

990-T C&E 3336

Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e)) 1912

OMB No 1545-0047

2019

Form 990-T 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).

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

- A Check box if address changed
B Exempt under section 501(c)(3)
C Book value of all assets at end of year 3,490,558,630

Name of organization: OCHSNER CLINIC FOUNDATION
Number, street, and room or suite no: 1514 JEFFERSON HIGHWAY, BH 546
City or town, state or province, country, and ZIP or foreign postal code: Ogden, UT

D Employer identification number: 72-0502505
E Unrelated business activity code: 44

F Group exemption number
G Check organization type: 501(c) corporation

H Enter the number of the organization's unrelated trades or businesses: 6
Describe the only (or first) unrelated trade or business here: RETAIL TRADE

I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidary controlled group? Yes No

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

Table with 4 columns: (A) Income, (B) Expenses, (C) Net. Rows include Gross receipts or sales, Less returns and allowances, Cost of goods sold, etc.

Table with 3 columns: Line number, Description, Amount. Rows include Compensation of officers, directors, and trustees, Salaries and wages, Repairs and maintenance, etc.

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11/9/2020 1:33:37 PM

Form 990-T (2019)

OCHSNER CLINIC FOUNDATION 72-0502505

Handwritten numbers: 937, 15

Part III Total Unrelated Business Taxable Income

Table with 2 columns: Line number and Amount. Rows 32-39. Total amount 440,587.

Part IV Tax Computation

Table with 2 columns: Line number and Amount. Rows 40-45. Total amount 92,523.

Part V Tax and Payments

Table with 2 columns: Line number and Amount. Rows 46a-56. Total amount 453,390.

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

Table with 3 columns: Question, Yes, No. Rows 57-59.

Sign Here

Signature of officer: [Signature] Date: 11/11/20 Title: EVP, TREASURER, AND CFO

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

Paid Preparer Use Only

Table with 5 columns: Print/Type preparer's name, Preparer's signature, Date, Check if self-employed, PTIN. Row 1: MELVA SCOTT, [Signature], 11/09/2020, [X] if self-employed, P01207335.

**Schedule A—Cost of Goods Sold.** Enter method of inventory valuation ▶

<b>1</b> Inventory at beginning of year	<b>1</b>	0	<b>6</b> Inventory at end of year	<b>6</b>	0
<b>2</b> Purchases	<b>2</b>	0	<b>7</b> <b>Cost of goods sold.</b> Subtract line 6 from line 5. Enter here and in Part I, line 2	<b>7</b>	594,373
<b>3</b> Cost of labor	<b>3</b>	0			
<b>4a</b> Additional section 263A costs (attach schedule)	<b>4a</b>	0	<b>8</b> Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?	Yes	No
<b>b</b> Other costs (attach schedule)	<b>4b</b>	594,373			<input type="checkbox"/>
<b>5</b> <b>Total.</b> Add lines 1 through 4b	<b>5</b>	594,373			<input checked="" type="checkbox"/>

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

(see instructions)

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

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

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

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

1. Name of controlled organization	2. Employer identification number	Exempt Controlled Organizations			
		3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income	6. Deductions directly connected with income in column 5
(1)					
(2)					
(3)					
(4)					

**Nonexempt Controlled Organizations**

7. Taxable income	8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10
(1)				
(2)				
(3)				
(4)				

Add columns 5 and 10  
Enter here and on page 1, Part I, line 8, column (A) 0

Add columns 6 and 11  
Enter here and on page 1, Part I, line 8, column (B) 0

**Totals** ▶ 0 0

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

1. Description of income	2. Amount of income	3. Deductions directly connected (attach schedule)	4. Set-asides (attach schedule)	5. Total deductions and set-asides (col 3 plus col 4)
(1)				
(2)				
(3)				
(4)				

Enter here and on page 1, Part I, line 9, column (A) 0

Enter here and on page 1, Part I, line 9, column (B) 0

**Totals** ▶ 0 0

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

1. Description of exploited activity	2. Gross unrelated business income from trade or business	3. Expenses directly connected with production of unrelated business income	4. Net income (loss) from unrelated trade or business (column 2 minus column 3) If a gain, compute cols 5 through 7	5. Gross income from activity that is not unrelated business income	6. Expenses attributable to column 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1)						
(2)						
(3)						
(4)						

Enter here and on page 1, Part I, line 10, col (A) 0

Enter here and on page 1, Part I, line 10, col (B) 0

Enter here and on page 1, Part II, line 25 0

**Totals** ▶ 0 0 0

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

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

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)						
(2)						
(3)						
(4)						

**Totals (carry to Part II, line (5))** ▶ 0 0 0 0 0 0

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

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

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

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

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

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

OMB No 1545-0047

**2019**

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

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Department of the Treasury  
Internal Revenue Service

Name of the organization  
**OCHSNER CLINIC FOUNDATION**

Employer identification number  
**72-0502505**

Unrelated Business Activity Code (see instructions) ▶ **32**

Describe the unrelated trade or business ▶ **MANUFACTURING**

<b>Part I Unrelated Trade or Business Income</b>				(A) Income	(B) Expenses	(C) Net
<b>1a</b>	Gross receipts or sales	1,014,999				
<b>b</b>	Less returns and allowances	0				
	<b>c Balance ▶</b>		<b>1c</b>	1,014,999		
<b>2</b>	Cost of goods sold (Schedule A, line 7)		<b>2</b>	0		
<b>3</b>	Gross profit. Subtract line 2 from line 1c		<b>3</b>	1,014,999		1,014,999
<b>4a</b>	Capital gain net income (attach Schedule D)		<b>4a</b>	0		0
<b>b</b>	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)		<b>4b</b>	0		0
<b>c</b>	Capital loss deduction for trusts		<b>4c</b>	0		0
<b>5</b>	Income (loss) from a partnership or an S corporation (attach statement)		<b>5</b>	0		0
<b>6</b>	Rent income (Schedule C)		<b>6</b>	0	0	0
<b>7</b>	Unrelated debt-financed income (Schedule E)		<b>7</b>	0	0	0
<b>8</b>	Interest, annuities, royalties, and rents from a controlled organization (Schedule F)		<b>8</b>	0	0	0
<b>9</b>	Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)		<b>9</b>	0	0	0
<b>10</b>	Exploited exempt activity income (Schedule I)		<b>10</b>	0	0	0
<b>11</b>	Advertising income (Schedule J)		<b>11</b>	0	0	0
<b>12</b>	Other income (See instructions; attach schedule)		<b>12</b>	0		0
<b>13</b>	<b>Total.</b> Combine lines 3 through 12		<b>13</b>	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.)

