	Compensation of officers, directors, and trustees (Schedule K)	14	0
15	Salaries and wages	15	1,153,920
16	Repairs and maintenance	16	4,778
17	Bad debts	17	0
18	Interest (attach schedule) (see instructions)	18	0
19	Taxes and licenses	19	5,588
20	Depreciation (attach Form 4562)		
21	Less depreciation claimed on Schedule A and elsewhere on return . 21a 0	21b	8,670
22	Depletion	22	0
23	Contributions to deferred compensation plans	23	0
24	Employee benefit programs	24	122,490
25	Excess exempt expenses (Schedule I)	25	0
26	Excess readership costs (Schedule J)	26	0
27	Other deductions (attach schedule)	27	6,953,367
28	Total deductions. Add lines 14 through 27	28	8,248,813
29	Unrelated business taxable income before net operating loss deduction. Subtract line 28 from line 13	29	(1,326,458)
30	Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see		
	instructions)	30	0
31	Unrelated business taxable income. Subtract line 30 from line 29	31	(1,326,458)

For Paperwork Reduction Act Notice, see instructions.

Cat No 71329Y

Schedule M (Form 990-T) 2019

# Form 990T Part I, Line 5

Name of Partnership	EIN	UBI
FINANCE AND INSURANCE		
(1) COMMONFUND CAPITAL INTERNATIONAL PARTNERS VI, L P	20-8306365	150
(2) COMMONFUND CAPITAL INTERNATIONAL PARTNERS VII, L P	26-3669321	-714
(3) COMMONFUND CAPITAL NATURAL RESOURCES PARTNERS VI, L P	25-1910076	110,381
(4) COMMONFUND CAPITAL NATURAL RESOURCES PARTNERS VII, L P	51-0605779	22,969
(5) COMMONFUND CAPITAL NATURAL RESOURCES PARTNERS VIII, L P	26-3180228	-18,373
(6) COMMONFUND CAPITAL PRIVATE EQUITY PARTNERS VI, L P	16-1720029	7,798
(7) COMMONFUND CAPITAL PRIVATE EQUITY PARTNERS VII, L P	20-8306306	4,561
(8) COMMONFUND CAPITAL VENTURE PARTNERS VII, L P	16-1720044	-2
(9) COMMONFUND CAPITAL VENTURE PARTNERS VIII, L P	11-3814030	-11
(10) COMMONFUND CAPITAL VENTURE PARTNERS IX, L P	26-4138517	-3,232
(11) PARK STREET CAPITAL PRIVATE EQUITY FUND VI, LP	20-1768554	-293
(12) SHAREPORT SUB 1 LLC	81-4740841	-87,266
(13) SIGHT MEDICAL LLC	46-3646261	-1,994
(14) SOUTH RAMPART PHARMA	81-4465248	-869
	Total	33,105
HEALTH CARE AND SOCIAL ASSISTANCE		
(1) LA EXTENDED CARE OF KENNER LLC	26-4691864	-38,211
(2) NORTHSHORE EXTENDED CARE HOSPITAL, LLC	83-2429969	-499,589
(3) SOUTHEAST LA HOMECARE, LLC	26-4020490	-484,284
(4) OCHSNERACADIA, LLC	61-1795861	393,561
	Total	-628,523

Form 990T Part II, Line 19	Taxes and Licenses	
	Description	Amount
RETAIL TRADE		
(1) TAXES AND LICENSES		23,049
MANUFACTURING		
(2) SALES TAX REFUND		-27,417
REAL ESTATE AND RENTAL & LEASING		
(3) TAXES AND LICENSES		238
PROFESSIONAL, SCIENTIFIC, AND TEC	HNICAL SERVICES	
(4) TAXES AND LICENSES		294,586
HEALTH CARE AND SOCIAL ASSISTAN	CE	
(5) TAXES AND LICENSES		5,588

