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Form **990-PF**

Department of the Treasury
Internal Revenue Service

Return of Private Foundation

or Section 4947(a)(1) Nonexempt Charitable Trust Treated as a Private Foundation

Note. The foundation may be able to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0052

2012

Open to Public Inspection

For calendar year 2012, or tax year beginning 07-01-2012 , and ending 06-30-2013

Name of foundation
SOUTH LOUISIANA CLINICAL RESEARCH FOUNDATION INC

A Employer identification number
72-1430540

Number and street (or P O box number if mail is not delivered to street address)
225 DUNN STREET

Room/suite

B Telephone number (see instructions)
(985) 876-8338

City or town, state, and ZIP code
HOUMA, LA 70360

C If exemption application is pending, check here ▶ ☐

G Check all that apply ☐ Initial return ☐ Initial return of a former public charity ☐ Final return ☐ Amended return ☐ Address change ☐ Name change

D 1. Foreign organizations, check here ▶ ☐

2. Foreign organizations meeting the 85% test, check here and attach computation ▶ ☐

H Check type of organization ☑ Section 501(c)(3) exempt private foundation ☐ Section 4947(a)(1) nonexempt charitable trust ☐ Other taxable private foundation

I Fair market value of all assets at end of year *(from Part II, col. (c), line 16)* ▶$ 540,469

J Accounting method ☑ Cash ☐ Accrual ☐ Other (specify) _
(Part I, column (d) must be on cash basis.)

E If private foundation status was terminated under section 507(b)(1)(A), check here ▶ ☐

F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here ▶ ☐

Part I **Analysis of Revenue and Expenses** *(The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions))*

			(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
Revenue	1	Contributions, gifts, grants, etc , received (attach schedule)	2,668,310			
	2	Check ▶ ☐ if the foundation is **not** required to attach Sch B				
	3	Interest on savings and temporary cash investments				
	4	Dividends and interest from securities				
	5a	Gross rents				
	b	Net rental income or (loss) _____				
	6a	Net gain or (loss) from sale of assets not on line 10	-430			
	b	Gross sales price for all assets on line 6a _____				
	7	Capital gain net income (from Part IV, line 2)		0		
	8	Net short-term capital gain			0	
	9	Income modifications				
	10a	Gross sales less returns and allowances				
	b	Less Cost of goods sold				
	c	Gross profit or (loss) (attach schedule)				
	11	Other income (attach schedule)				
	12	**Total.** Add lines 1 through 11	2,667,880	0	0	
Operating and Administrative Expenses	13	Compensation of officers, directors, trustees, etc	0	0	0	0
	14	Other employee salaries and wages				
	15	Pension plans, employee benefits				
	16a	Legal fees (attach schedule)				
	b	Accounting fees (attach schedule)				
	c	Other professional fees (attach schedule)				
	17	Interest				
	18	Taxes (attach schedule) (see instructions)				
	19	Depreciation (attach schedule) and depletion	7,119	0	7,119	
	20	Occupancy				
	21	Travel, conferences, and meetings	1,832,216	0	0	1,832,216
	22	Printing and publications				
	23	Other expenses (attach schedule)	776,942	0	0	776,942
	24	**Total operating and administrative expenses.** Add lines 13 through 23	2,616,277	0	7,119	2,609,158
	25	Contributions, gifts, grants paid	0			0
	26	**Total expenses and disbursements.** Add lines 24 and 25	2,616,277	0	7,119	2,609,158
	27	Subtract line 26 from line 12				
	a	**Excess of revenue over expenses and disbursements**	51,603			
	b	**Net investment income** (if negative, enter -0-)		0		
	c	**Adjusted net income** (if negative, enter -0-)			0	

Part II Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only (See instructions)

		Beginning of year	End of year	
		(a) Book Value	(b) Book Value	(c) Fair Market Value
Assets	1 Cash—non-interest-bearing	449,697	511,827	511,827
	2 Savings and temporary cash investments			
	3 Accounts receivable ▶			
	Less allowance for doubtful accounts ▶			
	4 Pledges receivable ▶			
	Less allowance for doubtful accounts ▶			
	5 Grants receivable			
	6 Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see page 15 of the instructions)			
	7 Other notes and loans receivable (attach schedule) ▶			
	Less allowance for doubtful accounts ▶			
	8 Inventories for sale or use			
	9 Prepaid expenses and deferred charges	13,033	4,389	4,389
	10a Investments—U S and state government obligations (attach schedule)			
	b Investments—corporate stock (attach schedule)			
	c Investments—corporate bonds (attach schedule)			
	11 Investments—land, buildings, and equipment basis ▶			
	Less accumulated depreciation (attach schedule) ▶			
	12 Investments—mortgage loans			
	13 Investments—other (attach schedule)			
	14 Land, buildings, and equipment basis ▶ 40,538			
	Less accumulated depreciation (attach schedule) ▶ 19,303	18,503	21,235	21,235
	15 Other assets (describe ▶)	7,633	3,018	3,018
	16 **Total assets** (to be completed by all filers—see the instructions Also, see page 1, item I)	488,866	540,469	540,469
Liabilities	17 Accounts payable and accrued expenses			
	18 Grants payable			
	19 Deferred revenue			
	20 Loans from officers, directors, trustees, and other disqualified persons			
	21 Mortgages and other notes payable (attach schedule)			
	22 Other liabilities (describe ▶)			
	23 **Total liabilities** (add lines 17 through 22)	0	0	
Net Assets or Fund Balances	**Foundations that follow SFAS 117, check here ▶ ☐ and complete lines 24 through 26 and lines 30 and 31.**			
	24 Unrestricted			
	25 Temporarily restricted			
	26 Permanently restricted			
	Foundations that do not follow SFAS 117, check here ▶ ☑ and complete lines 27 through 31.			
	27 Capital stock, trust principal, or current funds	25,082	25,082	
	28 Paid-in or capital surplus, or land, bldg , and equipment fund	0	0	
	29 Retained earnings, accumulated income, endowment, or other funds	463,784	515,387	
	30 **Total net assets or fund balances** (see page 17 of the instructions)	488,866	540,469	
	31 **Total liabilities and net assets/fund balances** (see page 17 of the instructions)	488,866	540,469	

Part III Analysis of Changes in Net Assets or Fund Balances

1	Total net assets or fund balances at beginning of year—Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return)	1	488,866
2	Enter amount from Part I, line 27a	2	51,603
3	Other increases not included in line 2 (itemize) ▶	3	0
4	Add lines 1, 2, and 3	4	540,469
5	Decreases not included in line 2 (itemize) ▶	5	0
6	Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30	6	540,469

Part IV Capital Gains and Losses for Tax on Investment Income

	(a) List and describe the kind(s) of property sold (e g , real estate, 2-story brick warehouse, or common stock, 200 shs MLC Co)	(b) How acquired P—Purchase D—Donation	(c) Date acquired (mo , day, yr)	(d) Date sold (mo , day, yr)
1a				