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

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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**

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

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Department of the Treasury  
Internal Revenue Service

Name of the organization

OCHSNER CLINIC FOUNDATION

Employer identification number

72-0502505

Unrelated Business Activity Code (see instructions) ▶ 52

Describe the unrelated trade or business ▶ FINANCE AND INSURANCE

<b>Part I Unrelated Trade or Business Income</b>		(A) Income	(B) Expenses	(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)	0		
3	Gross profit. Subtract line 2 from line 1c	0		0
4a	Capital gain net income (attach Schedule D)	0		0
4b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	0		0
4c	Capital loss deduction for trusts	0		0
5	Income (loss) from a partnership or an S corporation (attach statement)	33,105		33,105
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 controlled organization (Schedule F)	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	<b>Total.</b> Combine lines 3 through 12	33,105	0	33,105

**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	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)	20	0	
21	Less depreciation claimed on Schedule A and elsewhere on return	21a	0	21b
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	<b>Total deductions.</b> 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 instructions)		30	0
31	Unrelated business taxable income Subtract line 30 from line 29		31	26,022

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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**

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

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Department of the Treasury  
Internal Revenue Service

Name of the organization  
**OCHSNER CLINIC FOUNDATION**

Employer identification number  
**72-0502505**

Unrelated Business Activity Code (see instructions) ▶ **53**

Describe the unrelated trade or business ▶ **REAL ESTATE AND RENTAL & LEASING**

<b>Part I Unrelated Trade or Business Income</b>				(A) Income	(B) Expenses	(C) Net
<b>1a</b>	Gross receipts or sales	1,813,350				
<b>b</b>	Less returns and allowances	0				
	<b>c Balance ▶</b>		<b>1c</b>	1,813,350		
<b>2</b>	Cost of goods sold (Schedule A, line 7)		<b>2</b>	0		
<b>3</b>	Gross profit. Subtract line 2 from line 1c		<b>3</b>	1,813,350		1,813,350
<b>4a</b>	Capital gain net income (attach Schedule D)		<b>4a</b>	0		0
<b>b</b>	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)		<b>4b</b>	0		0
<b>c</b>	Capital loss deduction for trusts		<b>4c</b>	0		0
<b>5</b>	Income (loss) from a partnership or an S corporation (attach statement)		<b>5</b>	0		0
<b>6</b>	Rent income (Schedule C)		<b>6</b>	0	0	0
<b>7</b>	Unrelated debt-financed income (Schedule E)		<b>7</b>	0	0	0
<b>8</b>	Interest, annuities, royalties, and rents from a controlled organization (Schedule F)		<b>8</b>	0	0	0
<b>9</b>	Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)		<b>9</b>	0	0	0
<b>10</b>	Exploited exempt activity income (Schedule I)		<b>10</b>	0	0	0
<b>11</b>	Advertising income (Schedule J)		<b>11</b>	0	0	0
<b>12</b>	Other income (See instructions, attach schedule)		<b>12</b>	0		0
<b>13</b>	<b>Total.</b> Combine lines 3 through 12		<b>13</b>	1,813,350	0	1,813,350

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

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

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Cat No 71329Y

Schedule M (Form 990-T) 2019

**SCHEDULE M  
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**Unrelated Business Taxable Income from an  
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Internal Revenue Service

Name of the organization

OCHSNER CLINIC FOUNDATION

Employer identification number

72-0502505

Unrelated Business Activity Code (see instructions) ▶ 54

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

<b>Part I Unrelated Trade or Business Income</b>		(A) Income	(B) Expenses	(C) Net
<b>1a</b>	Gross receipts or sales	19,882,936		
<b>b</b>	Less returns and allowances	0		
<b>c</b>	Balance ▶			
<b>1c</b>		19,882,936		
<b>2</b>	Cost of goods sold (Schedule A, line 7)	0		
<b>3</b>	Gross profit. Subtract line 2 from line 1c	19,882,936		19,882,936
<b>4a</b>	Capital gain net income (attach Schedule D)	0		0
<b>4b</b>	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	0		0
<b>4c</b>	Capital loss deduction for trusts	0		0
<b>5</b>	Income (loss) from a partnership or an S corporation (attach statement)	0		0
<b>6</b>	Rent income (Schedule C)	0	0	0
<b>7</b>	Unrelated debt-financed income (Schedule E)	0	0	0
<b>8</b>	Interest, annuities, royalties, and rents from a controlled organization (Schedule F)	0	0	0
<b>9</b>	Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)	0	0	0
<b>10</b>	Exploited exempt activity income (Schedule I)	0	0	0
<b>11</b>	Advertising income (Schedule J)	0	0	0
<b>12</b>	Other income (See instructions, attach schedule)	0		0
<b>13</b>	<b>Total.</b> Combine lines 3 through 12	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.)

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

**2019**

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

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

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

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

Department of the Treasury  
Internal Revenue Service

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

Unrelated Business Activity Code (see instructions) ▶ **62**

Describe the unrelated trade or business ▶ **HEALTH CARE AND SOCIAL ASSISTANCE**

<b>Part I Unrelated Trade or Business Income</b>		(A) Income	(B) Expenses	(C) Net
<b>1a</b>	Gross receipts or sales <b>7,550,878</b>			
<b>b</b>	Less returns and allowances <b>0</b>			
<b>c</b>	Balance ▶	<b>1c</b>		
		<b>7,550,878</b>		
<b>2</b>	Cost of goods sold (Schedule A, line 7)	<b>2</b>	<b>0</b>	
<b>3</b>	Gross profit. Subtract line 2 from line 1c	<b>3</b>	<b>7,550,878</b>	<b>7,550,878</b>
<b>4a</b>	Capital gain net income (attach Schedule D)	<b>4a</b>	<b>0</b>	<b>0</b>
<b>b</b>	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	<b>4b</b>	<b>0</b>	<b>0</b>
<b>c</b>	Capital loss deduction for trusts	<b>4c</b>	<b>0</b>	<b>0</b>
<b>5</b>	Income (loss) from a partnership or an S corporation (attach statement)	<b>5</b>	<b>(628,523)</b>	<b>(628,523)</b>
<b>6</b>	Rent income (Schedule C)	<b>6</b>	<b>0</b>	<b>0</b>
<b>7</b>	Unrelated debt-financed income (Schedule E)	<b>7</b>	<b>0</b>	<b>0</b>
<b>8</b>	Interest, annuities, royalties, and rents from a controlled organization (Schedule F)	<b>8</b>	<b>0</b>	<b>0</b>
<b>9</b>	Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)	<b>9</b>	<b>0</b>	<b>0</b>
<b>10</b>	Exploited exempt activity income (Schedule I)	<b>10</b>	<b>0</b>	<b>0</b>
<b>11</b>	Advertising income (Schedule J)	<b>11</b>	<b>0</b>	<b>0</b>
<b>12</b>	Other income (See instructions, attach schedule)	<b>12</b>	<b>0</b>	<b>0</b>
<b>13</b>	<b>Total.</b> Combine lines 3 through 12	<b>13</b>	<b>6,922,355</b>	<b>6,922,355</b>

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

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

For Paperwork Reduction Act Notice, see instructions.