#### Form 990T Part II, Line 27

Other Deductions

Description		Amount
RETAIL TRADE		
(1) GENERAL & ADMINISTRATIVE		8,804
(2) INSURANCE		5,684
(3) MEDICAL SUPPLIES, ORGANS, & DRUGS		90
(4) MEMBERSHIPS & SUBSCRIPTIONS		462
(5) MISCELLANEOUS EXPENSE		525
(6) OCCUPANCY		30,291
(7) OFFICE EXPENSES		211
(8) OTHER PURCHASED SERVICES		124,766
(9) TRAVEL		2,637
	Total	173,470
MANUFACTURING		
(10) GENERAL & ADMINISTRATIVE		1,617
(11) INSURANCE		12,168
(12) MEDICAL SUPPLIES, ORGANS, & DRUGS		143,979
(13) MEMBERSHIPS & SUBSCRIPTIONS		272
(14) MISCELLANEOUS EXPENSES		-67
(15) OCCUPANCY		24,270
(16) OFFICE EXPENSES		11,225
(17) OTHER PURCHASED SERVICES		625,105
(18) TRAVEL		18
(16) TRAVEL	Total	818,587
FINANCE AND INSURANCE	Total	010,307
(19) OTHER PURCHASED SERVICES		1,816
REAL ESTATE AND RENTAL & LEASING		1,010
		12,640
(20) MISCELLANEOUS EXPENSES		
(21) OCCUPANCY		4,606,547
(22) OTHER PURCHASED SERVICES	Tatal	272,468
PROFESSIONAL COUNTRIES AND TECHNICAL CERVICES	Total	4,891,655
PROFESSIONAL, SCIENTIFIC, AND TECHNICAL SERVICES		0.600
(23) CONFERENCE MEETINGS		9,600
(24) GENERAL & ADMINISTRATIVE		10,099
(25) INFORMATION TECHNOLOGY		6,498,949
(26) MARKETING		10,198
(27) MEDICAL SUPPLIES, ORGANS, & DRUGS		17
(28) MISCELLANEOUS EXPENSES		157,516
(29) OCCUPANCY		320,182
(30) OFFICE EXPENSES		43,326
(31) OTHER PURCHASED SERVICES		1,867,372
(32) RECRUITING		512
(33) TRAVEL		87,598
	Total	9,005,369
HEALTH CARE AND SOCIAL ASSISTANCE	· · · · · · · · · · · · · · · · · · ·	
(34) CONFERENCE MEETINGS		153
(35) GENERAL & ADMINISTRATIVE		179,013
(36) MEDICAL SUPPLIES, ORGANS, & DRUGS		148,507
(37) MEMBERSHIPS & SUBSCRIPTIONS		222
(38) MISCELLANEOUS EXPENSE		5,767,812
		129,900
(39) OCCUPANCY		44,922
(39) OCCUPANCY (40) OFFICE EXPENSES		
(40) OFFICE EXPENSES		678,567
(40) OFFICE EXPENSES (41) OTHER PURCHASED SERVICES		
(40) OFFICE EXPENSES (41) OTHER PURCHASED SERVICES (42) PROFESSIONAL FEES		1,693
(40) OFFICE EXPENSES (41) OTHER PURCHASED SERVICES		

Form 990T Part II. Line 30	Deduction for net operating loss ansing in tax years beginning on or after January 1, 2018	

Year Generated	Amount Generated	Converted Contributions	Amount Used in Prior Years	Amount Used in Current Year	Amount Remaining
RETAIL TRADE					
2018	134,006		0	24,038	109,968
MANUFACTURING					
2018	147,292		0	38,093	109,199

Form 990T Pa	art III, Line 34	Charitable Contr	ibutions			
Year Generated	Amount Generated	Amount Used in Prior Years	Amount Used in Current Year	Amount Converted to NOL	Amount Remaining	Contribution Carryover Expires
119	49,065		49,065		0	

49,065

0

0

0

Totals

49,065

Form 990T Part V, Line 51b	Estimated Tax Payments	
•		
	Date	Amount
04/15/2019		121,000
09/16/2019		210,000
12/16/2019		90,000
01/29/2020		122,000
	Totals	543,000

Schedule A, Line 4b	Other Costs		
•			
	Description		Amount
RETAIL TRADE			
(1) ALLOCATED COST OF GOODS SOLD			594,373
		Total for Schedule A. Line 4b	594,373