	(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)
a				
b				
c				
d				
e				

	Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			(l) Gains (Col (h) gain minus col (k), but not less than -0-) **or** Losses (from col (h))
	(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col (i) over col (j), if any	
a				
b				
c				
d				
e				

2	Capital gain net income or (net capital loss) { If gain, also enter in Part I, line 7 / If (loss), enter -0- in Part I, line 7 }	2		
3	Net short-term capital gain or (loss) as defined in sections 1222(5) and (6) If gain, also enter in Part I, line 8, column (c) (see instructions) If (loss), enter -0- in Part I, line 8	3		

Part V Qualification Under Section 4940(e) for Reduced Tax on Net Investment Income

(For optional use by domestic private foundations subject to the section 4940(a) tax on net investment income)

If section 4940(d)(2) applies, leave this part blank

Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period? ☐ Yes ☑ No
If "Yes," the foundation does not qualify under section 4940(e) Do not complete this part

1 Enter the appropriate amount in each column for each year, see page 18 of the instructions before making any entries

(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets	(d) Distribution ratio (col (b) divided by col (c))
2011	2,477,075	23,640	104 783206
2010	2,136,927	322,497	6 626192
2009	2,400,607	415,246	5 781168
2008	343,743	144,315	2 381894
2007	55,750	22,318	2 497984

2	**Total** of line 1, column (d)	2	122 070444
3	Average distribution ratio for the 5-year base period—divide the total on line 2 by 5, or by the number of years the foundation has been in existence if less than 5 years	3	24 414089
4	Enter the net value of noncharitable-use assets for 2012 from Part X, line 5	4	256,282
5	Multiply line 4 by line 3	5	6,256,892
6	Enter 1% of net investment income (1% of Part I, line 27b)	6	0
7	Add lines 5 and 6	7	6,256,892
8	Enter qualifying distributions from Part XII, line 4	8	2,609,158

If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate See the Part VI instructions

Part VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—see page 18 of the instructions)

1a	Exempt operating foundations described in section 4940(d)(2), check here ▶ ☐ and enter "N/A" on line 1. Date of ruling or determination letter _____ **(attach copy of letter if necessary–see instructions)**		
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check here ▶ ☐ and enter 1% of Part I, line 27b	1	0
c	All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4% of Part I, line 12, col (b)		
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)	2	0
3	Add lines 1 and 2	3	0
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)	4	0
5	**Tax based on investment income.** Subtract line 4 from line 3 If zero or less, enter -0-	5	0
6	Credits/Payments		
a	2012 estimated tax payments and 2011 overpayment credited to 2012 — 6a		
b	Exempt foreign organizations—tax withheld at source — 6b		
c	Tax paid with application for extension of time to file (Form 8868) — 6c		
d	Backup withholding erroneously withheld — 6d		
7	Total credits and payments Add lines 6a through 6d	7	0
8	Enter any **penalty** for underpayment of estimated tax Check here ☐ if Form 2220 is attached	8	
9	**Tax due.** If the total of lines 5 and 8 is more than line 7, enter **amount owed** ▶	9	0
10	**Overpayment.** If line 7 is more than the total of lines 5 and 8, enter the **amount overpaid.** ▶	10	
11	Enter the amount of line 10 to be **Credited to 2013 estimated tax** ▶ **Refunded** ▶	11	

Part VII-A Statements Regarding Activities

			Yes	No
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?	1a		No
b	Did it spend more than $100 during the year (either directly or indirectly) for political purposes (see page 19 of the instructions for definition)?	1b		No
	*If the answer is "Yes" to **1a** or **1b,** attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities.*			
c	Did the foundation file **Form 1120-POL** for this year?	1c		No
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year **(1)** On the foundation ▶ $ 0 **(2)** On foundation managers ▶ $ 0			
e	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers ▶ $ 0			
2	Has the foundation engaged in any activities that have not previously been reported to the IRS? *If "Yes," attach a detailed description of the activities.*	2		No
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? *If "Yes," attach a conformed copy of the changes*	3		No
4a	Did the foundation have unrelated business gross income of $1,000 or more during the year?	4a		No
b	If "Yes," has it filed a tax return on **Form 990-T** for this year?	4b		
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year? *If "Yes," attach the statement required by General Instruction T.*	5		No
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either • By language in the governing instrument, or • By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument?	6		No
7	Did the foundation have at least $5,000 in assets at any time during the year? *If "Yes," complete Part II, col (c), and Part XV*	7	Yes	
8a	Enter the states to which the foundation reports or with which it is registered (see instructions) ▶			
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by General Instruction G? *If "No," attach explanation .*	8b	Yes	
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2012 or the taxable year beginning in 2012 (see instructions for Part XIV)? *If "Yes," complete Part XIV*	9		No
10	Did any persons become substantial contributors during the tax year? *If "Yes," attach a schedule listing their names and addresses*	10	Yes	

Part VII-A Statements Regarding Activities *(continued)*

11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule (see instructions)	11		No
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? If "Yes," attach statement (see instructions)	12		No
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	Yes	

Website address ▶ N/A

14 The books are in care of ▶ KERRY DOMANGUE Telephone no ▶ (985) 873-5611

Located at ▶ 225 DUNN STREET HOUMA LA ZIP+4 ▶ 70360

15 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of **Form 1041** —Check here ▶ ☐ and enter the amount of tax-exempt interest received or accrued during the year ▶ **15**

16	At any time during calendar year 2012, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country?	16		No

See instructions for exceptions and filing requirements for Form TD F 90-22 1 If "Yes", enter the name of the foreign country ▶

Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required

	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.		Yes	No
1a	During the year did the foundation (either directly or indirectly)			
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person? ☐ Yes ☑ No			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? ☐ Yes ☑ No			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? ☐ Yes ☑ No			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? ☐ Yes ☑ No			
	(5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)? ☐ Yes ☑ No			
	(6) Agree to pay money or property to a government official? (**Exception.** Check "No" if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days) ☐ Yes ☑ No			
b	If any answer is "Yes" to 1a(1)–(6), did **any** of the acts fail to qualify under the exceptions described in Regulations section 53 4941(d)-3 or in a current notice regarding disaster assistance (see page 20 of the instructions)?	1b		
	Organizations relying on a current notice regarding disaster assistance check here ▶ ☐			
c	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2012?	1c		No
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5))			
a	At the end of tax year 2012, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2012? ☐ Yes ☑ No			
	If "Yes," list the years ▶ 20____, 20____, 20____, 20____			
b	Are there any years listed in 2a for which the foundation is **not** applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to **all** years listed, answer "No" and attach statement—see instructions)	2b		
c	If the provisions of section 4942(a)(2) are being applied to **any** of the years listed in 2a, list the years here ▶ 20____, 20____, 20____, 20____			
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? ☐ Yes ☑ No			
b	If "Yes," did it have excess business holdings in 2012 as a result of **(1)** any purchase by the foundation or disqualified persons after May 26, 1969, **(2)** the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or **(3)** the lapse of the 10-, 15-, or 20-year first phase holding period? *(Use Schedule C, Form 4720, to determine if the foundation had excess business holdings in 2012.)*	3b		
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		No
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2012?	4b		No

Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required *(continued)*

5a	During the year did the foundation pay or incur any amount to			
	(1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))? ☐ Yes ☑ No			
	(2) Influence the outcome of any specific public election (see section 4955), or to carry on, directly or indirectly, any voter registration drive? ☐ Yes ☑ No			
	(3) Provide a grant to an individual for travel, study, or other similar purposes? ☐ Yes ☑ No			
	(4) Provide a grant to an organization other than a charitable, etc , organization described in section 509(a)(1), (2), or (3), or section 4940(d)(2)? (see instructions) ☐ Yes ☑ No			
	(5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals? ☐ Yes ☑ No			
b	If any answer is "Yes" to 5a(1)–(5), did **any** of the transactions fail to qualify under the exceptions described in Regulations section 53 4945 or in a current notice regarding disaster assistance (see instructions)?	**5b**		
	Organizations relying on a current notice regarding disaster assistance check here ▶ ☐			
c	If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant? ☐ Yes ☐ No			
	If "Yes," attach the statement required by Regulations section 53.4945–5(d).			
6a	Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? ☐ Yes ☑ No			
b	Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	**6b**		**No**
	If "Yes" to 6b, file Form 8870.			
7a	At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? ☐ Yes ☑ No			
b	If yes, did the foundation receive any proceeds or have any net income attributable to the transaction?	**7b**		

Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors

1 List all officers, directors, trustees, foundation managers and their compensation (see instructions).

(a) Name and address	**(b)** Title, and average hours per week devoted to position	**(c)** Compensation **(If not paid, enter -0-)**	**(d)** Contributions to employee benefit plans and deferred compensation	**(e)** Expense account, other allowances
JOEY FONTENOT 225 DUNN STREET HOUMA,LA 70360	DIRECTOR 1 00	0	0	0
DANA RIGDON 225 DUNN STREET HOUMA,LA 70360	DIRECTOR 1 00	0	0	0

2 Compensation of five highest-paid employees (other than those included on line 1—see instructions). If none, enter "NONE."

(a) Name and address of each employee paid more than $50,000	**(b)** Title, and average hours per week devoted to position	**(c)** Compensation	**(d)** Contributions to employee benefit plans and deferred compensation	**(e)** Expense account, other allowances
NONE				

Total number of other employees paid over $50,000 ▶ 0

Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors *(continued)*

3 Five highest-paid independent contractors for professional services (see instructions). If none, enter "NONE".

(a) Name and address of each person paid more than $50,000	(b) Type of service	(c) Compensation
NONE		

Total number of others receiving over $50,000 for professional services. ▶ 0

Part IX-A Summary of Direct Charitable Activities

List the foundation's four largest direct charitable activities during the tax year Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc	Expenses
1 THE FOUNDATION HOSTED THE NEW CARDIOVASCULAR HORIZONS CONFERENCE (NCVH) FROM JUNE 5 TO JUNE 7, 2013 THIS MULTIDISCIPLINARY INTERNATIONAL CONFERENCE OFFERS THE PRACTICING PHYSICIAN,PODIATRIST, RESIDENT, NURSE AND OTHER ALLIED HEALTH PROFESSIONALS A COMPREHENSIVE OVERVIEW OF THE DIAGNOSIS AND MANAGEMENT OF CARDIOVASCULAR DISEASE AND CRITICAL LIMB ISCHEMIA (CLI) WITH EMPHASIS ON PERIPHERAL ARTERY DISEASE (PAD), CORONARY ARTERY DISEASE (CAD), LIMB SALVAGE, AND THE DIABETIC FOOT AND WOUND CARE A MULTIDISCIPLINARY TEAM APPROACH WILL BE UTILIZED TO HIGHLIGHT THE RECENT ADVANCEMENTS THAT HAVE BEEN MADE IN THE FIELD OF CARDIOVASCULAR MEDICINE AND CLI WITH AN EMPHASIS ON THE HIGH ASSOCIATION OF PAD AND CAD THERE WERE TOTAL ATTENDEES 721, WHICH INCLUDED 185 FACULTY (INSTRUCTORS) AND 83 EXHIBITORS	2,699,591
2 THE FOUNDATION HOSTED THE LATIN AMERICA CONFERENCE FROM APRIL 10 TO 12, 2013 THE CONFERENCE IN COSTA RICA FOCUSES ON COMPLEX PERIPHERAL INTERVENTIONS AND LIMB SALVAGE TECHNIQUES USING A VARIETY OF LEARNING FORMATS INCLUDING DIDACTIC LECTURES, LIVE CASE TRANSMISSIONS AND HANDS-ON WORKSHOPS THERE WERE 265 TOTAL ATTENDEES, WHICH INCLUDED 48 FACULTY (INSTRUCTORS) AND 14 EXHIBITORS	295,937
3 THE LAFAYETTE CARDIOVASCULAR UPDATE FOR THE PRIMARY CARE PROVIDER WAS HELD ON OCTOBER 6, 2012 THIS COURSE WILL FOCUS ON PRIMARY AND SECONDARY PREVENTION OF CARDIOVASCULAR DISEASE CURRENT, UP-TO-DATE, DIVERSE AND TIMELY TOPICS WILL BE REVIEWED THESE INCLUDE TREATMENT OF CORONARY ARTERY DISEASE, VALVULAR HEART DISEASE, ATRIAL FIBRILLATION, HYPERTENSION, CARDIOVASCULAR IMAGING, LIPIDOLOGY, PERIPHERAL ARTERY DISEASE, AND VENOUS DISEASE A DIDACTIC CME ACCREDITED FORMAT WILL BE USED TO INCORPORATE DATA AND CASE STUDIES AMPLE TIME WILL BE ALLOWED WITH INDUSTRY EXHIBITS FOR HANDS-ON REVIEW OF PRODUCTS OR THERAPIES IN AN APPROPRIATE NON-ACCREDITED FORMAT THERE WERE 150 TOTAL ATTENDEES, WHICH INCLUDED 21 FACULTY (INSTRUCTORS) AND 35 EXHIBITORS	51,862
4 THE MOBILE CARDIOVASCULAR UPDATE FOR THE PRIMARY CARE PROVIDER WAS HELD JANUARY 19, 2013 NCVH MOBILE IS A MULTIDISCIPLINARY CONFERENCE WITH FOCUS ON PRIMARY AND SECONDARY PREVENTION OF CARDIOVASCULAR DISEASE CURRENT, UP-TO-DATE, DIVERSE AND TIMELY TOPICS WILL BE REVIEWED THESE INCLUDE TREATMENT OF CORONARY ARTERY DISEASE, ARRHYTHMIAS, STRUCTURAL AND VALVULAR HEART DISEASE AND PERIPHERAL ARTERY DISEASE ADIDACTIC CME ACCREDITED FORMAT WILL BE USED TO INCORPORATE DATA AND CASE STUDIES AMPLE TIME WILL BE ALLOWED WITH INDUSTRY EXHIBITS FOR HANDS-ON REVIEW OF PRODUCTS OR THERAPIES IN AN APPROPRIATE NON-ACCREDITED FORMAT THERE WERE 301 TOTAL ATTENDEES, WHICH INCLUDED 14 FACULTY (INSTRUCTORS) AND 29 EXHIBITORS	50,171

Part IX-B Summary of Program-Related Investments (see instructions)

Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2	Amount
1	
2	
All other program-related investments See page 24 of the instructions 3	
Total. Add lines 1 through 3. ▶	0

Part X **Minimum Investment Return** (All domestic foundations must complete this part. Foreign foundations, see instructions.)