Cat No 71329Y

Schedule M (Form 990-T) 2019

Name of Partnership	EIN	UBI
<b>FINANCE AND INSURANCE</b>		
(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
	<b>Total</b>	<b>33,105</b>
<b>HEALTH CARE AND SOCIAL ASSISTANCE</b>		
(1) LA EXTENDED CARE OF KENNER LLC	26-4691864	-38,211
(2) NORTSHORE EXTENDED CARE HOSPITAL, LLC	83-2429969	-499,589
(3) SOUTHEAST LA HOMECARE, LLC	26-4020490	-484,284
(4) OCHSNERACADIA, LLC	61-1795861	393,561
	<b>Total</b>	<b>-628,523</b>

Description	Amount
<b>RETAIL TRADE</b>	
(1) TAXES AND LICENSES	23,049
<b>MANUFACTURING</b>	
(2) SALES TAX REFUND	-27,417
<b>REAL ESTATE AND RENTAL &amp; LEASING</b>	
(3) TAXES AND LICENSES	238
<b>PROFESSIONAL, SCIENTIFIC, AND TECHNICAL SERVICES</b>	
(4) TAXES AND LICENSES	294,586
<b>HEALTH CARE AND SOCIAL ASSISTANCE</b>	
(5) TAXES AND LICENSES	5,588

Description	Amount
<b>RETAIL TRADE</b>	
(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
<b>Total</b>	<b>173,470</b>
<b>MANUFACTURING</b>	
(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
<b>Total</b>	<b>818,587</b>
<b>FINANCE AND INSURANCE</b>	
(19) OTHER PURCHASED SERVICES	1,816
<b>REAL ESTATE AND RENTAL &amp; LEASING</b>	
(20) MISCELLANEOUS EXPENSES	12,640
(21) OCCUPANCY	4,606,547
(22) OTHER PURCHASED SERVICES	272,468
<b>Total</b>	<b>4,891,655</b>
<b>PROFESSIONAL, SCIENTIFIC, AND TECHNICAL SERVICES</b>	
(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
<b>Total</b>	<b>9,005,369</b>
<b>HEALTH CARE AND SOCIAL ASSISTANCE</b>	
(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
(39) OCCUPANCY	129,900
(40) OFFICE EXPENSES	44,922
(41) OTHER PURCHASED SERVICES	678,567
(42) PROFESSIONAL FEES	1,693
(43) RECRUITING	1,600
(44) TELEPHONE	978
<b>Total</b>	<b>6,953,367</b>

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

Year Generated	Amount Generated	Amount Used in Prior Years	Amount Used in Current Year	Amount Converted to NOL	Amount Remaining	Contribution Carryover Expires
2019	49,065		49,065		0	
<b>Totals</b>	<b>49,065</b>	<b>0</b>	<b>49,065</b>	<b>0</b>	<b>0</b>	

Date	Amount
04/15/2019	121,000
09/16/2019	210,000
12/16/2019	90,000
01/29/2020	122,000
<b>Totals</b>	<b>543,000</b>

**Schedule A, Line 4b****Other Costs**

Description	Amount
<b>RETAIL TRADE</b>	
(1) ALLOCATED COST OF GOODS SOLD	594,373
<b>Total for Schedule A, Line 4b</b>	<b>594,373</b>

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, 2019
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, 2019

## General Business Credit

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

Name(s) shown on return: **OCHSNER CLINIC FOUNDATION**      Identifying number: **72-0502505**

**Part I Current Year Credit for Credits Not Allowed Against Tentative Minimum Tax (TMT)**  
 (See instructions and complete Part(s) III before Parts I and II.)

1	General business credit from line 2 of all Parts III with box A checked . . . . .		<b>1</b>	0
2	Passive activity credits from line 2 of all Parts III with box B checked . . . . .	<b>2</b> 0		
3	Enter the applicable passive activity credits allowed for 2019. See instructions . . . . .		<b>3</b>	
4	Carryforward of general business credit to 2019. Enter the amount from line 2 of Part III with box C checked. See instructions for statement to attach . . . . .		<b>4</b>	0
5	Carryback of general business credit from 2020. Enter the amount from line 2 of Part III with box D checked. See instructions . . . . .		<b>5</b>	0
6	Add lines 1, 3, 4, and 5 . . . . .		<b>6</b>	0

**Part II Allowable Credit**

7	Regular tax before credits			
	<ul style="list-style-type: none"> <li>• 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 . . . . .</li> <li>• Corporations. Enter the amount from Form 1120, Schedule J, Part I, line 2; or the applicable line of your return . . . . .</li> <li>• 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 . . . . .</li> </ul>	<b>7</b>		92,523
8	Alternative minimum tax:			
	<ul style="list-style-type: none"> <li>• Individuals Enter the amount from Form 6251, line 11 . . . . .</li> <li>• Corporations Enter -0- . . . . .</li> <li>• Estates and trusts Enter the amount from Schedule I (Form 1041), line 54 . . . . .</li> </ul>	<b>8</b>		0
9	Add lines 7 and 8 . . . . .		<b>9</b>	92,523
10a	Foreign tax credit . . . . .	<b>10a</b>		
b	Certain allowable credits (see instructions) . . . . .	<b>10b</b>		
c	Add lines 10a and 10b . . . . .		<b>10c</b>	0
11	<b>Net income tax.</b> Subtract line 10c from line 9. If zero, skip lines 12 through 15 and enter -0- on line 16 . . . . .		<b>11</b>	92,523
12	<b>Net regular tax.</b> Subtract line 10c from line 7. If zero or less, enter -0- . . . . .	<b>12</b>	92,523	
13	Enter 25% (0.25) of the excess, if any, of line 12 over \$25,000. See instructions . . . . .	<b>13</b>	16,881	
14	Tentative minimum tax:			
	<ul style="list-style-type: none"> <li>• Individuals. Enter the amount from Form 6251, line 9 . . . . .</li> <li>• Corporations Enter -0- . . . . .</li> <li>• Estates and trusts Enter the amount from Schedule I (Form 1041), line 52 . . . . .</li> </ul>	<b>14</b>	0	
15	Enter the greater of line 13 or line 14 . . . . .		<b>15</b>	16,881
16	Subtract line 15 from line 11. If zero or less, enter -0- . . . . .		<b>16</b>	75,642
17	Enter the <b>smaller</b> of line 6 or line 16 . . . . .		<b>17</b>	0
	<b>C corporations:</b> See the line 17 instructions if there has been an ownership change, acquisition, or reorganization . . . . .			

