	. `	OOO T	Ex	empt Organ	ization Bu	nieı	ess Incom	e Tax Retu	ırn		OMB No 1545-08	387
For	m	990-T		(and pro	oxy tax un	der	section 60)33(e))			2018	
				ndar year 2018 or other Go to www.i <i>r</i> s.gov				nd ending	-	·∟		
		ment of the Treasury I Revenue Service		t enter SSN numbers of					(c)(3).		Open to Public Inspect 501(c)(3) Organization	
A	T	Check box if		Name of organization (ne changed and see in		D Er	nploye	er identification nun	nber
В	Ex	L address changed sempt under section	-	Mayo Clinic Healt					(E	mpioyee	es' trust, see instruction:	s)
	X		D	Number, street, and ro					}	;	39-0806374	
		408(e) 220(e)	Print	700 WEST AVEN	UE SOUTH						d business activity	code
] 408A 530(a)		City or town		State		ZIP code	(5)	ee msm	uctions)	
] 529(a)		LACROSSE		WI		54601				
				Foreign country name	Fo	reign p	rovince/state/county F	Foreign postal code			446110	
	Вс	ook value of all assets at	F Grou	rp exemption numb	er (See instruct	ions)	▶ 5983					
		od of year 288,560,725						01(c) trust	401(a) trus	st Other to	rust
Н		Enter the number of				esses	<u> </u>	4 Descri	be the	only	(or first) unrelate	ed
	t	rade or business he irst in the blank spa	re ▶ <u>Ph</u>	armacies & Drug S	Stores	lete!	If only one, con Parts I and II, con	nplete Parts I–V	If moi le M fo	re tha	in one, describe th additional	the
		rade or business, th			sentence, comp	JIELE I	ans randin, cor	ripicte a ochedu	ic ivi ic	n cac	ar additional	
ı		During the tax year, w	as the corp	oration a subsidiary	in an affiliated gr	oup o	r a parent-subsidia	ary controlled grou	лр [?] .		► X Yes	No
	_ !	f "Yes," enter the nam	ne and iden	itifying number of the	e parent corporat				<u> </u>			
<u>J</u>		The books are in cai						hone number			38-1297	
	ar			Business Incor	ne		(A) Income	(B) Ex	penses	V\$\$\$092	(C) Net	<u> </u>
1		Gross receipts or s Less returns and allow		893,263	c Balance ▶	1c	893,263					
2		Cost of goods sold		- A line 7)	C Dalance	2	462,206	(2004)004 00-000 1000	100 mars	2000	XIII. AND THE STREET,	
3		Gross profit Subtra	•			3	431,057	18.00		33000	431,057	
4	a	Capital gain net ind				4a		i Haid of	S. Sec.	No.		1
	b	Net gain (loss) (Form	n 4797, Pa	rt II, line 17) (attach	Form 4797) .	4b		12.12° 12				
		Capital loss deduct				4c						↓
5		Income (loss) from a p		r an S corporation (atta	ach statement) .	5				1000		+
6 7		Rent income (Sche		(Cab-dula E)		7						+-
8		Unrelated debt-fina Interest, annuities, royalti			ration (Schedule E)	8						+-
9		Investment income of a s		-		9						+
10		Exploited exempt a			. ,	10						1_
11		Advertising income	•	•		11						
12		Other income (See			e) .	12			*******			
13		Total. Combine line		gh 12 ken Elsewhere (Soc instruction	13	431,057	doductions) (0]	nt for	431,057	
K	art			directly connecte				, ,	Exce	pt ioi	CONTIDUCIONS	•
14		Compensation of o				Clate	o business inc	offic /		14		T
15		Salaries and wages		ectors, and trustee	s (Genedule IV)	•		•	1	15	116,714	4
16		Repairs and mainte			·					16		} -
17		Bad debts .								17	2,293	3
18		Interest (attach sch		e instructions)			•		.	18		
19		Taxes and licenses					•	•	- 1	19	23,377	4—
20 21		Charitable contribution (attack)			litation rules)		21		1	20		+-
21 22		Less depreciation (lsewhere on ret	urn	22a	8,139	-	22b	8,139	اد
 23		Depletion	J. G. H.	-				 _		23	<u> </u>	+-
24		Contributions to de	ferred con	npensation plans						24		
25		Employee benefit p					DE0511/5D 11	000000		25	44,081	
₽6		Excess exempt exp					RECEIVED IN	CORRES	1	26		↓
27		Excess readership					IRS - OSC	/- IT .	ļ	27	400.044	+-
¥δ }α		Other deductions (a Total deductions.					NOV 1.2	2010	}	28 29	123,619 318,223	
29 30		Unrelated business			perating loss de	educti			.	30	112,834	
31									Ì	31	112,00	
27 28 29 30 31 32		Deduction for net ope Unrelated business			e 31 from line 3	0	V OGDEN,	UTAҢ ′		32	112,834	4 .
-01	· Pa	perwork Reduction					_ 				Form 990-T	(2018)
НΤΑ								<u> </u>				
								איר)				