1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc , purposes		
a	Average monthly fair market value of securities	1a	0
b	Average of monthly cash balances	1b	260,185
c	Fair market value of all other assets (see instructions)	1c	0
d	**Total** (add lines 1a, b, and c)	1d	260,185
e	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation) — 1e: 0		
2	Acquisition indebtedness applicable to line 1 assets	2	0
3	Subtract line 2 from line 1d	3	260,185
4	Cash deemed held for charitable activities Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	3,903
5	**Net value of noncharitable-use assets.** Subtract line 4 from line 3 Enter here and on Part V, line 4	5	256,282
6	**Minimum investment return.** Enter 5% of line 5	6	12,814

Part XI **Distributable Amount** (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations check here ▶ ☑ and do not complete this part.)

1	Minimum investment return from Part X, line 6	1	
2a	Tax on investment income for 2012 from Part VI, line 5 — 2a:		
b	Income tax for 2012 (This does not include the tax from Part VI) — 2b:		
c	Add lines 2a and 2b	2c	
3	Distributable amount before adjustments Subtract line 2c from line 1	3	
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4	5	
6	Deduction from distributable amount (see instructions)	6	
7	**Distributable amount** as adjusted Subtract line 6 from line 5 Enter here and on Part XIII, line 1	7	

Part XII **Qualifying Distributions** (see instructions)

1	Amounts paid (including administrative expenses) to accomplish charitable, etc , purposes		
a	Expenses, contributions, gifts, etc —total from Part I, column (d), line 26	1a	2,609,158
b	Program-related investments—total from Part IX-B	1b	0
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc , purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the		
a	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	
4	**Qualifying distributions.** Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	2,609,158
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income Enter 1% of Part I, line 27b (see instructions)	5	0
6	**Adjusted qualifying distributions.** Subtract line 5 from line 4	6	2,609,158

Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section 4940(e) reduction of tax in those years

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2011	(c) 2011	(d) 2012
1 Distributable amount for 2012 from Part XI, line 7				
2 Undistributed income, if any, as of the end of 2012				
a Enter amount for 2011 only.				
b Total for prior years 20___, 20___, 20___				
3 Excess distributions carryover, if any, to 2012				
a From 2007.				
b From 2008.				
c From 2009.				
d From 2010.				
e From 2011.				
f **Total** of lines 3a through e.				
4 Qualifying distributions for 2012 from Part XII, line 4 ▶ $ _____				
a Applied to 2011, but not more than line 2a				
b Applied to undistributed income of prior years (Election required—see instructions).				
c Treated as distributions out of corpus (Election required—see instructions).				
d Applied to 2012 distributable amount.				
e Remaining amount distributed out of corpus				
5 Excess distributions carryover applied to 2012 *(If an amount appears in column (d), the same amount must be shown in column (a).)*				
6 **Enter the net total of each column as indicated below:**				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5				
b Prior years' undistributed income Subtract line 4b from line 2b.				
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed.				
d Subtract line 6c from line 6b Taxable amount —see instructions.				
e Undistributed income for 2011 Subtract line 4a from line 2a Taxable amount—see instructions.				
f Undistributed income for 2012 Subtract lines 4d and 5 from line 1 This amount must be distributed in 2013.				
7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (see instructions).				
8 Excess distributions carryover from 2007 not applied on line 5 or line 7 (see instructions). . .				
9 **Excess distributions carryover to 2013.** Subtract lines 7 and 8 from line 6a.				
10 Analysis of line 9				
a Excess from 2008. . . .				
b Excess from 2009. . . .				
c Excess from 2010. . . .				
d Excess from 2011. . . .				
e Excess from 2012. . . .				

Part XIV Private Operating Foundations (see instructions and Part VII-A, question 9)

1a If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2012, enter the date of the ruling. . . . . ▶ 2000-03-15

b Check box to indicate whether the organization is a private operating foundation described in section ☑ 4942(j)(3) or ☐ 4942(j)(5)

	Tax year	Prior 3 years			(e) Total
	(a) 2012	(b) 2011	(c) 2010	(d) 2009	
2a Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed	0	0	0	0	0
b 85% of line 2a	0	0	0	0	0
c Qualifying distributions from Part XII, line 4 for each year listed	2,609,158	2,477,075	2,136,927	2,400,607	9,623,767
d Amounts included in line 2c not used directly for active conduct of exempt activities	0	0	0	0	0
e Qualifying distributions made directly for active conduct of exempt activities Subtract line 2d from line 2c	2,609,158	2,477,075	2,136,927	2,400,607	9,623,767
3 Complete 3a, b, or c for the alternative test relied upon					
a "Assets" alternative test—enter **(1)** Value of all assets					0
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					0
b "Endowment" alternative test— enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed	8,543	788	10,750	13,841	33,922
c "Support" alternative test—enter **(1)** Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties)					0
(2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii)					0
(3) Largest amount of support from an exempt organization					0
(4) Gross investment income					0

Part XV Supplementary Information (Complete this part only if the organization had $5,000 or more in assets at any time during the year—see instructions.)