**Part II Allowable Credit (continued)**

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

18	Multiply line 14 by 75% (0.75) See instructions . . . . .	18	0
19	Enter the greater of line 13 or line 18 . . . . .	19	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	<b>Credit allowed for the current year.</b> Add lines 28 and 37. Report the amount from line 38 (if smaller than the sum of Part I, line 6, and Part II, lines 25 and 36, see instructions) as indicated below or on the applicable line of your return. • Individuals. Schedule 3 (Form 1040 or 1040-SR), line 6, or Form 1040-NR, line 51 . . . . . • Corporations. Form 1120, Schedule J, Part I, line 5c . . . . . • Estates and trusts. Form 1041, Schedule G, line 2b . . . . .	38	14,364

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

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

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

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

(a) Description of credit	(b) If claiming the credit from a pass-through entity, enter the EIN	(c) Enter the appropriate amount
<b>Note:</b> On any line where the credit is from more than one source, a separate Part III is needed for each pass-through entity		
<b>1a</b> Investment (Form 3468, Part II only) (attach Form 3468)	<b>1a</b>	0
<b>b</b> Reserved	<b>1b</b>	0
<b>c</b> Increasing research activities (Form 6765)	<b>1c</b>	0
<b>d</b> Low-income housing (Form 8586, Part I only)	<b>1d</b>	0
<b>e</b> Disabled access (Form 8826) (see instructions for limitation)	<b>1e</b>	0
<b>f</b> Renewable electricity, refined coal, and Indian coal production (Form 8835)	<b>1f</b>	0
<b>g</b> Indian employment (Form 8845)	<b>1g</b>	0
<b>h</b> Orphan drug (Form 8820)	<b>1h</b>	0
<b>i</b> New markets (Form 8874)	<b>1i</b>	0
<b>j</b> Small employer pension plan startup costs (Form 8881) (see instructions for limitation)	<b>1j</b>	0
<b>k</b> Employer-provided child care facilities and services (Form 8882) (see instructions for limitation)	<b>1k</b>	0
<b>l</b> Biodiesel and renewable diesel fuels (attach Form 8864)	<b>1l</b>	0
<b>m</b> Low sulfur diesel fuel production (Form 8896)	<b>1m</b>	0
<b>n</b> Distilled spirits (Form 8906)	<b>1n</b>	0
<b>o</b> Nonconventional source fuel (carryforward only)	<b>1o</b>	0
<b>p</b> Energy efficient home (Form 8908)	<b>1p</b>	0
<b>q</b> Energy efficient appliance (carryforward only)	<b>1q</b>	0
<b>r</b> Alternative motor vehicle (Form 8910)	<b>1r</b>	0
<b>s</b> Alternative fuel vehicle refueling property (Form 8911)	<b>1s</b>	0
<b>t</b> Enhanced oil recovery credit (Form 8830)	<b>1t</b>	0
<b>u</b> Mine rescue team training (Form 8923)	<b>1u</b>	0
<b>v</b> Agricultural chemicals security (carryforward only)	<b>1v</b>	0
<b>w</b> Employer differential wage payments (Form 8932)	<b>1w</b>	0
<b>x</b> Carbon oxide sequestration (Form 8933)	<b>1x</b>	0
<b>y</b> Qualified plug-in electric drive motor vehicle (Form 8936)	<b>1y</b>	0
<b>z</b> Qualified plug-in electric vehicle (carryforward only)	<b>1z</b>	0
<b>aa</b> Employee retention (Form 5884-A)	<b>1aa</b>	0
<b>bb</b> General credits from an electing large partnership (carryforward only)	<b>1bb</b>	0
<b>zz</b> Other. Oil and gas production from marginal wells (Form 8904) and certain other credits (see instructions)	<b>1zz</b>	0
<b>2</b> Add lines 1a through 1zz and enter here and on the applicable line of Part I	<b>2</b>	0
<b>3</b> Enter the amount from Form 8844 here and on the applicable line of Part II	<b>3</b>	0
<b>4a</b> Investment (Form 3468, Part III) (attach Form 3468)	<b>4a</b>	0
<b>b</b> Work opportunity (Form 5884)	<b>4b</b>	6,945
<b>c</b> Biofuel producer (Form 6478)	<b>4c</b>	0
<b>d</b> Low-income housing (Form 8586, Part II)	<b>4d</b>	0
<b>e</b> Renewable electricity, refined coal, and Indian coal production (Form 8835)	<b>4e</b>	0
<b>f</b> Employer social security and Medicare taxes paid on certain employee tips (Form 8846)	<b>4f</b>	0
<b>g</b> Qualified railroad track maintenance (Form 8900)	<b>4g</b>	0
<b>h</b> Small employer health insurance premiums (Form 8941)	<b>4h</b>	0
<b>i</b> Increasing research activities (Form 6765)	<b>4i</b>	7,419
<b>j</b> Employer credit for paid family and medical leave (Form 8994)	<b>4j</b>	0
<b>z</b> Other	<b>4z</b>	0
<b>5</b> Add lines 4a through 4z and enter here and on the applicable line of Part II	<b>5</b>	14,364
<b>6</b> Add lines 2, 3, and 5 and enter here and on the applicable line of Part II	<b>6</b>	14,364

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

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

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

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

(a) Description of credit	(b) If claiming the credit from a pass-through entity, enter the EIN	(c) Enter the appropriate amount
<b>Note:</b> On any line where the credit is from more than one source, a separate Part III is needed for each pass-through entity		
<b>1a</b> Investment (Form 3468, Part II only) (attach Form 3468)	<b>1a</b>	
<b>b</b> Reserved	<b>1b</b>	
<b>c</b> Increasing research activities (Form 6765)	<b>1c</b>	
<b>d</b> Low-income housing (Form 8586, Part I only)	<b>1d</b>	
<b>e</b> Disabled access (Form 8826) (see instructions for limitation)	<b>1e</b>	
<b>f</b> Renewable electricity, refined coal, and Indian coal production (Form 8835)	<b>1f</b>	
<b>g</b> Indian employment (Form 8845)	<b>1g</b>	
<b>h</b> Orphan drug (Form 8820)	<b>1h</b>	
<b>i</b> New markets (Form 8874)	<b>1i</b>	
<b>j</b> Small employer pension plan startup costs (Form 8881) (see instructions for limitation)	<b>1j</b>	
<b>k</b> Employer-provided child care facilities and services (Form 8882) (see instructions for limitation)	<b>1k</b>	
<b>l</b> Biodiesel and renewable diesel fuels (attach Form 8864)	<b>1l</b>	
<b>m</b> Low sulfur diesel fuel production (Form 8896)	<b>1m</b>	
<b>n</b> Distilled spirits (Form 8906)	<b>1n</b>	
<b>o</b> Nonconventional source fuel (carryforward only)	<b>1o</b>	
<b>p</b> Energy efficient home (Form 8908)	<b>1p</b>	
<b>q</b> Energy efficient appliance (carryforward only)	<b>1q</b>	
<b>r</b> Alternative motor vehicle (Form 8910)	<b>1r</b>	
<b>s</b> Alternative fuel vehicle refueling property (Form 8911)	<b>1s</b>	
<b>t</b> Enhanced oil recovery credit (Form 8830)	<b>1t</b>	
<b>u</b> Mine rescue team training (Form 8923)	<b>1u</b>	
<b>v</b> Agricultural chemicals security (carryforward only)	<b>1v</b>	
<b>w</b> Employer differential wage payments (Form 8932)	<b>1w</b>	
<b>x</b> Carbon oxide sequestration (Form 8933)	<b>1x</b>	
<b>y</b> Qualified plug-in electric drive motor vehicle (Form 8936)	<b>1y</b>	
<b>z</b> Qualified plug-in electric vehicle (carryforward only)	<b>1z</b>	
<b>aa</b> Employee retention (Form 5884-A)	<b>1aa</b>	
<b>bb</b> General credits from an electing large partnership (carryforward only)	<b>1bb</b>	
<b>zz</b> Other. Oil and gas production from marginal wells (Form 8904) and certain other credits (see instructions)	<b>1zz</b>	
<b>2</b> Add lines 1a through 1zz and enter here and on the applicable line of Part I	<b>2</b>	0
<b>3</b> Enter the amount from Form 8844 here and on the applicable line of Part II	<b>3</b>	
<b>4a</b> Investment (Form 3468, Part III) (attach Form 3468)	<b>4a</b>	
<b>b</b> Work opportunity (Form 5884)	<b>4b</b>	1,800
<b>c</b> Biofuel producer (Form 6478)	<b>4c</b>	
<b>d</b> Low-income housing (Form 8586, Part II)	<b>4d</b>	
<b>e</b> Renewable electricity, refined coal, and Indian coal production (Form 8835)	<b>4e</b>	
<b>f</b> Employer social security and Medicare taxes paid on certain employee tips (Form 8846)	<b>4f</b>	
<b>g</b> Qualified railroad track maintenance (Form 8900)	<b>4g</b>	
<b>h</b> Small employer health insurance premiums (Form 8941)	<b>4h</b>	
<b>i</b> Increasing research activities (Form 6765)	<b>4i</b>	
<b>j</b> Employer credit for paid family and medical leave (Form 8994)	<b>4j</b>	
<b>z</b> Other	<b>4z</b>	
<b>5</b> Add lines 4a through 4z and enter here and on the applicable line of Part II	<b>5</b>	1,800
<b>6</b> Add lines 2, 3, and 5 and enter here and on the applicable line of Part II	<b>6</b>	1,800