Form 9	90-T (2018)	Mayo Clinic Health System-Franciscan Medical Center, In	С		39-0	806374	ļ	Page 2
Part	III T	otal Unrelated Business Taxable Income	-					
33		unrelated business taxable income computed from all unrelated trade	s or bu	isinesses (see				\neg
	instruction					33	140,0	64
34		s paid for disallowed fringes				34	212,5	
35		·	1, 201	8 (see				
			·			35		0
36	Total of	unrelated business taxable income before specific deduction. Subtrac	t line 3	5 from the sum				
	of lines 3	33 and 34				36	352,6	60
37	Specific	deduction (Generally \$1, 000, but see line 37 instructions for exception	ns)			37	1,0	00]
38	Unrelate	ed business taxable income. Subtract line 37 from line 36. If line 37 i	s grea	ter than line 36,				
		e smaller of zero or line 36				38	351,6	60
Part	IV _ T	ax Computation						
39		ations Taxable as Corporations. Multiply line 38 by 21% (0 21)				39	_73,8	49
40	Trusts 1	axable at Trust Rates. See instructions for tax computation. Income	tax on	the				
	amount	on line 38 from Tax rate schedule or Schedule D (Form	1041)			40		
41	Proxy ta	x. See instructions			•	41		
42		`						
43				•		1		
44				 		44	73,8	49
Part						1-ma 6 001		
45 a	_		_45a					
b		,						
C		· · · · · · · · · · · · · · · · · · ·			ļ			
d		· · · · · · · · · · · · · · · · · · ·	_45d		Ц			
								40
46						_	/3,8	49
47				Other (attach sched	iule)	_	72.0	40
48 49			(b) lor				73,6	49
50 a				le 2 .	1			
	-	· ·	_	125 000	\vdash			J
		· •		125,000	\vdash			1
_	-		_					
	_	-	_	·	\Box			
f			50f					
g				-				
•			50a	n				
51	_		_ oog	<u> </u>		51	125.0	00
52				. •	пΙ		150,0	"
53			wed		ן•	$\overline{}$		0
54				overpaid	>	54	51,1	51
55				1	. ▶	55		0
Part	VI St	atements Regarding Certain Activities and Other Informa	tion (see instructions)			
56	At any tu	me during the 2018 calendar year, did the organization have an intere	st in o	CEIVED IN C	OHE	RES	v Y	es No
	over a fir	nancial account (bank, securities, or other) in a foreign country? If "Ye	s." the	organization ma	v hav	e to file	a 1	1 16
	FinCEN	Form 114. Report of Foreign Bank and Financial Accounts If "Yes." e	nter th	e name of the fo	reian	countr	v	
	here 🕨			NOV 1, 2 2	019		´	
57	During th	e tax year, did the organization receive a distribution from, or was it the gra	ntor of,	or transferor to,	a fore	gn trust	2	X
	If "Yes,"	see instructions for other forms the organization may have to file		OGDEN U	TAH		100	3
58	Enter the	amount of tax-exempt interest received or accrued during the tax year	ar 🕨	\$.,			302
					ny knowl	edge and	belief, it is true, cor	тест,
Sign	and c		as any kni	owiedge	1	May the	IRS discuss this m	turn with
Here		TAX E	IREC	TOR		the prep	arer shown below (
		nature of officer Date Title				instruction	ons)? Yes	No
	Specific deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instructions) 1 Total of unreliated business taxable income before specific deduction. Subtract line 35 from the sum of lines 33 and 34. Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions) Unreliated business taxable income. Subtract line 37 from line 36. alt IV Tax Computation Organizations Taxable as Corporations. Multiply line 39 by 21% (0.21) Trusts Taxable at Trust Rates. See instructions for tex computation (Income tax on the amount on line 38 from 1 Tax rats schedule or Schedule D (Form 1041) Proxy tax. See instructions Alternative minimum tax (frusts only). Tax on Noncompliant Facility Income. See instructions Total. Add lines 41, 42, and 43 to line 33 or 40, whichever applies Total. Add lines 41, 42, and 43 to line 39 or 40, whichever applies Total. Add lines 41, 42, and 43 to line 39 or 40, whichever applies Total credits. Add lines 45 at brough 45d Subtract line 45 from line 44 Cheer taxes. Check if from 1 Form 425 Total tax. Add lines 45 at brough 45d Subtract line 45 from line 44 Cheer taxes. Check if from 1 Form 425 Form 881 Form 881 Form 887 Form 885 Other (attack schedule) Total tax. Add lines 45 at brough 45d Subtract line 45 from line 44 Cheer taxes. Check if from 1 Form 425 Form 865 Form 865 Other (attack schedule) Total tax Add lines 45 at brough 45d Subtract line 45 from line 44 Cheer taxes. Check if from 1 Form 425 Form 865 Form 865 Other (attack schedule) Total tax Add lines 45 at brough 45d Subtract line 45 from line 45 Form 865 Form 865 Other (attack schedule) Total 1 fax. Add lines 45 at hrough 45d Subtract line 45 from line 45 Form 865 Form 865 Form 865 Other (attack schedule) Total 1 fax. Add lines 45 at hrough 45d Subtract line 45 from line 45 Form 865 Form 86							
Paid							. "	
-		Firm's name ▶			Fırm's	EIN 🕨		
Use	Only	- Anna		-				