Form 990-T	Supplemental Information
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Return Reference - Identifier	Explanation
ANNUAL ELECTIONS UNDER TANGIBLE PROPERTY REGULATIONS - SECTION 1 263(A)-1(F) DE	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
MINIMIS SAFE HÄRBÖR ELECTION STATEMENT	SECTION 1 263(A)-1(F) FOR ITS TAX YEAR ENDING DECEMBER 31, 2019
ANNUAL ELECTIONS UNDER TANGIBLE PROPERTY REGULATIONS - SECTION 1 263(A)-3(N)	TAXPAYER NAME OCHSNER CLINIC FOUNDATION ("TAXPAYER") TAXPAYER ADDRESS 1514 JEFFERSON HIGHWAY, NEW ORLEANS, LA 70121-2429 EIN 72-0502505
ELECTION STATEMENT	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, 2019

# . 3800 Form

**General Business Credit** 

OMB No 1545-0895

2019 Attachment

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

Attachment Sequence No 22

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.) 0 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 . . . Enter the applicable passive activity credits allowed for 2019. See instructions . . . . . . 3 3 Carryforward of general business credit to 2019. Enter the amount from line 2 of Part III with box C 4 0 Carryback of general business credit from 2020. Enter the amount from line 2 of Part III with box D n checked. See instructions . 0 Add lines 1, 3, 4, and 5 6 Part II **Allowable Credit** Regular tax before credits • Individuals. Enter the sum of the amounts from Form 1040 or 1040-SR, line 12a, and Schedule 2 (Form 1040 or 1040-SR), line 2, or the sum of the amounts from Form 1040-NR, lines 42 and 44 . . Corporations, Enter the amount from Form 1120, Schedule J. Part I, line 2; or the 92.523 applicable line of your return . . . . • 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 • Estates and trusts Enter the amount from Schedule I (Form 1041), line 54 a 92.523 Add lines 7 and 8 10a 10a Foreign tax credit 10b Certain allowable credits (see instructions) . 0 Add lines 10a and 10b . 92,523 Net income tax. Subtract line 10c from line 9 If zero, skip lines 12 through 15 and enter -0- on line 16 11 12 92,523 Net regular tax. Subtract line 10c from line 7. If zero or less, enter -0-. 12 Enter 25% (0.25) of the excess, if any, of line 12 over \$25,000. See 13 16,881 13 instructions . . . Tentative minimum tax: • Individuals. Enter the amount from Form 6251, line 9 14 • Estates and trusts Enter the amount from Schedule I (Form 1041), line 52 . . . . . . . . 16.881 15 15 Enter the greater of line 13 or line 14 75.642 16 Subtract line 15 from line 11. If zero or less, enter -0-0 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

Part			
Note:	If you are not required to report any amounts on line 22 or 24 below, skip lines 18 through 25 and enter -	0- on I	ine 26
18	Multiply line 14 by 75% (0.75) See instructions	18	0
19	Enter the greater of line 13 or line 18	19	16,881
20	Subtract line 19 from line 11 If zero or less, enter -0	20	75,642
21	Subtract line 17 from line 20 If zero or less, enter -0	21	75,642
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 2019 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	75,642
28	Add lines 17 and 26	28	0
29	Subtract line 28 from line 27 If zero or less, enter -0	29	75,642
30	Enter the general business credit from line 5 of all Parts III with box A checked	30	14,364
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 2019. See instructions	33	
34	Carryforward of business credit to 2019 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 2020. 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	14,364
37	Enter the <b>smaller</b> of line 29 or line 36	37	14,364
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 or 1040-SR), line 6, or Form 1040-NR, line 51  Corporations. Form 1120, Schedule J, Part I, line 5c	38	14,364
			Form <b>3800</b> (2019)

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

370

370

5

Other . . .

5

Department of the Treasury

Depreciation and Amortization

(Including Information on Listed Property)

► Attach to your tax return.