Name(s) shown on return

Identifying number

OCHSNER CLINIC FOUNDATION

72-0502505

**Part III General Business Credits or Eligible Small Business Credits** (see instructions)

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

- A**  General Business Credit From a Non-Passive Activity
- B**  General Business Credit From a Passive Activity
- C**  General Business Credit Carryforwards
- D**  General Business Credit Carrybacks
- E**  Reserved
- F**  Reserved
- G**  Eligible Small Business Credit Carryforwards
- H**  Reserved

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

(a) Description of credit	(b) If claiming the credit from a pass-through entity, enter the EIN	(c) Enter the appropriate amount
<b>Note:</b> On any line where the credit is from more than one source, a separate Part III is needed for each pass-through entity		
<b>1a</b> Investment (Form 3468, Part II only) (attach Form 3468)	<b>1a</b>	
<b>b</b> Reserved	<b>1b</b>	
<b>c</b> Increasing research activities (Form 6765)	<b>1c</b>	
<b>d</b> Low-income housing (Form 8586, Part I only)	<b>1d</b>	
<b>e</b> Disabled access (Form 8826) (see instructions for limitation)	<b>1e</b>	
<b>f</b> Renewable electricity, refined coal, and Indian coal production (Form 8835)	<b>1f</b>	
<b>g</b> Indian employment (Form 8845)	<b>1g</b>	
<b>h</b> Orphan drug (Form 8820)	<b>1h</b>	
<b>i</b> New markets (Form 8874)	<b>1i</b>	
<b>j</b> Small employer pension plan startup costs (Form 8881) (see instructions for limitation)	<b>1j</b>	
<b>k</b> Employer-provided child care facilities and services (Form 8882) (see instructions for limitation)	<b>1k</b>	
<b>l</b> Biodiesel and renewable diesel fuels (attach Form 8864)	<b>1l</b>	
<b>m</b> Low sulfur diesel fuel production (Form 8896)	<b>1m</b>	
<b>n</b> Distilled spirits (Form 8906)	<b>1n</b>	
<b>o</b> Nonconventional source fuel (carryforward only)	<b>1o</b>	
<b>p</b> Energy efficient home (Form 8908)	<b>1p</b>	
<b>q</b> Energy efficient appliance (carryforward only)	<b>1q</b>	
<b>r</b> Alternative motor vehicle (Form 8910)	<b>1r</b>	
<b>s</b> Alternative fuel vehicle refueling property (Form 8911)	<b>1s</b>	
<b>t</b> Enhanced oil recovery credit (Form 8830)	<b>1t</b>	
<b>u</b> Mine rescue team training (Form 8923)	<b>1u</b>	
<b>v</b> Agricultural chemicals security (carryforward only)	<b>1v</b>	
<b>w</b> Employer differential wage payments (Form 8932)	<b>1w</b>	
<b>x</b> Carbon oxide sequestration (Form 8933)	<b>1x</b>	
<b>y</b> Qualified plug-in electric drive motor vehicle (Form 8936)	<b>1y</b>	
<b>z</b> Qualified plug-in electric vehicle (carryforward only)	<b>1z</b>	
<b>aa</b> Employee retention (Form 5884-A)	<b>1aa</b>	
<b>bb</b> General credits from an electing large partnership (carryforward only)	<b>1bb</b>	
<b>zz</b> Other. Oil and gas production from marginal wells (Form 8904) and certain other credits (see instructions)	<b>1zz</b>	
<b>2</b> Add lines 1a through 1zz and enter here and on the applicable line of Part I	<b>2</b>	0
<b>3</b> Enter the amount from Form 8844 here and on the applicable line of Part II	<b>3</b>	
<b>4a</b> Investment (Form 3468, Part III) (attach Form 3468)	<b>4a</b>	
<b>b</b> Work opportunity (Form 5884)	<b>4b</b>	1,019
<b>c</b> Biofuel producer (Form 6478)	<b>4c</b>	
<b>d</b> Low-income housing (Form 8586, Part II)	<b>4d</b>	
<b>e</b> Renewable electricity, refined coal, and Indian coal production (Form 8835)	<b>4e</b>	
<b>f</b> Employer social security and Medicare taxes paid on certain employee tips (Form 8846)	<b>4f</b>	
<b>g</b> Qualified railroad track maintenance (Form 8900)	<b>4g</b>	
<b>h</b> Small employer health insurance premiums (Form 8941)	<b>4h</b>	
<b>i</b> Increasing research activities (Form 6765)	<b>4i</b>	
<b>j</b> Employer credit for paid family and medical leave (Form 8994)	<b>4j</b>	
<b>z</b> Other	<b>4z</b>	
<b>5</b> Add lines 4a through 4z and enter here and on the applicable line of Part II	<b>5</b>	1,019
<b>6</b> Add lines 2, 3, and 5 and enter here and on the applicable line of Part II	<b>6</b>	1,019

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OCHSNER CLINIC FOUNDATION

Identifying number

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**Part III General Business Credits or Eligible Small Business Credits** (see instructions)

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

- A  General Business Credit From a Non-Passive Activity
- B  General Business Credit From a Passive Activity
- C  General Business Credit Carryforwards
- D  General Business Credit Carrybacks
- E  Reserved
- F  Reserved
- G  Eligible Small Business Credit Carryforwards
- H  Reserved