om 990-T (2018)	Mayo Clinic Health System-Franciscan Medical Ce
OIII 000-1 (2010)	wayo clinic ricatti oystem-i ranciscan Medicar Ce

Form 990-T (2018) M:	ayo Clinic Healtl	า System-Fr	anciscan	Medical C	:enter	<u>, Inc</u>		<u>-0806374</u>	Pa	age 3
Schedule A-Cost of Goo	ds Sold. Ente	r method o	of invento	ory valua	ition	► COST				
1 Inventory at beginning of		1		6		entory at er	nd of year .	6		
2 Purchases .		2 4	62,206	7		•	sold. Subtract	Sales .		
3 Cost of labor .		3				_	5 Enter here		1	
4 a Additional section 263A	costs				and	ın Part I. lı	ne 2 .	7	462,206	
(attach schedule) .		la l		8	Do t	the rules of	section 263A (w	ith respect to		No
b Other costs (attach sched		b					ced or acquired f	•	1 3394 3	
5 Total. Add lines 1 through			62,206				ganization?	,		X
Schedule C—Rent Income				sonal Pre				operty)		
(see instructions)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	. Topolty t			opu.	.,		- porty,		
Description of property							-			
(1) N/A							-			
(2)						-				
(3)										
(4)						_	".			
	2. Rent receiv	ed or accoued		-			<u>1</u>			
	Z. INCIR ICOCIO						1			
 (a) From personal property (if the personal property is more than more than 50%) 	rcentage of rent 10% but not	percenta	ge of rent for	personal pro r personal pro based on pro	operty (exceeds		directly connected (a) and 2(b) (attack		ne
(1)							 _			
(2)			-				<u> </u>			
(3)							 			
(4)		Takal					<u> </u>			
Total	0	Total				0	(b) Total deduc	ctions		
(c) Total income. Add totals of col	lumns 2(a) and 2(b) Enter					Enter here and			
here and on page 1, Part I, line 6, o						0	Part I, line 6, co	lumn (B) 🕨		0
Schedule E—Unrelated De	ebt-Financed	Income (s	ee instruc	ctions)						
1. Description of debt-	financed property			income from		3.	Deductions directly co to debt-finan	nnected with or all ced property	ocable	
7. Description of desi				property			l line depreciation h schedule)	(b) Other deductions (attach schedule)		
(1) N/A			<u>. </u>							
(2)										
(3)										
(4)										
Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5 Average adj of or alloc debt-financed (attach sch	able to I property	4	Column divided column 5			ncome reportable 2 × column 6)	(column 6 × to	e deductions otal of column nd 3(b))	ıs
(1)		-			%					0
(2)					%		0			0
(3)					%		0			0
(4)					%		0			<u> </u>
·	<u> </u>				Ť	Enter here	and on page 1,	Enter here a	nd on page	
							e 7, column (A).	Part I, line 7		
Totals .							0		, 55,61,111 (D	" o
Total dividends-received deduct	tions included in a	column 8			´ <u> </u>		. •	_		~