1 Information Regarding Foundation Managers:

a List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than $5,000) (See section 507(d)(2))

b List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest

2 Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs:

Check here ▶ ☑ if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds If the foundation makes gifts, grants, etc (see instructions) to individuals or organizations under other conditions, complete items 2a, b, c, and d

a The name, address, and telephone number of the person to whom applications should be addressed

b The form in which applications should be submitted and information and materials they should include

c Any submission deadlines

d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors

Part XV Supplementary Information (continued)

3 Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
Total . . . . . ▶ **3a**				0
b *Approved for future payment*				
Total . . . . . ▶ **3b**				0

Part XVI-A Analysis of Income-Producing Activities

Enter gross amounts unless otherwise indicated	Unrelated business income		Excluded by section 512, 513, or 514		(e) Related or exempt function income (See instructions)
	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	
1 Program service revenue					
a					
b					
c					
d					
e					
f					
g Fees and contracts from government agencies					
2 Membership dues and assessments. . . .					
3 Interest on savings and temporary cash investments					
4 Dividends and interest from securities. . . .					
5 Net rental income or (loss) from real estate					
a Debt-financed property.					
b Not debt-financed property.					
6 Net rental income or (loss) from personal property					
7 Other investment income.					
8 Gain or (loss) from sales of assets other than inventory					-430
9 Net income or (loss) from special events					
10 Gross profit or (loss) from sales of inventory. .					
11 Other revenue a					
b					
c					
d					
e					
12 Subtotal Add columns (b), (d), and (e). .		0		0	-430
13 **Total.** Add line 12, columns (b), (d), and (e).				13	-430

(See worksheet in line 13 instructions to verify calculations)

Part XVI-B Relationship of Activities to the Accomplishment of Exempt Purposes

Line No. ▼	Explain below how each activity for which income is reported in column (e) of Part XVI-A contributed importantly to the accomplishment of the foundation's exempt purposes (other than by providing funds for such purposes) (See instructions)
8	DISPOSAL OF COMPANY ASSETS

Part XVII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations

			Yes	No
1	Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?			
a	Transfers from the reporting foundation to a noncharitable exempt organization of			
	(1) Cash	1a(1)		No
	(2) Other assets	1a(2)		No
b	Other transactions			
	(1) Sales of assets to a noncharitable exempt organization	1b(1)		No
	(2) Purchases of assets from a noncharitable exempt organization	1b(2)		No
	(3) Rental of facilities, equipment, or other assets	1b(3)		No
	(4) Reimbursement arrangements	1b(4)		No
	(5) Loans or loan guarantees	1b(5)		No
	(6) Performance of services or membership or fundraising solicitations	1b(6)		No
c	Sharing of facilities, equipment, mailing lists, other assets, or paid employees	1c		No

d If the answer to any of the above is "Yes," complete the following schedule Column **(b)** should always show the fair market value of the goods, other assets, or services given by the reporting foundation If the foundation received less than fair market value in any transaction or sharing arrangement, show in column **(d)** the value of the goods, other assets, or services received

(a) Line No	(b) Amount involved	(c) Name of noncharitable exempt organization	(d) Description of transfers, transactions, and sharing arrangements

2a Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? ☐ Yes ☑ No

b If "Yes," complete the following schedule

(a) Name of organization	(b) Type of organization	(c) Description of relationship

Sign Here

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than taxpayer or fiduciary) is based on all information of which preparer has any knowledge

******	2014-02-24	******
Signature of officer or trustee	Date	Title

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

Paid Preparer Use Only

Print/Type preparer's name	Preparer's Signature	Date	Check if self-employed ▶ ☐	PTIN
RALPH STEPHENS	RALPH STEPHENS			P00638118

Firm's name ▶	POSTLETHWAITE & NETTERVILLE	Firm's EIN ▶ 72-1202445
	8550 UNITED PLAZA BLVD SUITE 1001	
Firm's address ▶	BATON ROUGE, LA 70809	Phone no (225) 922-4600

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93491064002014

Schedule B (Form 990, 990-EZ, or 990-PF)
Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, 990-EZ, or 990-PF.

OMB No 1545-0047

2012

Name of the organization
SOUTH LOUISIANA CLINICAL RESEARCH FOUNDATION INC

Employer identification number
72-1430540

Organization type (check one)

Filers of:	Section:
Form 990 or 990-EZ	☐ 501(c)( ) (enter number) organization
	☐ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
	☐ 527 political organization
Form 990-PF	☑ 501(c)(3) exempt private foundation
	☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation
	☐ 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule.**
Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule See instructions

General Rule

☑ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, $5,000 or more (in money or property) from any one contributor Complete Parts I and II

Special Rules

☐ For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of **(1)** $5,000 or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1 Complete Parts I and II

☐ For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than $1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals Complete Parts I, II, and III

☐ For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc , purposes, but these contributions did not total to more than $1,000 If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc , purpose Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc , contributions of $5,000 or more during the year . . . . . ▶ $ _____

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2 of its Form 990, or check the box on line H of its Form 990-EZ or on Part I, line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)

Name of organization	Employer identification number
SOUTH LOUISIANA CLINICAL RESEARCH FOUNDATION INC	72-1430540

Part I **Contributors** (see Instructions) Use duplicate copies of Part I if additional space is needed

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	See Additional Data Table	$	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II if there is a noncash contribution)

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		$	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II if there is a noncash contribution)

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		$	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II if there is a noncash contribution)

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		$	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II if there is a noncash contribution)

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		$	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II if there is a noncash contribution)

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		$	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II if there is a noncash contribution)

Name of organization
SOUTH LOUISIANA CLINICAL RESEARCH FOUNDATION INC

Employer identification number
72-1430540

Part II Noncash Property (see instructions) Use duplicate copies of Part II if additional space is needed

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		$	

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		$	

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		$	

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		$	

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		$	

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		$	

Name of organization
SOUTH LOUISIANA CLINICAL RESEARCH FOUNDATION INC

Employer identification number
72-1430540

Part III *Exclusively* **religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations that total more than $1,000 for the year.** Complete columns **(a)** through **(e) and** the following line entry
For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc , contributions of **$1,000 or less** for the year (Enter this information once See instructions) ▶ $
Use duplicate copies of Part III if additional space is needed

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP 4	Relationship of transferor to transferee

Additional Data

Software ID:
Software Version:
EIN: 72-1430540
Name: SOUTH LOUISIANA CLINICAL RESEARCH FOUNDATION INC

Form 990 Schedule B, Part I - Contributors (see Instructions) Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	ABBOTT VASCULAR 3200 LAKESIDE DRIVE SANTA CLARA, CA 95054	$ 98,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II if there is a noncash contribution)
2	BARD PERIPHERAL VASCULAR 1415 W 3RD STREET TEMPE, AZ 85281	$ 312,500	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II if there is a noncash contribution)
3	BOSTON SCIENTIFIC ONE SCIMED PLACE MAPLE GROVE, MN 55311	$ 222,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II if there is a noncash contribution)
4	COOK MEDICAL 1025 WEST ACUFF RD BLOOMINGTON, IN 47404	$ 191,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II if there is a noncash contribution)
5	COVIDIENEV3 INC 15 HAMPSHIRE ST MANSFIELD, MA 02048	$ 189,897	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II if there is a noncash contribution)
6	GORE ASSOCIATES 555 PAPER MILL RD NEWARK, DE 19711	$ 85,500	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II if there is a noncash contribution)
7	IDEV TECHNOLOGIES 253 MEDICAL CENTER BLVD WEBSET, TX 77598	$ 65,500	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II if there is a noncash contribution)