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

(a) Description of credit	(b) If claiming the credit from a pass-through entity, enter the EIN	(c) Enter the appropriate amount
<b>Note:</b> On any line where the credit is from more than one source, a separate Part III is needed for each pass-through entity		
1a Investment (Form 3468, Part II only) (attach Form 3468)	1a	
b Reserved	1b	
c Increasing research activities (Form 6765)	1c	
d Low-income housing (Form 8586, Part I only)	1d	
e Disabled access (Form 8826) (see instructions for limitation)	1e	
f Renewable electricity, refined coal, and Indian coal production (Form 8835)	1f	
g Indian employment (Form 8845)	1g	
h Orphan drug (Form 8820)	1h	
i New markets (Form 8874)	1i	
j Small employer pension plan startup costs (Form 8881) (see instructions for limitation)	1j	
k Employer-provided child care facilities and services (Form 8882) (see instructions for limitation)	1k	
l Biodiesel and renewable diesel fuels (attach Form 8864)	1l	
m Low sulfur diesel fuel production (Form 8896)	1m	
n Distilled spirits (Form 8906)	1n	
o Nonconventional source fuel (carryforward only)	1o	
p Energy efficient home (Form 8908)	1p	
q Energy efficient appliance (carryforward only)	1q	
r Alternative motor vehicle (Form 8910)	1r	
s Alternative fuel vehicle refueling property (Form 8911)	1s	
t Enhanced oil recovery credit (Form 8830)	1t	
u Mine rescue team training (Form 8923)	1u	
v Agricultural chemicals security (carryforward only)	1v	
w Employer differential wage payments (Form 8932)	1w	
x Carbon oxide sequestration (Form 8933)	1x	
y Qualified plug-in electric drive motor vehicle (Form 8936)	1y	
z Qualified plug-in electric vehicle (carryforward only)	1z	
aa Employee retention (Form 5884-A)	1aa	
bb General credits from an electing large partnership (carryforward only)	1bb	
zz Other Oil and gas production from marginal wells (Form 8904) and certain other credits (see instructions)	1zz	
2 Add lines 1a through 1zz and enter here and on the applicable line of Part I	2	0
3 Enter the amount from Form 8844 here and on the applicable line of Part II	3	
4a Investment (Form 3468, Part III) (attach Form 3468)	4a	
b Work opportunity (Form 5884)	4b	3,756
c Biofuel producer (Form 6478)	4c	
d Low-income housing (Form 8586, Part II)	4d	
e Renewable electricity, refined coal, and Indian coal production (Form 8835)	4e	
f Employer social security and Medicare taxes paid on certain employee tips (Form 8846)	4f	
g Qualified railroad track maintenance (Form 8900)	4g	
h Small employer health insurance premiums (Form 8941)	4h	
i Increasing research activities (Form 6765)	4i	
j Employer credit for paid family and medical leave (Form 8994)	4j	
z Other	4z	
5 Add lines 4a through 4z and enter here and on the applicable line of Part II	5	3,756
6 Add lines 2, 3, and 5 and enter here and on the applicable line of Part II	6	3,756

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72-0502505

**Part III General Business Credits or Eligible Small Business Credits** (see instructions)

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- A  General Business Credit From a Non-Passive Activity
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- F  Reserved
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(a) Description of credit	(b) If claiming the credit from a pass-through entity, enter the EIN	(c) Enter the appropriate amount
<b>Note:</b> On any line where the credit is from more than one source, a separate Part III is needed for each pass-through entity		
1a Investment (Form 3468, Part II only) (attach Form 3468)	1a	
b Reserved	1b	
c Increasing research activities (Form 6765)	1c	
d Low-income housing (Form 8586, Part I only)	1d	
e Disabled access (Form 8826) (see instructions for limitation)	1e	
f Renewable electricity, refined coal, and Indian coal production (Form 8835)	1f	
g Indian employment (Form 8845)	1g	
h Orphan drug (Form 8820)	1h	
i New markets (Form 8874)	1i	
j Small employer pension plan startup costs (Form 8881) (see instructions for limitation)	1j	
k Employer-provided child care facilities and services (Form 8882) (see instructions for limitation)	1k	
l Biodiesel and renewable diesel fuels (attach Form 8864)	1l	
m Low sulfur diesel fuel production (Form 8896)	1m	
n Distilled spirits (Form 8906)	1n	
o Nonconventional source fuel (carryforward only)	1o	
p Energy efficient home (Form 8908)	1p	
q Energy efficient appliance (carryforward only)	1q	
r Alternative motor vehicle (Form 8910)	1r	
s Alternative fuel vehicle refueling property (Form 8911)	1s	
t Enhanced oil recovery credit (Form 8830)	1t	
u Mine rescue team training (Form 8923)	1u	
v Agricultural chemicals security (carryforward only)	1v	
w Employer differential wage payments (Form 8932)	1w	
x Carbon oxide sequestration (Form 8933)	1x	
y Qualified plug-in electric drive motor vehicle (Form 8936)	1y	
z Qualified plug-in electric vehicle (carryforward only)	1z	
aa Employee retention (Form 5884-A)	1aa	
bb General credits from an electing large partnership (carryforward only)	1bb	
zz Other Oil and gas production from marginal wells (Form 8904) and certain other credits (see instructions)	1zz	
2 Add lines 1a through 1zz and enter here and on the applicable line of Part I	2	0
3 Enter the amount from Form 8844 here and on the applicable line of Part II	3	
4a Investment (Form 3468, Part III) (attach Form 3468)	4a	
b Work opportunity (Form 5884)	4b	
c Biofuel producer (Form 6478)	4c	
d Low-income housing (Form 8586, Part II)	4d	
e Renewable electricity, refined coal, and Indian coal production (Form 8835)	4e	
f Employer social security and Medicare taxes paid on certain employee tips (Form 8846)	4f	
g Qualified railroad track maintenance (Form 8900)	4g	
h Small employer health insurance premiums (Form 8941)	4h	
i Increasing research activities (Form 6765)	4i	7,419
j Employer credit for paid family and medical leave (Form 8994)	4j	
z Other	4z	
5 Add lines 4a through 4z and enter here and on the applicable line of Part II	5	7,419
6 Add lines 2, 3, and 5 and enter here and on the applicable line of Part II	6	7,419

Name(s) shown on return

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72-0502505

**Part III General Business Credits or Eligible Small Business Credits** (see instructions)

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

- A  General Business Credit From a Non-Passive Activity
- B  General Business Credit From a Passive Activity
- C  General Business Credit Carryforwards
- D  General Business Credit Carrybacks
- E  Reserved
- F  Reserved
- G  Eligible Small Business Credit Carryforwards
- H  Reserved