Schedule F-Interest, Annuiti	es, Royalties,	and Rer	nts From	Controlled Or	gani	zations (se	e instru	ctions)			
				Organizations		<u> </u>					
Name of controlled organization	2. Employer dentification number		related incom ee instructions			5 Part of colui included in the organization's g	controllin	ng conn	eductions directly lected with income in column 5		
(1) Health Tradition Health Plan	39-1545987		-					1-			
(2)	_										
(3)											
(4)											
Nonexempt Controlled Organization	s										
7. Taxable Income	8. Net unrelated (loss) (see instru			. Total of specified payments made		10. Part of colu included in the organization's g	controllin	ng conne	g connected with income in		
(1) -743,273		-743,273		4:	2,188		42,18	88			
(2)						<u> </u>					
(3)			[
(4)											
					_	Add columns Enter here and Part I, line 8, c	on page column (A)	1, Enter I) Part I	columns 6 and 11 here and on page 1, , line 8, column (B)		
Totals			\(\frac{1}{2}\) (0\	(47) 0 :-	<u> </u>	<u> </u>	42,18	88[0		
Schedule G-Investment Inco	me of a Section	on 501(c		Or (17) Organiz	zatio	n (see instru	ctions)		ntal deductions		
1 Description of income	2. Amount of I	ncome	dire	ectly connected ttach schedule)	tions nnected		le)	and set-asides (col 3 plus col 4)			
(1) N / A									0		
(2)									0		
(3)					-				0		
(4)	<u></u>		Southern Street Colors (Mar)	CONC.) and the concentration of the concentration o	WANT SALES	0000	w2007. Ab.		0		
Totals . ▶	Enter here and of Part I, line 9, col	on page 1, umn (A) 0							re and on page 1, e 9, column (B) 0		
Schedule I—Exploited Exemp	t Activity Inco										
Description of exploited activity	2. Gross unrelated business incon from trade or business	3. E conr pro	Expenses directly lected with duction of hrelated less income	4. Net income (loss from unrelated tradi or business (column 2 minus column 3) If a gain, compute cols 5 through 7) e 5.	. Gross income om activity that s not unrelated usiness income	6. Ex	penses utable to umn 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)		
(1) N/A			<u> </u>		0				0		
(2)					0				0		
(3)					0				0		
(4)					0				0		
Totals	Enter here and page 1, Part I line 10, col (A	, page	here and on e 1, Part I, 0, col (B)			φ''			Enter here and on page 1, Part II, line 26		
Schedule J—Advertising Inco	me (see instruct			SCC DL C MENDINANCE CASE ANDRESS	my - 5-75 - 1-78	and the second s		SECONDARY SAINTS SERVICES			
Part I Income From Perio			Consolid	ated Rasis							
medine i foni i eno	dicais Report	Julia	<u> </u>		1	-					
1. Name of periodical	2. Gross advertising income		. Direct tising costs	4. Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7		5. Circulation income		adership osts	7. Excess readership costs (column 6 minus column 5, but not more than column 4)		
(1) N / A											
(2)			_								
(3) (4)											
Totals (carry to Part II, line (5))	•	0	0		0	0		0	0		

Totals, Part II (lines 1-5)

0

Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in Part II columns 2 through 7 on a line-by-line basis.) 4. Advertising 7. Excess readership gain or (loss) (col 2 minus col 3) If 2. Gross 6. Readership costs (column 6 minus column 5. 3. Direct 5. Circulation 1. Name of periodical advertising costs income advertising costs income a gain, compute cols 5 through 7 but not more than column 4) (1) N/A 0 0 (2) 0 0 (3) 0 0 (4) 0 0 Totals from Part I 0 0 Enter here and on Enter here and on Enter here and page 1, Part I, page 1, Part I, line 11, col (B) on page 1, Part II, line 27 line 11, col (A)

Schedule K—Compensation of Officers, Directo	rs, and Trustees (see instruction	s)	
1. Name	2. Trile	3. Percent of time devoted to business	Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
Total, Enter here and on page 1, Part II, line 14		. •	0

Form 990-T (2018)

SCHEDULE M (Form 990-T)

Unrelated Business Taxable Income for Unrelated Trade or Business

OMB No 1545-0687

Department of the Treasury Internal Revenue Service

For calendar year 2018 or other tax year beginning

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

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

Name of the organization **Employer identification number** 39-0806374 Mayo Clinic Health System-Franciscan Medical Center, Inc. Unrelated business activity code (see instructions) ▶ 541611