Form 990 Schedule B, Part I - Contributors (see Instructions) Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8	MEDTRONIC 8545 UNITED PLAZA BLVD BATON ROUGE, LA 70809	$ 155,100	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II if there is a noncash contribution)
9	SPECTRANETICS 9965 FEDERAL DRIVE COLORADO SPRINGS, CO 80921	$ 158,713	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II if there is a noncash contribution)
10	TERUMO INTERVENTIONAL SYSTEMS 2101 COTTONTAIL LANE SOMERSET, NJ 08873	$ 86,500	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II if there is a noncash contribution)
11	TOSHIBA AMERICA MEDICAL SYSTEMS INC 2441 MICHELLE DR TUSTIN, CA 92780	$ 50,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II if there is a noncash contribution)
12	ASTRAZENECA 1800 CONCORD PIKE WILMINGTON, DE 19803	$ 49,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II if there is a noncash contribution)
13	CARDIOVASCULAR SYSTEMS INC 651 CAMPUS DRIVE ST PAUL, MN 55112	$ 45,500	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II if there is a noncash contribution)
14	LAFAYETTE GENERAL MEDICAL CENTER 1214 COOLIDGE STREET LAFAYETTE, LA 70503	$ 42,500	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II if there is a noncash contribution)

Form 990 Schedule B, Part I - Contributors (see Instructions) Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
15	CORDIS CORPORATION A JOHNSON JOHNSO 430 ROUTE 22 EAST BRIDGEWATER, NJ 088071831	$ 41,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II if there is a noncash contribution)
16	THE REGIONAL MEDICAL CENTER OF ACAD 2810 AMBASSADOR CAFFERY PKWY LAFAYETTE, LA 70506	$ 37,500	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II if there is a noncash contribution)
17	ACIST MEDICAL SYSTEMS 7905 FULLER ROAD EDEN PRAIRIE, MN 55344	$ 37,375	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II if there is a noncash contribution)
18	ATRIUM MEDICAL CORPORATION 5 WENTWORTH DRIVE HUDSON, NH 03051	$ 34,500	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II if there is a noncash contribution)
19	LANE REGIONAL MEDICAL CENTER 6300 MAIN ST ZACHARY, LA 70791	$ 33,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II if there is a noncash contribution)
20	PAMLAB LLC 4099 US-190 SERVICE ROAD COVINGTON, LA 70433	$ 31,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II if there is a noncash contribution)
21	THE MEDICINES COMPANY 8 SYLVAN WAY PARSIPPANY, NJ 07054	$ 29,799	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II if there is a noncash contribution)

Form 990 Schedule B, Part I - Contributors (see Instructions) Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
22	BAYER INTERVENTIONAL 100 GLOBAL VIEW DRIVE WARRENDALE, PA 15086	$ 29,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II if there is a noncash contribution)
23	ST JUDE MEDICAL ONE ST JUDE MEDICAL DRIVE ST PAUL, MN 551179983	$ 27,750	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II if there is a noncash contribution)
24	TRIREME MEDICAL INC 7060 KOLL CENTER PKWY PLEASANTON, CA 94566	$ 25,500	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II if there is a noncash contribution)
25	KCI 601 BRASILIA AVE KANSAS CITY, MO 64153	$ 24,500	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II if there is a noncash contribution)
26	HORIZON'S INTERNATIONAL PERIPHERAL 3639 AMBASSADOR CAFFERY PKWY SUITE LAFAYETTE, LA 70503	$ 22,980	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II if there is a noncash contribution)
27	LUXE TRAVEL GROUP 16450 BAKE PKWY 100 IRVINE, CA 92618	$ 21,404	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II if there is a noncash contribution)
28	BIOTRONIK 6024 JEAN RD SUITE B4 LAKE OSWEGO, OR 97035	$ 18,950	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II if there is a noncash contribution)

Form 990 Schedule B, Part I - Contributors (see Instructions) Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
29	TERREBONNE GENERAL MEDICAL CENTER 8166 MAIN ST HOUMA, LA 70360	$ 18,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II if there is a noncash contribution)
30	GILEAD SCIENCES 333 LAKESIDE DRIVE FOSTER CITY, CA 94404	$ 17,700	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II if there is a noncash contribution)
31	VOLCANO CORPORATION 3661 VALLEY CENTRE DRIVE 200 SAN DIEGO, CA 92130	$ 17,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II if there is a noncash contribution)
32	JANSSEN PHARMACEUTICALS 1125 TRENTON HARBOURTON ROAD TITUSVILLE, NJ 08560	$ 17,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II if there is a noncash contribution)
33	ST VINCENT'S HEALTH SYSTEM 810 ST VINCENTS DRIVE BIRMINGHAM, AL 35205	$ 15,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II if there is a noncash contribution)
34	VASCULAR SOLUTIONS INC 6464 SYCAMORE COURT NORTH MINNEAPOLIS, MN 55369	$ 14,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II if there is a noncash contribution)
35	BOEHRINGER INGELHEIM PHARMACEUTICAL 900 RIDGEBURY ROAD RIDGEFIELD, CT 06877	$ 13,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II if there is a noncash contribution)

Form 990 Schedule B, Part I - Contributors (see Instructions) Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
36	W L GORE ASSOCIATES 555 PAPER MILL RD NEWARK, DE 19711	$ 13,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II if there is a noncash contribution)
37	DAIICHI SANKYO TWO HILTON COURT PARSIPPANY, NJ 07054	$ 13,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II if there is a noncash contribution)
38	ANGIOSCORE 5055 BRANDIN CT FREMONT, CA 94538	$ 10,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II if there is a noncash contribution)
39	OTSUKA AMERCA PHARMACEUTICAL INC 2440 RESEARCH BLVD ROCKVILLE, MD 20850	$ 10,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II if there is a noncash contribution)
40	CLEVELAND HEARTLAB INC 6701 CARNEGIE AVE SUITE 500 CLEVELAND, OH 44103	$ 9,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II if there is a noncash contribution)
41	THERMOPEUTIX INC 9951 BUSINESSPARK AVE SAN DIEGO, CA 92131	$ 8,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II if there is a noncash contribution)
42	TEI BIOSCIENCES 7 ELKINS ST SOUTH BOSTON, MA 02127	$ 8,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II if there is a noncash contribution)

Form 990 Schedule B, Part I - Contributors (see Instructions) Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
43	METHODIST DEBAKEY HEART VASCULAR CE 6565 FANNIN ST HOUSTON, TX 77030	$ 8,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II if there is a noncash contribution)
44	MERIT MEDICAL 1600 MERIT PKWY SOUTH JORDAN, UT 84095	$ 8,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II if there is a noncash contribution)
45	NOVARTIS 230 PARK AVENUE 21ST FLOOR NEW YORK, NY 10169	$ 7,500	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II if there is a noncash contribution)
46	WILLIS-KNIGHTON HEALTH SYSTEM 2600 GREENWOOD ROAD SHREVEPORT, LA 71103	$ 7,500	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II if there is a noncash contribution)
47	CARDIOVASCULAR INSTITUTE OF THE SOU 225 DUNN STREET HOUMA, LA 70360	$ 7,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II if there is a noncash contribution)
48	RADPAD PROTECTION 2834 ROE LANE KANSAS CITY, KS 66103	$ 6,500	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II if there is a noncash contribution)
49	ANGIODYNAMICS 14 PLAZA DRIVE LATHAM, NY 12110	$ 6,299	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II if there is a noncash contribution)