▶ Go to www.irs.gov/Form4562 for instructions and the latest 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 **Election To Expense Certain Property Under Section 179** Note: If you have any listed property, complete Part V before you complete Part I. 1,020,000 0 2 Total cost of section 179 property placed in service (see instructions) 3 1,020,000 3 Threshold cost of section 179 property before reduction in limitation (see instructions) 0 4 Reduction in limitation Subtract line 3 from line 2. If zero or less, enter -0- . . . . 4 5 Dollar limitation for tax year, Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions 1.020.000 . . . 6 (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 9 Tentative deduction. Enter the smaller of line 5 or line 8 . . . 0 10 Carryover of disallowed deduction from line 13 of your 2018 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 2020. 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 during the tax year. See instructions. . . . 14 -0 15 0 15 Property subject to section 168(f)(1) election 8,218 16 Other depreciation (including ACRS) Part III MACRS Depreciation (Don't include listed property. See instructions.) **Section A** 0 17 MACRS deductions for assets placed in service in tax years beginning before 2019 . 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 2019 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 (f) Method (business/investment use placed in only-see instructions) service The stand 19a 3-year property 5-year property 7-year property d 10-year property e 15-year property f 20-year property 25 yrs S/L g 25-year property 275 yrs ММ S/L h Residential rental 275 yrs MM S/L property MM 39 yrs i Nonresidential real S/L MM property Section C-Assets Placed in Service During 2019 Tax Year Using the Alternative Depreciation System S/L 20a Class life S/L 12 yrs **b** 12-year ММ S/L 30 yrs c 30-year MM S/L d 40-year 40 yrs Part IV Summary (See instructions.) 21 Listed property Enter amount from line 28 0 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 8,218 23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs . . .

Page 2 Form 4562 (2019) (Include automobiles, certain other vehicles, certain aircraft, and property used for Part V Listed Property 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.) (c) (b) (f) (a) (h) (1) Basis for depreciation Business/ Elected section 179 Method/ Depreciation Recovery Type of property (list Date placed nvestment use Cost or other basis (business/investment period vehicles first) in service Convention deduction cost use only) percentage 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 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 -28 Add amounts in column (h), lines 25 through 27 Enter here and on line 21, page 1 28 0 29 0 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. (c) (d) (e) (f) (a) (b) Vehicle 3 Vehicle 4 Vehicle 5 Vehicle 6 Vehicle 2 Vehicle 1 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 . . . . . . . Total miles driven during the year. Add lines 30 through 32 . . . . . . . n Yes Yes No No Yes No Yes No No Yes Yes No 34 Was the vehicle available for personal use during off-duty hours? . . . . . 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. Yes No Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees? . 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 Code section period or Amortization for this year Description of costs Amortizable amount beains percentage 42 Amortization of costs that begins during your 2019 tax year (see instructions):

> 43 0 44 0

43 Amortization of costs that began before your 2019 tax year . . .

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

# Form 4562

Department of the Treasury Internal Revenue Service (99)

## **Depreciation and Amortization**

(Including Information on Listed Property)

► Attach to your tax return.

► Go to www.irs.gov/Form4562 for instructions and the latest information.

OMB No 1545-0172

2019

Attachment Sequence No 179

Identifying number 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. 1,020,000 1 Maximum amount (see instructions) . . . . . . . 0 2 Total cost of section 179 property placed in service (see instructions) 2 3 1,020,000 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- . . . . 4 0 5 Dollar limitation for tax year. Subtract line 4 from line 1 If zero or less, enter -0-. If married filing separately, see instructions . . . 1,020,000 . . . . . . 6 (a) Description of property 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 Carryover of disallowed deduction from line 13 of your 2018 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 2020. 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 during the tax year. See instructions . . . . . 14 U 15 0 15 Property subject to section 168(f)(1) election . 16 83,607 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 2019 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 2019 Tax Year Using the General Depreciation System (b) Month and year (c) Basis for depreciation (d) Recovery (business/investment use (g) Depreciation deduction (a) Classification of property (e) Convention (f) Method only-see instructions) service 3-year property 5-year property 7-year property d 10-year property **又次數次2**0 e 15-year property f 20-year property 25 yrs S/L g 25-year property 275 yrs MM S/L h Residential rental MM S/L 275 yrs property MM S/L 39 yrs i Nonresidential real S/L MM property Section C-Assets Placed in Service During 2019 Tax Year Using the Alternative Depreciation System S/L 20a Class life S/L 12 yrs b 12-year S/L MM 30 yrs c 30-year S/L MM d 40-vear 40 yrs Part IV Summary (See instructions.) 21 Listed property Enter amount from line 28 0 . . . . . . . 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 83,607 23 For assets shown above and placed in service during the current year, enter the 23