Describe the unrelated trade or business ▶ MANAGEMENT CONSULTING SERVICES Part I Unrelated Trade or Business Income (A) Income (B) Expenses (C) Net Gross receipts or sales b Less returns and allowances 1c 165,000 Balance -2 2 Cost of goods sold (Schedule A, line 7). . 3 165,000 3 Gross profit Subtract line 2 from line 1c a Capital gain net income (attach Schedule D) 4a 4b 0 **b** Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797) 4c 0 Capital loss deduction for trusts . . . 5 Income (loss) from a partnership or an S corporation (attach 5 Λ statement) 6 0 6 Rent income (Schedule C) 7 0 7 Unrelated debt-financed income (Schedule E) 8 Interest, annuities, royalties, and rents from a controlled 8 0 organization (Schedule F) 9 Investment income of a section 501(c)(7), (9), or (17) 0 organization (Schedule G) . 10 0 10 Exploited exempt activity income (Schedule I) 11 0 11 Advertising income (Schedule J) . 12 Other income (See instructions, attach schedule). 12 ٥ 13 Total. Combine lines 3 through 12 13 165,000

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

14	Compensation of officers, directors, and trustees (Schedule K)	14	
15	Salaries and wages	15	111,574
16	Repairs and maintenance	_16	
17	Bad debts	17	
18	Interest (attach schedule) (see instructions)	18	
19	Taxes and licenses .	19	
20	Chantable contributions (See instructions for limitation rules)	20	
21	Depreciation (attach Form 4562) . 21	100	
22	Less depreciation claimed on Schedule A and elsewhere on return 22a	22b	
23	Depletion	23	
24	Contributions to deferred compensation plans	24	
25	Employee benefit programs	25	33,616
26	Excess exempt expenses (Schedule I)	26	
27	Excess readership costs (Schedule J)	27	
28	Other deductions (attach schedule)	28	1,482
29	Total deductions. Add lines 14 through 28	29	146,672
30	Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13	30	18,328
31	Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see	1.6	
	instructions)	_31	
32	Unrelated business taxable income Subtract line 31 from line 30	32	18,328
or Paper	work Reduction Act Notice, see instructions.	Schedu	le M (Form 990-T) 2018

0

MCHS - FSMC 39-0806374 TAX YEAR ENDED DECEMBER 31, 2018 UNRELATED BUSINESS INCOME - SCHEDULE M RECONCILIATION

SCH M - MANAGEMENT CONSULTING SERVICES

LINE 28

EXPENSE AMOUNT 1,482

TOTAL _____1,482

SCHEDULE M (Form 990-T)

Unrelated Business Taxable Income for Unrelated Trade or Business

OMB No 1545-0687

Department of the Treasury Internal Revenue Service

For calendar year 2018 or other tax year beginning

ar year 2018 or other tax year beginning , 2018, and ending

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

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

Name of the organization

Mayo Clinic Health System-Franciscan Medical Center, Inc.

