

AMENDED RETURN - SECTION 512(a)(7) REPEAL

Form 990-T

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

OMB No 1545-0687

2018

For calendar year 2018 or other tax year beginning and ending 1812
Go to www.irs.gov/Form990T for instructions and the latest information.
Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

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

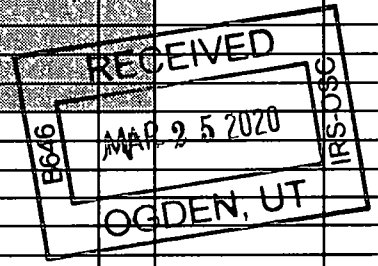
A Check box if address changed
B Exempt under section
[X] 501 (C) (3)
408(e) 220(e)
408A 530(a)
529(a)

Name of organization ( ) Check box if name changed and see instructions )
Mayo Clinic Health System-Franciscan Medical Center, Inc
Number, street, and room or suite no If a P O box, see instructions
700 WEST AVENUE SOUTH
City or town State ZIP code
LA CROSSE WI 54601
Foreign country name Foreign province/state/county Foreign postal code

D Employer identification number (Employees' trust, see instructions)
39-0806374
E Unrelated business activity code (See instructions)
446110

C Book value of all assets at end of year 288,560,725
F Group exemption number (See instructions) 5983
G Check organization type [X] 501(c) corporation [ ] 501(c) trust [ ] 401(a) trust [ ] Other trust
H Enter the number of the organization's unrelated trades or businesses 4 Describe the only (or first) unrelated trade or business here Pharmacies & Drug Stores
I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? [X] Yes [ ] No
J The books are in care of MAYO CORPORATE TAX UNIT Telephone number (507) 538-1297

Part I Unrelated Trade or Business Income
Table with columns: (A) Income, (B) Expenses, (C) Net
Rows 1-13: Gross receipts or sales, Less returns and allowances, Cost of goods sold, Gross profit, Capital gain net income, Net gain (loss), Capital loss deduction for trusts, Income (loss) from a partnership or an S corporation, Rent income, Unrelated debt-financed income, Interest, annuities, royalties, and rents from a controlled organization, Investment income of a section 501(c)(7), (9), or (17) organization, Exploited exempt activity income, Advertising income, Other income, Total. Combine lines 3 through 12.



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 )
Table with columns: Line number, Description, Amount
Rows 14-32: Compensation of officers, directors, and trustees; Salaries and wages; Repairs and maintenance; Bad debts; Interest; Taxes and licenses; Charitable contributions; Depreciation; Less depreciation claimed on Schedule A and elsewhere on return; Depletion; Contributions to deferred compensation plans; Employee benefit programs; Excess exempt expenses; Excess readership costs; Other deductions; Total deductions; Unrelated business taxable income before net operating loss deduction; Deduction for net operating loss arising in tax years beginning on or after January 1, 2018; Unrelated business taxable income.

For Paperwork Reduction Act Notice, see instructions. Form 990-T (2018)

Received in Batching Ogden JUL 13 2020

SCANNED AUG 12 2020

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914

**Part III Total Unrelated Business Taxable Income**

33	Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions) <b>SEE STATEMENT 1</b>	33	161,324
34	Amounts paid for disallowed fringes	34	
35	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instructions)	35	0
36	Total of unrelated business taxable income before specific deduction Subtract line 35 from the sum of lines 33 and 34	36	161,324
37	Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions)	37	1,000
38	<b>Unrelated business taxable income.</b> Subtract line 37 from line 36. If line 37 is greater than line 36, enter the smaller of zero or line 36	38	160,324

**Part IV Tax Computation**

39	<b>Organizations Taxable as Corporations.</b> Multiply line 38 by 21% (0.21)	39	33,668
40	<b>Trusts Taxable at Trust Rates.</b> See instructions for tax computation. Income tax on the amount on line 38 from <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041)	40	
41	<b>Proxy tax.</b> See instructions	41	
42	Alternative minimum tax (trusts only)	42	
43	<b>Tax on Noncompliant Facility Income.</b> See instructions	43	
44	<b>Total.</b> Add lines 41, 42, and 43 to line 39 or 40, whichever applies	44	33,668