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		-Depreci														
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	Add amount			_								· · ·		29		
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to yo	ur employees,	, first answe	r the quest	ions in Sec	ction C1	o see if	you me	et an e	xception	to com	pleting	this sec	tion for	those ve	hicles.	
						a) icle 1		b) icle 2	Vehi	c) cle 3		d) icle 4		e) ıcle 5	(1 Vehi	
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41	Do you mee	t the requir	rements co	ncernina	qualifie	d autor	nobile (	demon	stration	use? S	ee insti	ructions	3 .			<b>✓</b>
	Note: If you															
Par	t VI Amor	tization														
		in)		(b)			(c)			(d)		(e) Amortiz			m	
(a) Date amortiz:  Description of costs begins			ation	Amo	rtızable a	mount	c	ode sect	ion	period	l or	Amortiza	(f) zation for this year			
<del></del>	_					<u> </u>		4	1		L	percent	tage			
42	Amortization	of costs t	nat begins	during yo	our 2019	e tax ye	ar (see	ınstru	ctions):							
					+								-			
43	Amortization	n of costs t	hat began	before vo	ur 2019	tax ve	ar .				<u>_</u>		43		-	0
	Total. Add												44			0
															orm 456	2 (2019)

# Form 4562

Department of the Treasury Internal Revenue Service (99)

### **Depreciation and Amortization**

(Including Information on Listed Property)

► Attach to your tax return.

► Go to www.irs.gov/Form4562 for instructions and the latest information.

OMB No 1545-0172

2019

Attachment Sequence No 179

Business or activity to which this form relates Identifying number Name(s) shown on return OCHSNER CLINIC FOUNDATION 53 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. 1,020,000 1 Maximum amount (see instructions) . 2 Total cost of section 179 property placed in service (see instructions) 2 0 1,020,000 3 3 Threshold cost of section 179 property before reduction in limitation (see instructions) 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 separately, see instructions . . 1.020,000 . . . . (a) Description of property (b) Cost (business use only) (c) Elected cost 6 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 9 Tentative deduction Enter the smaller of line 5 or line 8. 0 10 10 Carryover of disallowed deduction from line 13 of your 2018 Form 4562 . . . 0 11 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions 12 Section 179 expense deduction Add lines 9 and 10, but don't enter more than line 11 0 12 13 Carryover of disallowed deduction to 2020 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 during the tax year. See instructions. . . . 14 O 15 Property subject to section 168(f)(1) election . . . . 15 0 16 208.695 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 2019 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 2019 Tax Year Using the General Depreciation System (b) Month and year (c) Basis for depreciation (d) Recovery (business/investment use only—see instructions) (e) Convention (f) Method (g) Depreciation deduction (a) Classification of property service 19a 3-year property 5-year property c 7-year property d 10-year property e 15-year property f 20-year property 25 yrs S/I. g 25-year property 27 5 yrs S/L MM h Residential rental S/L 275 yrs MM property S/I ММ 39 yrs i Nonresidential real S/L MM property Section C-Assets Placed in Service During 2019 Tax Year Using the Alternative Depreciation System S/L 20a Class life S/L 12 yrs **b** 12-year ММ S/L c 30-year 30 yrs d 40-year 40 yrs MM S/L Part IV Summary (See instructions.) 0 21 Listed property. Enter amount from line 28 . . . . . 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 208.695 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