Employer identification number

Unrelated business activity code (see instructions) ▶ 621511

39-0806374

Describe the unrelated trade or business ▶ EXTERNAL CLIENT LABORATORY REVENUE

Part I	Unrelated Trade or Business Income		(A) Income		(B) Expenses	•	(C) Net		
1 a	Gross receipts or sales 9,658				1.00	1		T/	
b	Less returns and allowancesc Balance ▶	1c	9,658					9.0	
2	Cost of goods sold (Schedule A, line 7).	2			t in the second				
3	Gross profit Subtract line 2 from line 1c .	3	9,658			weige.	9,658		
4 a	Capital gain net income (attach Schedule D)	4a		_		20 m	0		
b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4b				194	0		
, c	Capital loss deduction for trusts	4c					0		
5	Income (loss) from a partnership or an S corporation (attach								
	statement)	5					0		
6	Rent income (Schedule C)	6					0		
7	Unrelated debt-financed income (Schedule E) .	7					0		
8	Interest, annuities, royalties, and rents from a controlled								
	organization (Schedule F) .	8					0		
9	Investment income of a section 501(c)(7), (9), or (17)						,		
	organization (Schedule G) .	9	 	_			0		
10	Exploited exempt activity income (Schedule I)	10					0		
11	Advertising income (Schedule J)	11			100 700 200 100 100 100 100 100 100 100 100 1	Y5. NAK. 3	0		
12	Other income (See instructions, attach schedule)	12					0		
13	Total. Combine lines 3 through 12	13	9,658		0		9,658		
14	deductions must be directly connected with the un Compensation of officers, directors, and trustees (Schedule K)	relat	ed business ın	come	e.)	14			
15	Salaries and wages					15			
16	Repairs and maintenance					16			
17	Bad debts					17			
18	Interest (attach schedule) (see instructions)					18			
19	Taxes and licenses		•			19			
20'	Charitable contributions (See instructions for limitation rules)					20		_	
21	Depreciation (attach Form 4562)		21						
22	Less depreciation claimed on Schedule A and elsewhere on return	١.	22a			22b			
23	Depletion .	,				23			
24	Contributions to deferred compensation plans .					24			
25	Employee benefit programs					25			
26	Excess exempt expenses (Schedule I)					26			
27	Excess readership costs (Schedule J)					27			
28	Other deductions (attach schedule)					28	3,759		
29	Total deductions. Add lines 14 through 28					29	3,759		
30	Unrelated business taxable income before net operating loss dedu	iction	Subtract line 29 fi	om lin	e 13	30	5,899		
31	Deduction for net operating loss arising in tax years beginning on	or afte	r January 1, 2018	(see				····	
	instructions)					31			
32	Unrelated business taxable income. Subtract line 31 from line 30		<u> </u>			32	5,899		

MCHS - FSMC 39-0806374 TAX YEAR ENDED DECEMBER 31, 2018 UNRELATED BUSINESS INCOME - SCHEDULE M OTHER DEDUCTIONS

SCH M - EXTERNAL CLIENT LABORATORY REVENUE

LINE 28

EXPENSE	AMOUNT	
SUPPLIES		3,759
		-
	TOTAL	3,759_

SCHEDULE M (Form 990-T)

Unrelated Business Taxable Income for Unrelated Trade or Business

OMB No 1545-0687

Department of the Treasure Internal Revenue Service

For calendar year 2018 or other tax year beginning

ar year 2018 or other tax year beginning _______, 2018, and ending _______, 2018, and ending _______.

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

Open to Public Inspection for

	the organization	De mac	e public il your organization	Employer id		cation number	Only
	inic Health System-Franciscan Medical Center, Inc			39-0806374			
	ated business activity code (see instructions) 900099		ED OBOANIZATION				
Descr	tibe the unrelated trade or business ▶ INTEREST FROM CONT	ROLL	ED ORGANIZATION				
Part I	Unrelated Trade or Business Income		(A) Income	(B) Expenses	•	(C) Net	
1 a	Gross receipts or sales					88.5	76
b	Less returns and allowances c Balance ▶	1c			477		
2	Cost of goods sold (Schedule A, line 7)	2			100		
3	Gross profit Subtract line 2 from line 1c	3	0			0	
4 a	Capital gain net income (attach Schedule D) .	4a				0	
b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4b	,		16	0	
С	Capital loss deduction for trusts	4c				0	
5	Income (loss) from a partnership or an S corporation (attach			140			
	statement)	5			3 3	0	
6	Rent income (Schedule C) .	6	_			0	
7	Unrelated debt-financed income (Schedule E) .	7		-	<u> </u>	0	
8	Interest, annuities, royalties, and rents from a controlled]]]	
	organization (Schedule F)	8	42,188			42,188	
9	Investment income of a section 501(c)(7), (9), or (17)						
	organization (Schedule G) .	9				0	
10	Exploited exempt activity income (Schedule I)	10				0	
11	Advertising income (Schedule J) .	11	<u>.</u>			0	
12	Other income (See instructions, attach schedule) .	12				0	
13	Total. Combine lines 3 through 12	13	42,188	0		42,188	
Part II	deductions must be directly connected with the ur					or contributions,	
14	Compensation of officers, directors, and trustees (Schedule K)	•			14		
15	Salaries and wages	•	•	•	15		
16	Repairs and maintenance	•			16	 	
17	Bad debts			•	17	 	
18	Interest (attach schedule) (see instructions)	•			18	 	
19	Taxes and licenses				19		
20	Charitable contributions (See instructions for limitation rules)	•		. 1	20		
21	Depreciation (attach Form 4562)		21				
22	Less depreciation claimed on Schedule A and elsewhere on return	n	. 22a		22b		
23	Depletion	•	•		23	 	
24	Contributions to deferred compensation plans	•		-	24	 	
25	Employee benefit programs	•	•	•	25	 	
26	Excess exempt expenses (Schedule I)				26	ļ <u>-</u>	
27	Excess readership costs (Schedule J)				27		

Other deductions (attach schedule) .