**Part V Tax and Payments**

45 a	Foreign tax credit (corporations attach Form 1118, trusts attach Form 1116)	45a	
b	Other credits (see instructions)	45b	
c	General business credit Attach Form 3800 (see instructions)	45c	
d	Credit for prior year minimum tax (attach Form 8801 or 8827)	45d	
e	<b>Total credits.</b> Add lines 45a through 45d	45e	0
46	Subtract line 45e from line 44	46	33,668
47	Other taxes Check if from <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8866 <input type="checkbox"/> Other (attach schedule)	47	
48	<b>Total tax.</b> Add lines 46 and 47 (see instructions)	48	33,668
49	2018 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2.	49	
50 a	Payments A 2017 overpayment credited to 2018	50a	
b	2018 estimated tax payments	50b	125,000
c	Tax deposited with Form 8868	50c	
d	Foreign organizations Tax paid or withheld at source (see instructions)	50d	
e	Backup withholding (see instructions)	50e	
f	Credit for small employer health insurance premiums (attach Form 8941)	50f	
g	Other credits, adjustments, and payments <input type="checkbox"/> Form 2439 <input type="checkbox"/> Form 4136 <input type="checkbox"/> Other Total	50g	0
51	<b>Total payments.</b> Add lines 50a through 50g	51	125,000
52	Estimated tax penalty (see instructions) Check if Form 2220 is attached <input type="checkbox"/>	52	
53	<b>Tax due.</b> If line 51 is less than the total of lines 48, 49, and 52, enter amount owed	53	0
54	<b>Overpayment.</b> If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid	54	91,332
55	Enter the amount of line 54 you want <b>Credited to 2019 estimated tax</b> 51,151 <b>Refunded</b>	55	40,181

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

56	At any time during the 2018 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here	Yes	No
57	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If "Yes," see instructions for other forms the organization may have to file.		X
58	Enter the amount of tax-exempt interest received or accrued during the tax year \$		X

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) is based on all information of which preparer has any knowledge.

Signature of officer: [Signature] Date: 3/17/20 Title: TAX DIRECTOR

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

<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	Firm's name	Firm's EIN		Phone no	

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

<b>1</b> Inventory at beginning of year	<b>1</b>		<b>6</b> Inventory at end of year	<b>6</b>	
<b>2</b> Purchases	<b>2</b>	462,206	<b>7</b> <b>Cost of goods sold.</b> Subtract line 6 from line 5. Enter here and in Part I, line 2	<b>7</b>	462,206
<b>3</b> Cost of labor	<b>3</b>		<b>8</b> Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?	<b>Yes</b>	<b>No</b>
<b>4 a</b> Additional section 263A costs (attach schedule)	<b>4a</b>				
<b>b</b> Other costs (attach schedule)	<b>4b</b>				
<b>5</b> <b>Total.</b> Add lines 1 through 4b	<b>5</b>	462,206			X

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

(see instructions)

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

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

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

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

1. Name of controlled organization	2. Employer identification number	Exempt Controlled Organizations			
		3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income	6. Deductions directly connected with income in column 5
(1) Health Tradition Health Plan	39-1545987				
(2)					
(3)					
(4)					

**Nonexempt Controlled Organizations**

7. Taxable Income	8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10
(1) -743,273	-743,273	42,188	42,188	
(2)				
(3)				
(4)				

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

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

**Totals**

42,188 0

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

1. Description of income	2. Amount of income	3. Deductions directly connected (attach schedule)	4. Set-asides (attach schedule)	5. Total deductions and set-asides (col 3 plus col 4)
(1) N/A				0
(2)				0
(3)				0
(4)				0

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

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

**Totals**

0 0

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

1. Description of exploited activity	2. Gross unrelated business income from trade or business	3. Expenses directly connected with production of unrelated business income	4. Net income (loss) from unrelated trade or business (column 2 minus column 3) If a gain, compute cols 5 through 7	5. Gross income from activity that is not unrelated business income	6. Expenses attributable to column 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1) N/A			0			0
(2)			0			0
(3)			0			0
(4)			0			0

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

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

Enter here and on page 1, Part II, line 26

**Totals**

0 0 0

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

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

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

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

0 0 0 0 0 0 0

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

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

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

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

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

**Unrelated Business Taxable Income for**  
**Unrelated Trade or Business**

OMB No 1545-0687

**2018**

Department of the Treasury  
Internal Revenue Service

For calendar year 2018 or other tax year beginning \_\_\_\_\_, 2018, and ending \_\_\_\_\_, 20\_\_\_\_\_.