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

(a) Description of credit	(b) If claiming the credit from a pass-through entity, enter the EIN	(c) Enter the appropriate amount
<b>Note:</b> On any line where the credit is from more than one source, a separate Part III is needed for each pass-through entity		
1a Investment (Form 3468, Part II only) (attach Form 3468)	1a	
b Reserved	1b	
c Increasing research activities (Form 6765)	1c	
d Low-income housing (Form 8586, Part I only)	1d	
e Disabled access (Form 8826) (see instructions for limitation)	1e	
f Renewable electricity, refined coal, and Indian coal production (Form 8835)	1f	
g Indian employment (Form 8845)	1g	
h Orphan drug (Form 8820)	1h	
i New markets (Form 8874)	1i	
j Small employer pension plan startup costs (Form 8881) (see instructions for limitation)	1j	
k Employer-provided child care facilities and services (Form 8882) (see instructions for limitation)	1k	
l Biodiesel and renewable diesel fuels (attach Form 8864)	1l	
m Low sulfur diesel fuel production (Form 8896)	1m	
n Distilled spirits (Form 8906)	1n	
o Nonconventional source fuel (carryforward only)	1o	
p Energy efficient home (Form 8908)	1p	
q Energy efficient appliance (carryforward only)	1q	
r Alternative motor vehicle (Form 8910)	1r	
s Alternative fuel vehicle refueling property (Form 8911)	1s	
t Enhanced oil recovery credit (Form 8830)	1t	
u Mine rescue team training (Form 8923)	1u	
v Agricultural chemicals security (carryforward only)	1v	
w Employer differential wage payments (Form 8932)	1w	
x Carbon oxide sequestration (Form 8933)	1x	
y Qualified plug-in electric drive motor vehicle (Form 8936)	1y	
z Qualified plug-in electric vehicle (carryforward only)	1z	
aa Employee retention (Form 5884-A)	1aa	
bb General credits from an electing large partnership (carryforward only)	1bb	
zz Other Oil and gas production from marginal wells (Form 8904) and certain other credits (see instructions)	1zz	
2 Add lines 1a through 1zz and enter here and on the applicable line of Part I	2	0
3 Enter the amount from Form 8844 here and on the applicable line of Part II	3	
4a Investment (Form 3468, Part III) (attach Form 3468)	4a	
b Work opportunity (Form 5884)	4b	370
c Biofuel producer (Form 6478)	4c	
d Low-income housing (Form 8586, Part II)	4d	
e Renewable electricity, refined coal, and Indian coal production (Form 8835)	4e	
f Employer social security and Medicare taxes paid on certain employee tips (Form 8846)	4f	
g Qualified railroad track maintenance (Form 8900)	4g	
h Small employer health insurance premiums (Form 8941)	4h	
i Increasing research activities (Form 6765)	4i	
j Employer credit for paid family and medical leave (Form 8994)	4j	
z Other	4z	
5 Add lines 4a through 4z and enter here and on the applicable line of Part II	5	370
6 Add lines 2, 3, and 5 and enter here and on the applicable line of Part II	6	370

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

Department of the Treasury  
Internal Revenue Service (99)

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

Name(s) shown on return OCHSNER CLINIC FOUNDATION	Business or activity to which this form relates 44	Identifying number 72-0502505
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**Part I Election To Expense Certain Property Under Section 179**  
Note: If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount (see instructions)	1	1,020,000
2	Total cost of section 179 property placed in service (see instructions)	2	0
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	1,020,000
4	Reduction in limitation Subtract line 3 from line 2. If zero or less, enter -0-	4	0
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	1,020,000
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	0
8	Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7	8	0
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	0
10	Carryover of disallowed deduction from line 13 of your 2018 Form 4562	10	0
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions	11	0
12	Section 179 expense deduction Add lines 9 and 10, but don't enter more than line 11	12	0
13	Carryover of disallowed deduction to 2020. Add lines 9 and 10, less line 12 ▶	13	0

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

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

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year. See instructions.	14	0
15	Property subject to section 168(f)(1) election	15	0
16	Other depreciation (including ACRS)	16	8,218

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

**Section B—Assets Placed in Service During 2019 Tax Year Using the General Depreciation System**

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

**Section C—Assets Placed in Service During 2019 Tax Year Using the Alternative Depreciation System**

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

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

21	Listed property Enter amount from line 28	21	0
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21 Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions	22	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	23	0

For Paperwork Reduction Act Notice, see separate instructions.

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

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

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

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

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

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

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

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

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

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

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

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

**Part VI Amortization**

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
<b>42</b> Amortization of costs that begins during your 2019 tax year (see instructions):					
<b>43</b> Amortization of costs that began before your 2019 tax year				<b>43</b>	0
<b>44</b> Total. Add amounts in column (f). See the instructions for where to report				<b>44</b>	0

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

Department of the Treasury  
Internal Revenue Service (99)

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

Name(s) shown on return <b>OCHSNER CLINIC FOUNDATION</b>	Business or activity to which this form relates <b>32</b>	Identifying number <b>72-0502505</b>
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**Part I Election To Expense Certain Property Under Section 179**  
**Note:** If you have any listed property, complete Part V before you complete Part I.

1 Maximum amount (see instructions)	<b>1</b>	1,020,000
2 Total cost of section 179 property placed in service (see instructions)	<b>2</b>	0
3 Threshold cost of section 179 property before reduction in limitation (see instructions)	<b>3</b>	1,020,000
4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	<b>4</b>	0
5 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	<b>5</b>	1,020,000
<b>6</b>		
(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7 Listed property. Enter the amount from line 29	<b>7</b>	0
8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	<b>8</b>	0
9 Tentative deduction. Enter the smaller of line 5 or line 8	<b>9</b>	0
10 Carryover of disallowed deduction from line 13 of your 2018 Form 4562	<b>10</b>	0
11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions	<b>11</b>	0
12 Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11	<b>12</b>	0
13 Carryover of disallowed deduction to 2020. Add lines 9 and 10, less line 12 ▶	<b>13</b>	0

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

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

14 Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year. See instructions.	<b>14</b>	0
15 Property subject to section 168(f)(1) election	<b>15</b>	0
16 Other depreciation (including ACRS)	<b>16</b>	83,607

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

<b>Section A</b>		
17 MACRS deductions for assets placed in service in tax years beginning before 2019	<b>17</b>	0
18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here <input type="checkbox"/>		

**Section B—Assets Placed in Service During 2019 Tax Year Using the General Depreciation System**

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

**Section C—Assets Placed in Service During 2019 Tax Year Using the Alternative Depreciation System**

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

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

21 Listed property. Enter amount from line 28	<b>21</b>	0
22 <b>Total.</b> Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions	<b>22</b>	83,607
23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	<b>23</b>	0

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

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

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

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

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

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

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

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

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

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

**Part VI Amortization**

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
<b>42</b> Amortization of costs that begins during your 2019 tax year (see instructions):					
<b>43</b> Amortization of costs that began before your 2019 tax year				<b>43</b>	0
<b>44</b> Total. Add amounts in column (f) See the instructions for where to report				<b>44</b>	0

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

Department of the Treasury  
Internal Revenue Service (99)

▶ Go to [www.irs.gov/Form4562](http://www.irs.gov/Form4562) for instructions and the latest information.

▶ Attach to your tax return.