Page 2

Pai	t V Listed			lude auton, or amu			ertaın	other	vehicle	es, ce	rtaın a	urcraft	, and	prope	erty us	ed for	
		-		which you		•	standa	rd mile	age rate	e or de	ducting	lease (	expense	e, com	plete <b>o</b> n	ıly 24a	
				c) of Section									•				
	Section A	-Depreci	ation an	d Other In	format	ion (Ca	ution:	See the	instruc	tions fo	or limits	for pas	senger	autom	obiles)		
24a	Do you have ev	ridence to su		ousiness/inve	estment	use clair		Yes	No	<b>24b</b> If	"Yes," ı	s the evi	dence v	vritten?	☐ Yes	□ No	
	(a) of property (list rehicles first)	(b) Date placed in service	(c) Business/ investment u percentage	ise Cost or o	d) ther bas		(e) for depreness/invenuse use only	stment	(f) Recover period	у Ме	(g) ethod/ vention		(h) preciation eduction	EI	(i) ected sect cost		
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27	Property use	d 50% or l	ess in a c	qualified bu	ısıness	use.											
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29	Add amounts	s in column	1 (I), IIne 2			on line			o of Va	hicles			•	29			
	plete this secti our employees,			by a sole pi	oprieto	r, partne	er, or otl	her "mo	re than	5% owr						vehicles	
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30	Total business the year (don'			_		nicle 1		iicle 2		icle 3						Vehicle 6	
31	Total commut	ıng miles dri	iven during	g the year										·			
32	Total other miles driven	personal	(nonco	mmuting)													
33	33 Total miles driven during the year. Add lines 30 through 32				0			0		0		<del>-</del>		0 0		0	
34	Was the vehi		-		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	
35	Was the vehi	icle used p	rimarily b	oy a more													
36	Is another veh		· · ·				<u> </u>	<del> </del>	+				<u> </u>		ļ <u>-</u>	i	
				stions for	Emplo	yers W	/ho Pro	vide V	ehicles	for Us	e by Th	eir Em	ployee	s	,		
	wer these que e than 5% ow						to con	npleting	Section	n B for	vehicle	s used	by emp	oloyees	who are	en't	
37	Do you main			-											Yes	No	
38	Do you main employees?																
39						_											
40	Do you provuse of the ve													ut the			
41																	
	Note: If you	r answer to	37, 38,	39, 40, or 4	11 is "Y	'es," do	n't com	nplete S	Section	B for th	e cove	red veh	ıcles.				
Par	t VI Amor	tization															
	(a Descriptio			(b) Date amortiz begins	ation	Amo	(c) irtizable a	mount	(d) Code section			(e) Amortization period or Ami			(f) ortization for this year		
42	Amortization	of costs th	hat begin	s during yo	our 201	9 tax ye	ear (see	ınstruc	ctions):								
							····						T 46				
	Amortization		_	-		-					•		43		<del></del>	0	
44	Total. Add a	arriounts in	column	(i). See the	mstruc	JUONS 10	n where	e to tel	JUIL .		•	• • -	44		Form <b>456</b>		

# Form **4562**

Internal Revenue Service (99)

Depreciation and Amortization

(Including Information on Listed Property)

► Attach to your tax return.

► Go to www.irs.gov/Form4562 for instructions and the latest information.

OMB No 1545-0172

2019

Attachment Sequence No 179

Identifying number 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. 1.020.000 1 Maximum amount (see instructions) 0 2 Total cost of section 179 property placed in service (see instructions) 2 3 1.020.000 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- . . . 4 0 5 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0- If married filing separately, see instructions 1 020 000 6 (a) Description of property 7 Listed property. Enter the amount from line 29 0 8 Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7 8 0 9 Tentative deduction. Enter the smaller of line 5 or line 8. 9 0 10 Carryover of disallowed deduction from line 13 of your 2018 Form 4562 . . . 10 11 0 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 2020 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 during the tax year. See instructions. 14 Ů 0 15 15 Property subject to section 168(f)(1) election 237,697 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 2019 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 2019 Tax Year Using the General Depreciation System (b) Month and year (c) Basis for depreciation (d) Recovery (e) Convention (f) Method (g) Depreciation deduction (a) Classification of property placed in service (business/investment use anly-see instructions) 19a 3-year property 5-year property 7-year property d 10-year property e 15-year property f 20-year property 25 yrs g 25-year property 275 yrs MM S/L h Residential rental S/L 275 yrs MM property 39 yrs ММ i Nonresidential real ММ S/L property Section C-Assets Placed in Service During 2019 Tax Year Using the Alternative Depreciation System S/L 20a Class life S/L **b** 12-year 12 vrs ММ S/L c 30-year 30 yrs MM d 40-year 40 yrs Part IV Summary (See instructions.) 0 21 Listed property. Enter amount from line 28 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 237,697 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 (2019) 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 (c) (b) (g) (i) Business/ Basis for depreciation (d) Flected section 179 Method/ Depreciation Type of property (list Date placed Recovery Cost or other basis (business/investment investment use vehicles first) in service period Convention deduction cost use only) percentage 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 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 -28 Add amounts in column (h), lines 25 through 27 Enter here and on line 21, page 1 28 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. (d) (e) Vehicle 3 Vehicle 5 Vehicle 6 Vehicle 4 Vehicle 1 Vehicle 2 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 . . . Total miles driven during the year. Add lines 30 through 32 . . . n 0 O n Yes Yes No Yes No Yes No Yes No Yes No No 34 Was the vehicle available for personal use during off-duty hours? . . . . 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. Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by Yes No your employees? . . . . . 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 Part VI Amortization (e) (b) (d) Amortization Date amortization period or Amortization for this year Description of costs Amortizable amount Code section begins percentage 42 Amortization of costs that begins during your 2019 tax year (see instructions):