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

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

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

Name of the organization **Mayo Clinic Health System-Franciscan Medical Center, Inc** Employer identification number **39-0806374**

Unrelated business activity code (see instructions) ▶ **541611**

Describe the unrelated trade or business ▶ **MANAGEMENT CONSULTING SERVICES**

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

<b>Part II Deductions Not Taken Elsewhere</b> (See instructions for limitations on deductions.) (Except for contributions, deductions must be directly connected with the unrelated business income.)					
<b>14</b>		Compensation of officers, directors, and trustees (Schedule K)	<b>14</b>		
<b>15</b>		Salaries and wages	<b>15</b>		111,574
<b>16</b>		Repairs and maintenance	<b>16</b>		
<b>17</b>		Bad debts	<b>17</b>		
<b>18</b>		Interest (attach schedule) (see instructions)	<b>18</b>		
<b>19</b>		Taxes and licenses	<b>19</b>		
<b>20</b>		Charitable contributions (See instructions for limitation rules)	<b>20</b>		
<b>21</b>		Depreciation (attach Form 4562)	<b>21</b>		
<b>22</b>		Less depreciation claimed on Schedule A and elsewhere on return	<b>22a</b>		
<b>23</b>		Depletion	<b>23</b>		
<b>24</b>		Contributions to deferred compensation plans	<b>24</b>		
<b>25</b>		Employee benefit programs	<b>25</b>		33,616
<b>26</b>		Excess exempt expenses (Schedule I)	<b>26</b>		
<b>27</b>		Excess readership costs (Schedule J)	<b>27</b>		
<b>28</b>		Other deductions (attach schedule)	<b>28</b>		1,482
<b>29</b>		<b>Total deductions.</b> Add lines 14 through 28	<b>29</b>		146,672
<b>30</b>		Unrelated business taxable income before net operating loss deduction Subtract line 29 from line 13	<b>30</b>		18,328
<b>31</b>		Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions)	<b>31</b>		
<b>32</b>		<b>Unrelated business taxable income</b> Subtract line 31 from line 30	<b>32</b>		18,328

For Paperwork Reduction Act Notice, see Instructions

Schedule M (Form 990-T) 2018

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

SCH M - MANAGEMENT CONSULTING SERVICES

LINE 28

<u>EXPENSE</u>	<u>AMOUNT</u>
OCCUPANCY	<u>1,482</u>
<b>TOTAL</b>	<b><u><u>1,482</u></u></b>

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

**Unrelated Business Taxable Income for  
Unrelated Trade or Business**

OMB No 1545-0687

**2018**

Department of the Treasury  
Internal Revenue Service

For calendar year 2018 or other tax year beginning \_\_\_\_\_, 2018, and ending \_\_\_\_\_, 20\_\_\_\_.  
 ▶ **Go to [www.irs.gov/Form990T](http://www.irs.gov/Form990T) for instructions and the latest information.**  
 ▶ **Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).**

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

Name of the organization **Mayo Clinic Health System-Franciscan Medical Center, Inc.** Employer identification number **39-0806374**

Unrelated business activity code (see instructions) ▶ **621511**  
 Describe the unrelated trade or business ▶ **EXTERNAL CLIENT LABORATORY REVENUE**