Form 990 Schedule B, Part I - Contributors (see Instructions) Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
50	ARSTASIS 740 BAY RD REDWOOD CITY, CA 94063	$ 6,098	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II if there is a noncash contribution)
51	VASAMED INC 7615 GOLDEN TRIANGLE DRIVE EDEN PRAIRIE, MN 55344	$ 6,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II if there is a noncash contribution)
52	ABBVIE 1 N WAUKEGAN ROAD NORTH CHICAGO, IL 60064	$ 6,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II if there is a noncash contribution)
53	SHIRE 5 RIVERWALK CITYWEST BUSINESS CAMPU , DUBLIN 24 EI	$ 5,897	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II if there is a noncash contribution)
54	MET-TEST LLC 1117 PERIMETER CENTER W ATLANTA, GA 30338	$ 5,500	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II if there is a noncash contribution)
55	ABIOMED INC 22 CHERRY HILL DR DANVERS, MA 01923	$ 5,500	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II if there is a noncash contribution)
56	FLOCHEC 2330 NEW EVERETT ST PORTLAND, OR 97210	$ 5,098	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II if there is a noncash contribution)

Form 990 Schedule B, Part I - Contributors (see Instructions) Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
57	TAKEDA PHARMACEUTICALS 1 TAKEDA PKWY DEERFIELD, IL 60015	$ 5,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II if there is a noncash contribution)
58	VASCULAR ACCESS CENTERS 2929 ARCH ST 620 PHILADELPHIA, PA 19104	$ 5,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II if there is a noncash contribution)
59	VASCULAR INSIGHTS LLC 1 PINE HILL DRIVE 2 BATTERYMARCH PA QUINCY, MA 02169	$ 5,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II if there is a noncash contribution)
60	TRIVASCULAR 3910 BRICKWAY BLVD SANTA ROSA, CA 95403	$ 5,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II if there is a noncash contribution)
61	KOVEN 12125 WOODCREST EXECUTIVE DRIVE SUI ST LOUIS, MO 63141	$ 5,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II if there is a noncash contribution)
62	ENDOLOGIX 11 STUDEBAKER IRVINE, CA 92618	$ 5,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II if there is a noncash contribution)
63	MEDITEK COSTA RICA 200 MTS OESTE 300 MTS NOTRE DEL ICE , SAN JOSE CS	$ 5,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II if there is a noncash contribution)

Form 990 Schedule B, Part I - Contributors (see Instructions) Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
64	ARIZONA HEART FOUNDATION - CUSTOMER 1910 E THOMAS RD PHOENIX, AZ 85016	$ 5,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II if there is a noncash contribution)
65	CARDIVA MEDICAL INC 888 W MAUDE AVE SUNNYVALE, CA 94085	$ 5,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II if there is a noncash contribution)
66	MARINE POLYMER TECHNOLOGIES INC 1 VAN DE GRAAFF DRIVE SUITE 302 BURLINGTON, MA 01803	$ 5,000	Person ☑ Payroll ☐ Noncash ☐ (Complete Part II if there is a noncash contribution)

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TY 2012 Depreciation Schedule

Name: SOUTH LOUISIANA CLINICAL RESEARCH FOUNDATION INC

EIN: 72-1430540

Description of Property	Date Acquired	Cost or Other Basis	Prior Years' Depreciation	Computation Method	Rate / Life (# of years)	Current Year's Depreciation Expense	Net Investment Income	Adjusted Net Income	Cost of Goods Sold Not Included
DESK FURNITURE	2009-01-01	363	126	SL	10 000000000000	36	0	36	
DESK FURNITURE	2009-01-01	361	126	SL	10 000000000000	36	0	36	
DESK FURNITURE	2009-01-01	721	252	SL	10 000000000000	72	0	72	
DESK FURNITURE	2009-01-01	361	126	SL	10 000000000000	36	0	36	
DESK FURNITURE	2009-01-01	459	126	SL	10 000000000000	46	0	46	
COPY MACHINE	2009-01-01	810	567	SL	5 000000000000	162	0	162	
METAL STORAGE UNIT	2009-01-01	216	151	SL	5 000000000000	43	0	43	
PROJECTOR	2009-01-01	294	206	SL	5 000000000000	59	0	59	
CAMERA	2011-05-01	680	159	SL	5 000000000000	136	0	136	
MS OFFICE PRO	2009-04-01	328	328	SL	3 000000000000	0	0	0	
COMPUTER SOFTWARE - DESIGN	2009-10-01	487	267	SL	5 000000000000	97	0	97	
COMPUTER SOFTWARE - SECURITY	2009-12-01	241	124	SL	5 000000000000	48	0	48	
COMPUTER SOFTWARE - PREM	2009-12-01	1,978	1,023	SL	5 000000000000	396	0	396	
COMPUTER SOFTWARE - FINAL CUT	2010-08-01	1,079	414	SL	5 000000000000	216	0	216	
PROJECTOR	2009-01-01	351	245	SL	5 000000000000	70	0	70	
HARDDRIVE	2009-01-01	498	349	SL	5 000000000000	33	0	33	
HARDDRIVE	2009-01-01	672	470	SL	5 000000000000	45	0	45	
HARDDRIVE	2009-01-01	672	470	SL	5 000000000000	45	0	45	
LAPTOP	2009-04-01	1,802	1,171	SL	5 000000000000	360	0	360	
COMPUTER	2009-09-01	1,534	870	SL	5 000000000000	307	0	307	
SERVER	2009-12-01	5,581	2,883	SL	5 000000000000	1,116	0	1,116	
HARDDRIVE	2010-01-01	459	230	SL	5 000000000000	92	0	92	
HARDDRIVE	2010-01-01	459	230	SL	5 000000000000	92	0	92	
HARDDRIVE	2010-01-01	459	230	SL	5 000000000000	92	0	92	
HARDDRIVE	2010-08-01	804	308	SL	5 000000000000	161	0	161	
HARDDRIVE	2010-08-01	804	308	SL	5 000000000000	161	0	161	
HARDDRIVE	2010-08-01	804	308	SL	5 000000000000	161	0	161	
MACBOOK	2010-12-01	2,308	731	SL	5 000000000000	462	0	462	
ROUTER	2011-01-01	475	143	SL	5 000000000000	95	0	95	
HARDDRIVE	2011-01-01	739	222	SL	5 000000000000	148	0	148	