Form 4562 (2019)

0

0

43 Amortization of costs that began before your 2019 tax year . . . . .

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

43

# Form **4562**

Department of the Treasury Internal Revenue Service (99)

# **Depreciation and Amortization**

(Including Information on Listed Property)

► Attach to your tax return.

▶ Go to www.irs.gov/Form4562 for instructions and the latest information.

OMB No 1545-0172

2019

Attachment Sequence No 179

• • •	own on return			ess or activity to w	hich this form re	ates	Ident	tifying number
	R CLINIC FOUND		62		470		<u> </u>	72-0502505
Part I			rtain Property Un ed property, comp			omplete Part I.		
1 Max	kimum amount (	see instructions	s)				1	1,020,000
2 Tota	al cost of section	n 179 property	placed in service (se	ee instructions	;)		2	C
3 Thre	eshold cost of se	ection 179 prop	perty before reduction	on in limitation	(see instruct	ons)	3	1,020,000
			ne 3 from line 2. If ze				4	C
	iar limitation for arately, see insti		otract line 4 from li		or less, ente	er -0 If married filing	5	1,020,000
6	(a) De	escription of propert		(b) Cost (busi	ness use only)	(c) Elected cost		KWASI YOR
-								
7 Liste	ed property Ent	ter the amount	from line 29 .		7		0	
			roperty. Add amour			17	8	C
			aller of line 5 or line				9	C
			from line 13 of your				10	C
	•		-			r line 5. See instructions	11	C
			dd lines 9 and 10, b				12	C
			to 2020. Add lines 9			13	0	
			for listed property			<u> </u>		1
						ide listed property. See	ınstr	uctions.)
						erty) placed in service	T	
dun	ing the tax year	See instruction	າຣ				14	C
<b>15</b> Pro	perty subject to	section 168(f)(1	I) election				15	C
•	er depreciation		-				16	8,670
			on't include listed	property. Se	e instructio	ns.)		
				Section A				
<b>18</b> If yo	ou are electing tet accounts, che	to group any a eck here	ssets placed in sen	vice during the	e tax year int	9	n Syst	tem
		(b) Month and year	(c) Basis for depreciation	<del></del>		T	T	
	fication of property	placed in service	(business/investment use only—see instructions)	(d) Recovery period	(e) Convention	n (f) Method	(g) C	Depreciation deduction
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	-year property		<u> </u>				₩	
	-year property	Park to the property of the contract of the co					┼	
	year property	5.62.63.63.65		<del></del>			₩	
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	year property			25 yrs	NAN 4		┼	
	sidential rental			275 yrs	MM	5/L	┼	
	perty			275 yrs	MM	5/L	┼──	
	nresidential real	ļ		39 yrs	MM	5/L	┼	
pro	perty	L		2010 7 1/	MM	5/L	<u></u>	-1
		-Assets Place	d in Service During	2019 Tax Ye	ar Using the	Alternative Depreciation	on Sy	stem
<b>20a</b> Cla		STATE STATE		12		5/L	+-	<del></del>
b 12-	•			12 yrs	1111	5/L	+	
<b>c</b> 30-	·			30 yrs	MM	5/L	+	
d 40-		Coo 15 - 45 - 5 - 5	ma \	40 yrs	MM	S/L	<u> </u>	
	Summary (						T 64	<del></del>
	ed property. En						21	<u> </u>
here	e and on the app	propriate lines o	of your return. Partne	erships and S	corporations	n (g), and line 21. Enter —see instructions	22	8,670
			ed in service during section 263A costs		ear, enter the	23		