<b>Part I Unrelated Trade or Business Income</b>				(A) Income	(B) Expenses	(C) Net
<b>1 a</b>	Gross receipts or sales	9,658				
<b>b</b>	Less returns and allowances					
	<b>c Balance ▶</b>		<b>1c</b>	9,658		
<b>2</b>	Cost of goods sold (Schedule A, line 7)		<b>2</b>			
<b>3</b>	Gross profit Subtract line 2 from line 1c		<b>3</b>	9,658		9,658
<b>4 a</b>	Capital gain net income (attach Schedule D)		<b>4a</b>			0
<b>b</b>	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)		<b>4b</b>			0
<b>c</b>	Capital loss deduction for trusts		<b>4c</b>			0
<b>5</b>	Income (loss) from a partnership or an S corporation (attach statement)		<b>5</b>			0
<b>6</b>	Rent income (Schedule C)		<b>6</b>			0
<b>7</b>	Unrelated debt-financed income (Schedule E)		<b>7</b>			0
<b>8</b>	Interest, annuities, royalties, and rents from a controlled organization (Schedule F)		<b>8</b>			0
<b>9</b>	Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)		<b>9</b>			0
<b>10</b>	Exploited exempt activity income (Schedule I)		<b>10</b>			0
<b>11</b>	Advertising income (Schedule J)		<b>11</b>			0
<b>12</b>	Other income (See instructions, attach schedule)		<b>12</b>			0
<b>13</b>	<b>Total.</b> Combine lines 3 through 12		<b>13</b>	9,658	0	9,658

**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.)

<b>14</b>	Compensation of officers, directors, and trustees (Schedule K)		<b>14</b>		
<b>15</b>	Salaries and wages		<b>15</b>		
<b>16</b>	Repairs and maintenance		<b>16</b>		
<b>17</b>	Bad debts		<b>17</b>		
<b>18</b>	Interest (attach schedule) (see instructions)		<b>18</b>		
<b>19</b>	Taxes and licenses		<b>19</b>		
<b>20</b>	Charitable contributions (See instructions for limitation rules)		<b>20</b>		
<b>21</b>	Depreciation (attach Form 4562)		<b>21</b>		
<b>22</b>	Less depreciation claimed on Schedule A and elsewhere on return		<b>22a</b>		<b>22b</b>
<b>23</b>	Depletion		<b>23</b>		
<b>24</b>	Contributions to deferred compensation plans		<b>24</b>		
<b>25</b>	Employee benefit programs		<b>25</b>		
<b>26</b>	Excess exempt expenses (Schedule I)		<b>26</b>		
<b>27</b>	Excess readership costs (Schedule J)		<b>27</b>		
<b>28</b>	Other deductions (attach schedule)		<b>28</b>		3,759
<b>29</b>	<b>Total deductions.</b> Add lines 14 through 28		<b>29</b>		3,759
<b>30</b>	Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13		<b>30</b>		5,899
<b>31</b>	Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions)		<b>31</b>		
<b>32</b>	<b>Unrelated business taxable income</b> Subtract line 31 from line 30		<b>32</b>		5,899

For Paperwork Reduction Act Notice, see instructions.

Schedule M (Form 990-T) 2018



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

<u>EXPENSE</u>	<u>AMOUNT</u>
SUPPLIES	<u>3,759</u>
TOTAL	<u><u>3,759</u></u>

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

**Unrelated Business Taxable Income for  
Unrelated Trade or Business**

OMB No 1545-0687

**2018**

Department of the Treasury  
Internal Revenue Service

For calendar year 2018 or other tax year beginning \_\_\_\_\_, 2018, and ending \_\_\_\_\_, 20\_\_\_\_\_

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

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

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

Name of the organization **Mayo Clinic Health System-Franciscan Medical Center, Inc** Employer identification number **39-0806374**

Unrelated business activity code (see instructions) ▶ **900099**

Describe the unrelated trade or business ▶ **INTEREST FROM CONTROLLED ORGANIZATION**

<b>Part I Unrelated Trade or Business Income</b>		(A) Income	(B) Expenses	(C) Net
<b>1 a</b>	Gross receipts or sales			
<b>b</b>	Less returns and allowances			
<b>c</b>	Balance ▶	<b>1c</b>		
<b>2</b>	Cost of goods sold (Schedule A, line 7)	<b>2</b>		
<b>3</b>	Gross profit Subtract line 2 from line 1c	<b>3</b>	0	0
<b>4 a</b>	Capital gain net income (attach Schedule D)	<b>4a</b>		0
<b>b</b>	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	<b>4b</b>		0
<b>c</b>	Capital loss deduction for trusts	<b>4c</b>		0
<b>5</b>	Income (loss) from a partnership or an S corporation (attach statement)	<b>5</b>		0
<b>6</b>	Rent income (Schedule C)	<b>6</b>		0
<b>7</b>	Unrelated debt-financed income (Schedule E)	<b>7</b>		0
<b>8</b>	Interest, annuities, royalties, and rents from a controlled organization (Schedule F)	<b>8</b>	42,188	42,188
<b>9</b>	Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)	<b>9</b>		0
<b>10</b>	Exploited exempt activity income (Schedule I)	<b>10</b>		0
<b>11</b>	Advertising income (Schedule J)	<b>11</b>		0
<b>12</b>	Other income (See instructions, attach schedule)	<b>12</b>		0
<b>13</b>	<b>Total.</b> Combine lines 3 through 12	<b>13</b>	42,188	0
				42,188