Total deductions. Add lines 14 through 28

Unrelated business taxable income Subtract line 31 from line 30

Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13

Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see

42,188

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29

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Depreciation and Amortization (Including Information on Listed Property)

Attach to your tax return. Attachment

Department of the Treasury Internal Revenue Service

Name(s) shown on ret	um	Busine		ity to which this f				dentifying numb	er	
Mayo Clinic Health S	System-Franciscai	n Medical ∮990T					3	39-0806374		_
	on To Expense									
	you have any lister		e Part V b	efore you comple	te Part I					
	nt (see instruction:	•				•		•	1	
2 Total cost of sec						•		•	2	<u> </u>
3 Threshold cost o					tructions)				3	
	tation Subtract lin				0 16	El			4	0
	or tax year Subtr	act line 4 from line	e i itzer	o or less, enter	-0- if married	tiling			5	۱ ,
separately, see I	•	: _		1 (1) 0-			-i	(-) Floored	_	
	(a) Description of	ргорепу		(B) Co	st (business use	e only)	- 	(c) Elected co	SI	
							-			
7 Listed property I	Enter the amount	from line 20		<u>.</u>			7			
	st of section 179 p		unte in ce	· · · · · · · · · · · · · · · · · · ·	6 and 7	L	, ,		8	0
9 Tentative deduct				marini (c), inics	o and r				9	0
10 Carryover of disa				Form 4562		•	•	•	10	
11 Business income	Imitation Enter t	the smaller of hus	iness inc	ome (not less th	an zero) or lin	e 5 See ir	nstruc	ctions .	11	
12 Section 179 expe									12	0
13 Carryover of disa						▶[13			
Note: Don't use Part								_		
Part II Speci	al Depreciation	n Allowance an	d Other	r Depreciatio	n (Don't incl	ude listed	d pro	perty. See ins	truct	ions.)
14 Special deprecia	tion allowance for	qualified property	(other th	nan listed prope	rty) placed in s	service				
	ar See instruction		•					•	14	
15 Property subject								•	15	
16 Other depreciation	on (including ACR	:S) .						· · · · · ·	16	
Part III MACE	RS Depreciation	n (Don't include	e listed p	property. See	instructions.)					
			Sect	ion A				_		-
17 MACRS deduction							•	•	17	8,139
18 If you are electing		sets placed in ser	vice durir	ng the tax year i	nto one or mo	re general				
asset accounts,	check here .			•				▶□	Z	Land Mark St.
	Section B - Asse	ts Placed in Serv	ice Durir	ng 2018 Tax Ye	ar Using the	General D	eprec	iation System		
		(b) Month and	(c) Bası	s for depreciation	(d) Recovery					
(a) Classificatio	n of property	year placed	•	s/investment use	period	(e) Conven	tion	(f) Method	(g) D	epreciation deduction
		in service	only—s	see instructions)			<u>.</u>			
19 a 3-year prope					 				<u> </u>	
b 5-year prope		2.2.2			-				-	
c 7-year prope		X.Z.Z.Z.Z.Z.			 				⊢	
d 10-year prope		THE STATE OF					\rightarrow		 	
e 15-year prope		Marie and Comments in the			 				-	
f 20-year prope		一种种种种种种种种种种种种种种种种种种种种种种种种种种种种种种种种种种种种			25 yrs	-		S/L	-	
g 25-year proper h Residential re		**************************************			25 yrs.	ММ	\dashv	S/L	\vdash	
	entai				27 5 yrs	MM	+	S/L	\vdash	
property i Nonresidentia	al real	 			39 yrs	MM		S/L		
	ai icai	-			33 913	MM		S/L		
property	ection C - Assets	Placed in Service	e Durino	2018 Tay Yea	r Using the Al		Denr		<u> </u>	*******
20 a Class life	ection o - Assets		e Danne	LOTO TOX TOU			- 1	S/L	Ï	-
b 12-year	·				. 12 yrs			S/L		
c 30-year	· · · · · · · · · · · · · · · · · · ·	THE PARTY CONTRACTOR OF THE PARTY OF THE PAR			30 yrs	ММ	一十	S/L		
d 40-year		†			40 yrs.	MM		S/L		
	nary (See instru	ictions)			<u> </u>					
21 Listed property									21	
22 Total. Add amou	ints from line 12. I	ines 14 through 1	7, lines 1	9 and 20 in colu	ımn (g), and lır	ne 21 Ente	er			
here and on the	appropriate lines	of your return Par	tnerships	and S corpora	tions—see ins	tructions			22	8,139
23 For assets show										4466
	sis attributa <u>ble to</u>			•			23			