Description of Property	Date Acquired	Cost or Other Basis	Prior Years' Depreciation	Computation Method	Rate / Life (# of years)	Current Year's Depreciation Expense	Net Investment Income	Adjusted Net Income	Cost of Goods Sold Not Included
TV	2011-11-01	648	86	SL	5 000000000000	130	0	130	
ROUTER, WIRELESS	2011-10-01	1,118	168	SL	5 000000000000	224	0	224	
LAPTOP	2012-02-01	630	53	SL	5 000000000000	126	0	126	
LAPTOP	2012-02-01	630	53	SL	5 000000000000	126	0	126	
LAPTOP	2012-04-01	974	49	SL	5 000000000000	195	0	195	
IPOD TOUCH	2012-06-01	216	4	SL	5 000000000000	43	0	43	
IPOD TOUCH	2012-06-01	216	4	SL	5 000000000000	43	0	43	
IPOD TOUCH	2012-06-01	216	4	SL	5 000000000000	43	0	43	
IPOD TOUCH	2012-06-01	216	4	SL	5 000000000000	43	0	43	
IPOD TOUCH	2012-06-01	216	4	SL	5 000000000000	43	0	43	
IPOD TOUCH	2012-06-01	216	4	SL	5 000000000000	43	0	43	
DESK WITH LEFT RETURN	2012-10-01	1,218		SL	10 000000000000	91	0	91	
CREDENZA WITH HUTCH	2012-10-01	728		SL	10 000000000000	55	0	55	
FILE CABINET	2012-10-01	864		SL	10 000000000000	65	0	65	
DESK	2012-11-01	1,143		SL	10 000000000000	76	0	76	
ADOBE CS6 DESIGN STANDARD	2012-10-01	1,417		SL	5 000000000000	213	0	213	
MICROSOFT OFFICE FOR MAC HOME	2012-10-01	218		SL	5 000000000000	33	0	33	
MONITOR, APPLE THUNDERBOLT 27"	2012-10-01	1,089		SL	5 000000000000	163	0	163	
15" MACBOOK PRO WITH RETINA DISPLAY	2012-10-01	3,607		SL	5 000000000000	541	0	541	

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TY 2012 Gain/Loss from Sale of Other Assets Schedule

Name: SOUTH LOUISIANA CLINICAL RESEARCH FOUNDATION INC

EIN: 72-1430540

Name	Date Acquired	How Acquired	Date Sold	Purchaser Name	Gross Sales Price	Basis	Basis Method	Sales Expenses	Total (net)	Accumulated Depreciation
SALE OF COMPUTER HARD DRIVES		PURCHASED	2012-10					0	-430	1,412

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TY 2012 Land, Etc. Schedule

Name: SOUTH LOUISIANA CLINICAL RESEARCH FOUNDATION INC

EIN: 72-1430540

Category / Item	Cost / Other Basis	Accumulated Depreciation	Book Value	End of Year Fair Market Value
DESK FURNITURE	363	162	201	
DESK FURNITURE	361	162	199	
DESK FURNITURE	721	324	397	
DESK FURNITURE	361	162	199	
DESK FURNITURE	459	172	287	
COPY MACHINE	810	729	81	
METAL STORAGE UNIT	216	194	22	
PROJECTOR	294	265	29	
CAMERA	680	295	385	
MS OFFICE PRO	328	328	0	
COMPUTER SOFTWARE - DESIGN	487	364	123	
COMPUTER SOFTWARE - SECURITY	241	172	69	
COMPUTER SOFTWARE - PREM	1,978	1,419	559	
COMPUTER SOFTWARE - FINAL CUT	1,079	630	449	
PROJECTOR	351	315	36	
LAPTOP	1,802	1,531	271	
COMPUTER	1,534	1,177	357	
SERVER	5,581	3,999	1,582	
HARDDRIVE	459	322	137	
HARDDRIVE	459	322	137	
HARDDRIVE	459	322	137	
HARDDRIVE	804	469	335	
HARDDRIVE	804	469	335	
HARDDRIVE	804	469	335	
MACBOOK	2,308	1,193	1,115	
ROUTER	475	238	237	
HARDDRIVE	739	370	369	
TV	648	216	432	
ROUTER, WIRELESS	1,118	392	726	
LAPTOP	630	179	451	

Category / Item	Cost / Other Basis	Accumulated Depreciation	Book Value	End of Year Fair Market Value
LAPTOP	630	179	451	
LAPTOP	974	244	730	
IPOD TOUCH	216	47	169	
IPOD TOUCH	216	47	169	
IPOD TOUCH	216	47	169	
IPOD TOUCH	216	47	169	
IPOD TOUCH	216	47	169	
IPOD TOUCH	216	47	169	
DESK WITH LEFT RETURN	1,218	91	1,127	
CREDENZA WITH HUTCH	728	55	673	
FILE CABINET	864	65	799	
DESK	1,143	76	1,067	
ADOBE CS6 DESIGN STANDARD	1,417	213	1,204	
MICROSOFT OFFICE FOR MAC HOME	218	33	185	
MONITOR, APPLE THUNDERBOLT 27"	1,089	163	926	
15" MACBOOK PRO WITH RETINA DISPLAY	3,607	541	3,066	

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TY 2012 Other Assets Schedule

Name: SOUTH LOUISIANA CLINICAL RESEARCH FOUNDATION INC

EIN: 72-1430540

Description	Beginning of Year - Book Value	End of Year - Book Value	End of Year - Fair Market Value
DEPOSITS	1,230	3,018	3,018
DUE FROM HIPG	6,394		
DUE FROM M3MEET	9		

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TY 2012 Other Expenses Schedule

Name: SOUTH LOUISIANA CLINICAL RESEARCH FOUNDATION INC

EIN: 72-1430540

Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
OVERHEAD	397,609	0	0	397,609
EVENT EXPENSES	26,244	0	0	26,244
PROJECT EXPENSES	353,089	0	0	353,089

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TY 2012 Substantial Contributors Schedule

Name: SOUTH LOUISIANA CLINICAL RESEARCH FOUNDATION INC

EIN: 72-1430540

Name	Address
ABBOTT VASCULAR	3200 LAKESIDE DRIVE SANTA CLARA,CA 95054
SPECTRANETICS	9965 FEDERAL DRIVE COLORADO SPRINGS,CO 80921
BOSTON SCIENTIFIC	ONE SCIMED PLACE MAPLE GROVE,MN 55311
CORDIS CORPORATION A JOHNSON AND JOHNSON CO	430 ROUTE 22 EAST BRIDGEWATER,NJ 08807
BARD PERIPHERAL VASCULAR	1415 W 3RD STREET TEMPE,AZ 85281
IDEV TECHNOLOGIES	253 MEDICAL CENTER BLVD WEBSTER,TX 77598
MEDATRONIC	8545 UNITED PLAZA BLVD BATON ROUGE,LA 70809
GORE & ASSOCIATES	555 PAPER MILL RD NEWARK,DE 19711
COOK MEDICAL	1025 WEST ACUFF RD BLOOMINGTON,IN 47404
COVIDIEN	15 HAMPSHIRE ST MANSFILED,MA 02048