**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)

<b>14</b>	Compensation of officers, directors, and trustees (Schedule K)	<b>14</b>		
<b>15</b>	Salaries and wages	<b>15</b>		
<b>16</b>	Repairs and maintenance	<b>16</b>		
<b>17</b>	Bad debts	<b>17</b>		
<b>18</b>	Interest (attach schedule) (see instructions)	<b>18</b>		
<b>19</b>	Taxes and licenses	<b>19</b>		
<b>20</b>	Charitable contributions (See instructions for limitation rules)	<b>20</b>		
<b>21</b>	Depreciation (attach Form 4562)	<b>21</b>		
<b>22</b>	Less depreciation claimed on Schedule A and elsewhere on return	<b>22a</b>		<b>22b</b>
<b>23</b>	Depletion	<b>23</b>		
<b>24</b>	Contributions to deferred compensation plans	<b>24</b>		
<b>25</b>	Employee benefit programs	<b>25</b>		
<b>26</b>	Excess exempt expenses (Schedule I)	<b>26</b>		
<b>27</b>	Excess readership costs (Schedule J)	<b>27</b>		
<b>28</b>	Other deductions (attach schedule)	<b>28</b>		
<b>29</b>	<b>Total deductions.</b> Add lines 14 through 28	<b>29</b>		0
<b>30</b>	Unrelated business taxable income before net operating loss deduction Subtract line 29 from line 13	<b>30</b>		42,188
<b>31</b>	Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions)	<b>31</b>		
<b>32</b>	Unrelated business taxable income Subtract line 31 from line 30	<b>32</b>		42,188

For Paperwork Reduction Act Notice, see instructions.

Schedule M (Form 990-T) 2018

# Depreciation and Amortization (Including Information on Listed Property)

2018

Department of the Treasury  
Internal Revenue Service (99)

▶ Attach to your tax return.

Attachment  
Sequence No **179**

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

Name(s) shown on return <b>Mayo Clinic Health System-Franciscan Medical</b>	Business or activity to which this form relates <b>990T</b>	Identifying number <b>39-0806374</b>
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**Part I Election To Expense Certain Property Under Section 179**

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

1 Maximum amount (see instructions)	<b>1</b>	
2 Total cost of section 179 property placed in service (see instructions)	<b>2</b>	
3 Threshold cost of section 179 property before reduction in limitation (see instructions)	<b>3</b>	
4 Reduction in limitation Subtract line 3 from line 2 If zero or less, enter -0-	<b>4</b>	0
5 Dollar limitation for tax year Subtract line 4 from line 1 If zero or less, enter -0- If married filing separately, see instructions	<b>5</b>	0
<b>6</b>		
(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7 Listed property Enter the amount from line 29	<b>7</b>	
8 Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7	<b>8</b>	0
9 Tentative deduction Enter the smaller of line 5 or line 8	<b>9</b>	0
10 Carryover of disallowed deduction from line 13 of your 2017 Form 4562	<b>10</b>	
11 Business income limitation Enter the smaller of business income (not less than zero) or line 5 See instructions	<b>11</b>	
12 Section 179 expense deduction Add lines 9 and 10, but don't enter more than line 11	<b>12</b>	0
13 Carryover of disallowed deduction to 2019 Add lines 9 and 10, less line 12	<b>13</b>	0

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

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

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

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

**Section A**

17 MACRS deductions for assets placed in service in tax years beginning before 2018	<b>17</b>	8,139
18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here <input type="checkbox"/>		

**Section B - Assets Placed in Service During 2018 Tax Year Using the General Depreciation System**

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

**Section C - Assets Placed in Service During 2018 Tax Year Using the Alternative Depreciation System**

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

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

21 Listed property Enter amount from line 28	<b>21</b>	
22 Total Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return Partnerships and S corporations—see instructions	<b>22</b>	8,139
23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	<b>23</b>	

For Paperwork Reduction Act Notice, see separate instructions.