<u> Line 20 (990-1) - Charita</u>	able Contribution	ons				
Check ("X") box X Corp	orations	Cash		156,	242	
Trust	s 50%	Non Cas	sh under \$5000			
	s (combined)		sh over \$5000			
i rust	s (combined)	Non Cas	sii over \$3000			
				Deduction	Adjustment	
1 Contributions for current year		}		Allowed in	under Section	New
Enter the contributions by type	400/		Amount	Current Year	170(d)(2)(B)	Carryover
Corporations	170(b)(1)(A) 50%	Imitation	156,242	39,185 0		<u>117,057</u> 0
Trusts		Imitation		0		0
2 Carryover from:		Inimation				<u> </u>
a 5th preceding period .		2a				
Corporations	10%	limitation	ol	o		0
Trusts	170(b)(1)(A) 50%	Imitation	0	0		0
	30%	limitation	0	0		0
b 4th preceding period		2b				
Corporations		limitation	87,469	0		87,469
Trusts	170(b)(1)(A) 50%		0	0		0
O 2nd proceeding party	30%	Imitation	0	0		0
c 3rd preceding period . Corporations	100/	2c Ilmitation	48,531	o		48,531
Trusts	170(b)(1)(A) 50%		48,331			46,551
Trusts		Imitation	0	0	· · ·	
d 2nd preceding period		2d	-			<u></u>
Corporations	10%	limitation	7,075	ol		7,075
Trusts	170(b)(1)(A) 50%		0	0		0
	30%	limitation	_0	0		0
e 1st preceding period	<u>·</u>	2e		•		
Corporations		limitation	28,978	0		28,978
Trusts	170(b)(1)(A) 50%		0	0		0
Totals	30%	limitation 3	328,295	0 39,185	0	289,110
Carryover to expire next year o	fue to 5 year limitation	· - L	320,2331	39,103	4	209,110
5 Total contribution carryover to	•	•	• •		. 5	289,110
,		·	·	•	· -	
Computation	on of Section 179	Deductio	n for Estimate	ed Charitable	Contribution	
		_			_	
Taxable Income computed with			ction 179	•	. 6_	391,846
Section 179 deduction for purp			 lung 6	•	. 7 -	201.846
Taxable income less Section 1Maximum contribution limitation			m iine o	•	. 0 -	391,846 39,185
O Contribution deduction consider			iller of line 3 coli	umn A or line 9	. 10	39,185
	mig coolion in a milita	20011 01110				
	Computation	of Actual	l Charitable C	ontribution		
1 Actual Section 179 deduction	=0.1.1.				. 11_	0
2 Taxable income less actual Se 3 Not exercise less deductions less		Subtract lin	ie 11 from line 6	•	12 _	391,846
Net operating loss deductions lTaxable income for purposes of		n Subtra	ct line 13 from lin	 ne 12	. 13 _ 14	391,846
5 Maximum contribution limitation			ctime 13 hom in	16 12 .	. 15	39,185
6 Actual contribution deduction			· 5	•	. 16 -	39,185
	<u></u>	.,	·			30,.50
ine 28 (990-T) - Other C)eductions					
	reductions				1	EE7
Travel Occupancy						557 78,042
Occupancy Other			·····			45,020
Total other deductions					4 -	123,619
5 Total deductions less expenses	s for offsetting credits				. 5	123,619

MCHS - FSMC 39-0806374 TAX YEAR ENDED DECEMBER 31, 2018 UNRELATED BUSINESS INCOME - PAGE 2 LINE 33 RECONCILIATION

STATEMENT 1

990-T PAGE 2 LINE 33

990-T PAGE 1 PHARMACY LINE 32	112,834
SCH M CONSULTING LINE 32	18,328
SCH M LAB REV LINE 32	5,899
SCH M INTEREST LINE 32	42,188

179,249

ALLOWED CHARITABLE CONTRIBUTIONS (39,185)

990-T PAGE 2 LINE 33 140,064

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