Pa	Lister	a Proper ainment, r					ertain (	otner	venici	es, ce	rtain a	aircrait	, and	prope	rty us	eu 10
		For any ve					standaı	rd mile	age rat	e or de	ducting	lease	expense	e, com	plete <b>or</b>	ıly 24a
		olumns (a)														
		\-Depreci										_			_	
_24a	Do you have e	vidence to su		business/inve	estment	use clain		Yes	No	24b lf	"Yes,"	s the evi	dence v	vritten?	∐ Yes	<u> </u>
	(a) e of property (list vehicles first)	(b) Date placed in service	(c) Business investment of percentag	use Cost or o	d) ther basi:		(e) for depre ness/inves use only)	stment	(f) Recover period	· 1	(g) ethod/ ovention		(h) preciation eduction	E	(i) ected sect cost	
25	Special dep										25			0		
26	Property use													<u></u>	5,,,,,,,,,,,,,,,,	
	, ,			%												
				%								ļ				
			<u> </u>	%								<u> </u>				
27	Property use	ed 50% or I	less in a i		isiness	use:				5/L -		Τ	<del></del>		<u> </u>	
		<u> </u>		% %						5/L ·		<del> </del>		_		
			<u> </u>	%		1				S/L -			· · · · · · · · · · · · · · · · · · ·			
28	Add amount	ts in columi	n (h), line	<u> </u>	h 27 E	nter he	re and	on line	21, pag		28			0		
	Add amount			-									.	29		C
			·						e of Ve							
	plete this sect															vehicles
to yo	our employees	, first answe	r the que	stions in Sec	Τ				T		1		Γ .		1	
30	Total busines			Ū		a) cle 1	(b) Vehicle 2			(c) ncle 3		(d) Vehicle 4		e) icle 5	e 5 (f) Vehicle 6	
	31 Total commuting miles driven during the year								<del> </del>						<u> </u>	
	Total other personal (noncommuting) miles driven						ļ									
33	Total miles lines 30 thro		ing the	year. Add		0 0		ļ <u>.</u>			0 0					
34	Was the veh		•	rsonal	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
35	use during of Was the veh	ncle used p	orimarily i	•					<u> </u>							
	than 5% ow								-	<u> </u>		-			ļ	
<u>36</u>	Is another vel	-			F		(ha Dea	uriala M	la bi alaa	for He	a by Ti	oir Em	playes	<u></u>	<u> </u>	
	wer these que e than 5% ov	estions to d	letermine		t an ex	ception	to com								who ar	en't
	Do you mai							rconal	uso of	vobiolo	e inclu	dina co	mmutu	a by	Yes	No
31	your employ		iten ponc	y Staterner	ıı ıııaı p									ig, by		
38	Do you mai employees?	ntain a writ												your		
39												, .				
	Do you pro-	vide more t	than five	vehicles to	your	employe	ees, ob	tain in	formation	on from	your e	mploye	es abo	ut the		
41	Do you mee							 demon	 stration	use? S	 See inst	· · · ructions	3			
•••	Note: If you															
Par		tization		. , ,		′										
		(a) on of costs		(b) Date amortiz begins	ation (c) Amortizable amount				(d) Code section			(e) Amortization period or Amore Amo			(f) rtization for this year	
42	Amortization	n of costs the	hat begin	is during ve	ur 2019	a tax ve	ar (see	ınstru	ctions):			percern	-90			
-72	, and azadol	. 5. 5556 1	a. segii	o daring ye	1	- way	- <u>1</u> 000									
_																
	Amortization		_	_		-							43			
44	Total, Add	amounts in	column	(f) See the	instruc	tions fo	or where	e to rep	oort				44			C

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Form **4562** (2019)