Name(s) shown on return OCHSNER CLINIC FOUNDATION	Business or activity to which this form relates 53	Identifying number 72-0502505
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**Part I Election To Expense Certain Property Under Section 179**

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

1	Maximum amount (see instructions)	1	1,020,000
2	Total cost of section 179 property placed in service (see instructions)	2	0
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	1,020,000
4	Reduction in limitation Subtract line 3 from line 2. If zero or less, enter -0-	4	0
5	Dollar limitation for tax year Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	1,020,000
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	0
8	Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7	8	0
9	Tentative deduction Enter the smaller of line 5 or line 8	9	0
10	Carryover of disallowed deduction from line 13 of your 2018 Form 4562	10	0
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions	11	0
12	Section 179 expense deduction Add lines 9 and 10, but don't enter more than line 11	12	0
13	Carryover of disallowed deduction to 2020 Add lines 9 and 10, less line 12 ▶	13	0

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

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

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year. See instructions	14	0
15	Property subject to section 168(f)(1) election	15	0
16	Other depreciation (including ACRS)	16	208,695

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

**Section B - Assets Placed in Service During 2019 Tax Year Using the General Depreciation System**

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

**Section C - Assets Placed in Service During 2019 Tax Year Using the Alternative Depreciation System**

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

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

21	Listed property. Enter amount from line 28	21	0
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions	22	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	0

For Paperwork Reduction Act Notice, see separate instructions.

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

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

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

24a Do you have evidence to support the business/investment use claimed? <input type="checkbox"/> Yes <input type="checkbox"/> No		24b If "Yes," is the evidence written? <input type="checkbox"/> Yes <input type="checkbox"/> No							
(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/ Convention	(h) Depreciation deduction	(i) Elected section 179 cost	
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 .								25	0
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 Add amounts in column (i), line 26 Enter here and on line 7, page 1 .								29	0

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

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

	(a) Vehicle 1		(b) Vehicle 2		(c) Vehicle 3		(d) Vehicle 4		(e) Vehicle 5		(f) Vehicle 6	
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
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 . . . . .	0		0		0		0		0		0	
34 Was the vehicle available for personal use during off-duty hours? . . . . .												
35 Was the vehicle used primarily by a more than 5% owner or related person? . . . . .												
36 Is another vehicle available for personal use?												

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

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

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

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

**Part VI Amortization**

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year	
42 Amortization of costs that begins during your 2019 tax year (see instructions):						
43 Amortization of costs that began before your 2019 tax year . . . . .					43	0
44 Total. Add amounts in column (f). See the instructions for where to report . . . . .					44	0

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

Department of the Treasury  
Internal Revenue Service (99)

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

Name(s) shown on return <b>OCHSNER CLINIC FOUNDATION</b>	Business or activity to which this form relates <b>54</b>	Identifying number <b>72-0502505</b>
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**Part I Election To Expense Certain Property Under Section 179**  
**Note:** If you have any listed property, complete Part V before you complete Part I.

1 Maximum amount (see instructions)	<b>1</b>	1,020,000
2 Total cost of section 179 property placed in service (see instructions)	<b>2</b>	0
3 Threshold cost of section 179 property before reduction in limitation (see instructions)	<b>3</b>	1,020,000
4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	<b>4</b>	0
5 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0- If married filing separately, see instructions	<b>5</b>	1,020,000
<b>6</b> (a) Description of property (b) Cost (business use only) (c) Elected cost		
7 Listed property. Enter the amount from line 29	<b>7</b>	0
8 Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7	<b>8</b>	0
9 Tentative deduction. Enter the smaller of line 5 or line 8	<b>9</b>	0
10 Carryover of disallowed deduction from line 13 of your 2018 Form 4562	<b>10</b>	0
11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions	<b>11</b>	0
12 Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11	<b>12</b>	0
13 Carryover of disallowed deduction to 2020 Add lines 9 and 10, less line 12 ▶	<b>13</b>	0

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

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

14 Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year. See instructions.	<b>14</b>	0
15 Property subject to section 168(f)(1) election	<b>15</b>	0
16 Other depreciation (including ACRS)	<b>16</b>	237,697

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

**Section B—Assets Placed in Service During 2019 Tax Year Using the General Depreciation System**

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

**Section C—Assets Placed in Service During 2019 Tax Year Using the Alternative Depreciation System**

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

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

21 Listed property. Enter amount from line 28	<b>21</b>	0
22 <b>Total.</b> Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return Partnerships and S corporations—see instructions	<b>22</b>	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	<b>23</b>	0

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

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

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

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

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

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

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

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

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

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

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

**Part VI Amortization**

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
<b>42</b> Amortization of costs that begins during your 2019 tax year (see instructions):					
<b>43</b> Amortization of costs that began before your 2019 tax year . . . . .				<b>43</b>	0
<b>44</b> Total. Add amounts in column (f). See the instructions for where to report . . . . .				<b>44</b>	0

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

Department of the Treasury  
Internal Revenue Service (99)

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

Name(s) shown on return <b>OCHSNER CLINIC FOUNDATION</b>	Business or activity to which this form relates <b>62</b>	Identifying number <b>72-0502505</b>
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**Part I Election To Expense Certain Property Under Section 179**  
**Note:** If you have any listed property, complete Part V before you complete Part I.

1 Maximum amount (see instructions)	<b>1</b>	1,020,000
2 Total cost of section 179 property placed in service (see instructions)	<b>2</b>	0
3 Threshold cost of section 179 property before reduction in limitation (see instructions)	<b>3</b>	1,020,000
4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	<b>4</b>	0
5 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	<b>5</b>	1,020,000

6 (a) Description of property	(b) Cost (business use only)	(c) Elected cost	
7 Listed property. Enter the amount from line 29	<b>7</b>	0	
8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	<b>8</b>	0	
9 Tentative deduction. Enter the smaller of line 5 or line 8	<b>9</b>	0	
10 Carryover of disallowed deduction from line 13 of your 2018 Form 4562	<b>10</b>	0	
11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions	<b>11</b>	0	
12 Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11	<b>12</b>	0	
13 Carryover of disallowed deduction to 2020. Add lines 9 and 10, less line 12 ▶	<b>13</b>	0	

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

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

14 Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year. See instructions.	<b>14</b>	0
15 Property subject to section 168(f)(1) election	<b>15</b>	0
16 Other depreciation (including ACRS)	<b>16</b>	8,670

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

**Section B—Assets Placed in Service During 2019 Tax Year Using the General Depreciation System**

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

**Section C—Assets Placed in Service During 2019 Tax Year Using the Alternative Depreciation System**

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

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

21 Listed property. Enter amount from line 28	<b>21</b>	0
22 <b>Total.</b> Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions	<b>22</b>	8,670
23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	<b>23</b>	0

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

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

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

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

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

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

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

**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

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

**Part VI Amortization**

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year	
<b>42</b> Amortization of costs that begins during your 2019 tax year (see instructions):						
<b>43</b> Amortization of costs that began before your 2019 tax year . . . . .					<b>43</b>	0
<b>44</b> Total. Add amounts in column (f). See the instructions for where to report . . . . .					<b>44</b>	0