**Line 20 (990-T) - Charitable Contributions**

Check ("X") box  Corporations Cash 156,242  
 Trusts 50% Non Cash under \$5000 \_\_\_\_\_  
 Trusts (combined) Non Cash over \$5000 \_\_\_\_\_

1 Contributions for current year Enter the contributions by type		Amount	Deduction Allowed in Current Year	Adjustment under Section 170(d)(2)(B)	New Carryover
Corporations	10% limitation	156,242	17,925		138,317
Trusts	170(b)(1)(A) 50% limitation		0		0
	30% limitation		0		0
<b>2 Carryover from:</b>					
<b>a 5th preceding period 2a</b>					
Corporations	10% limitation	0	0		0
Trusts	170(b)(1)(A) 50% limitation	0	0		0
	30% limitation	0	0		0
<b>b 4th preceding period 2b</b>					
Corporations	10% limitation	87,469	0		87,469
Trusts	170(b)(1)(A) 50% limitation	0	0		0
	30% limitation	0	0		0
<b>c 3rd preceding period 2c</b>					
Corporations	10% limitation	48,531	0		48,531
Trusts	170(b)(1)(A) 50% limitation	0	0		0
	30% limitation	0	0		0
<b>d 2nd preceding period 2d</b>					
Corporations	10% limitation	7,075	0		7,075
Trusts	170(b)(1)(A) 50% limitation	0	0		0
	30% limitation	0	0		0
<b>e 1st preceding period 2e</b>					
Corporations	10% limitation	28,978	0		28,978
Trusts	170(b)(1)(A) 50% limitation	0	0		0
	30% limitation	0	0		0
<b>3 Totals 3</b>		<b>328,295</b>	<b>17,925</b>	<b>0</b>	<b>310,370</b>
<b>4 Carryover to expire next year due to 5 year limitation 4</b>					<b>0</b>
<b>5 Total contribution carryover to next year 5</b>					<b>310,370</b>

**Computation of Section 179 Deduction for Estimated Charitable Contribution**

<b>6 Taxable Income computed without contribution deduction or Section 179 6</b>	<b>179,249</b>
<b>7 Section 179 deduction for purposes of contribution limitation 7</b>	<b>0</b>
<b>8 Taxable income less Section 179 deduction. Subtract line 7 from line 6 8</b>	<b>179,249</b>
<b>9 Maximum contribution limitation Enter 10 percent of line 8 9</b>	<b>17,925</b>
<b>10 Contribution deduction considering Section 179 limitation Smaller of line 3, column A or line 9 10</b>	<b>17,925</b>

**Computation of Actual Charitable Contribution**

<b>11 Actual Section 179 deduction 11</b>	<b>0</b>
<b>12 Taxable income less actual Section 179 deduction Subtract line 11 from line 6 12</b>	<b>179,249</b>
<b>13 Net operating loss deductions limited by line 12 13</b>	<b>0</b>
<b>14 Taxable income for purposes of contribution deduction. Subtract line 13 from line 12 14</b>	<b>179,249</b>
<b>15 Maximum contribution limitation Enter 10 percent of line 14 15</b>	<b>17,925</b>
<b>16 Actual contribution deduction Smaller of line 3, col A, or line 15 16</b>	<b>17,925</b>

**Line 28 (990-T) - Other Deductions**

<b>1 Travel 1</b>	<b>557</b>
<b>2 Occupancy 2</b>	<b>78,042</b>
<b>3 Other 3</b>	<b>45,020</b>
<b>4 Total other deductions 4</b>	<b>123,619</b>
<b>5 Total deductions less expenses for offsetting credits 5</b>	<b>123,619</b>

**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	<u>42,188</u>	
		179,249

ALLOWED CHARITABLE CONTRIBUTIONS (17,925)

**990-T PAGE 2 LINE 33 161,324**