293932000108 AMENDED RETURN - SECTION 512(a)(7) REPEAL

		990-T	Exempt Organization Business Income Tax Return							<u>`</u>	OMB No 1545-0687			
	Form	330-1	!	(and pr	oxy tax un	der	section	603	3(e)) 1 CA	7		201 ₽		
		.,		ndar year 2018 or othe	r tax year beginning			_ , and e	nding \\\	1		250 10)	
		ment of the Treasury		Go to www.irs.go								n to Public Inspectio		
		Revenue Service Check box if	► Do no	t enter SSN numbers			<u>-</u>					(c)(3) Organizations dentification numi		
3-2020	<u> </u>	address changed	Name of organization (Check box if name changed and see instructions)							(Employees' trust, see instructions)				
Ħ	BEX	rempt under section		MAYO CLINIC HEALTH SYSTEM - FAIRMONT Number, street, and room or suite no. If a P.O. box, see instructions							44.070000			
	' 片	f ` — ' '	Print	i		U B0	k, see instruction	15		F Linre	41-0760836 E Unrelated business activity code			
	·	408(e) 220(e)	or or	or 800 MEDICAL CENTER DR						(See instructions)				
	;	408A 530(a)	Type			State ZIP code								
	느	529(a)		FAIRMONT Foreign country name Fo			MN 56031 reign province/state/county Foreign postal code							
2 ي	<u> </u>					- 3 - 7							_	
M Received in	С Во	ook value of all assets at	F Grou	up exemption num	ber (See instructi	ons)	▶ 5983							
€ ₹	p en	nd of year	G Che	ck organization typ	pe ► X 501(e	c) coi	poration	501(c) trust	401(a)	401(a) trust Other trust			
81	Н	Enter the number of t	he organ	ization's unrelated	trades or busine	sses					ne only (or first) unrelated			
۳۵	1	trade or business her		and at the annual		1-4-1						one, describe t	the	
2	5 '	first in the blank spac trade or business, the			s sentence, comp	iete i	ans i and ii	, compi	ete a Schedu	ie ivi tor e	eacn	additional		
		During the tax year, wa			v in an affiliated or	OUD O	r a narent-cul	heidianı	controlled arou	ın?	_	Yes	l No	
		f "Yes," enter the name					i a paicili-sui	Joiulal y	controlled grot	ъ:	. –] 140	
		The books are in care				0112	7	elepho	ne number	> 507-	-538-	1297		
	Par			Business Inco	··	(A) Incon				penses		(C) Net		
	1 a	Gross receipts or sa									17		200	
	b	Less returns and allowa	nces] c_Balance ▶	1c		0		200	18. (.,		188	
	2	Cost of goods sold	-	•	/	2					30 B			
	3	Gross profit. Subtra			$I \wedge I$	3		_ 0	15.			0		
		Capital gain net inco			1	4a							 	
		Net gain (loss) (Form			Form 4(97) .	4b 4c		-		32.5	\$6,84 800		├—	
	С 5	Capital loss deducti	artnership or an S corporation (attach statement).					-+			9-301 (338)		├	
	6	Rent income (Sched							200000000000000000000000000000000000000	00*(78%84) W 8			 	
	⁷ ∕Ω								<u> </u>		_			
	*O	Interest, annuities, royaltie												
	9∑	Investment income of a se	come of a section 501(c)(7), (9), or (17) organization (Schedule G)								\perp			
	10=		-			10	_				_			
	15	Advertising income				11		\dashv			35.500			
	140	Other income (See Total. Combine line			le)	12		0		-		0	├	
	Part			ken Elsewhere	(See instruction		r limitation		eductions) (Evcent	for c		L	
1	43			directly connect						Lxcept	101 0	ontributions,		
	123	Compensation of of		. —		Clate	u business	15D		1	4		Γ	
	34852626	Salaries and wages	icers, un	ectors, and trustee	es (ochedule N		RECEI	AED	701	_	5		 	
	26	Repairs and mainter	nance		1	-			IRS-OSC	_	6			
	密	Bad debts			. 1	၂ည	MAR 2	5 05ñ	[ŵ] .	🗖	7			
	18	Interest (attach sche	edule) (se	ee instructions)	1	88					8		ļ	
	19	Taxes and licenses			'	۲۳۲	OGDE	N U	$T \cdot \cdot J$	_	9			
	20	Charitable contributi	•		nitation rules)	ŀ	OGUE	1,4,0		. 2	0			
	21 22	Depreciation (attach Less depreciation cl			alcowhoro on rot		21 22a	 			2b			
	23	Depletion	aimed or	ochequie A and (eisewnere on reti	uIII	_ <u> </u>	1			3			
	24	Contributions to defe	erred con	npensation nlans							4			
	25	Employee benefit pr		ccation plans							5			
	26	Excess exempt expe		chedule I)						2	6			
	27	27 Excess readership costs (Schedule J)									7			
	28 Other deductions (attach schedule)										8			
	29							· ·	9	0				
	 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 instructions). 							0 1	U					
	31 32	32 Unrelated business taxable income. Subtract line 31 from line 30								2	0	ļ		

Form **990-T** (2018)

For Paperwork Reduction Act Notice, see instructions.

Part	III 1	otal Unrelated Business Taxable Income				
33		unrelated business taxable income computed from all unrelated trades or businesses (see				
	instruction		33	İ	0	
34		paid for disallowed fringes	34		0	
35		in for net operating loss arising in tax years beginning before January 1, 2018 (see				
	instruction		35		0	
36		unrelated business taxable income before specific deduction. Subtract line 35 from the sum				
		3 and 34	36		0	
37		deduction (Generally \$1, 000, but see line 37 instructions for exceptions)	37		0	
38	•	d business taxable income. Subtract line 37 from line 36. If line 37 is greater than line 36,				
	enter the	smaller of zero or line 36	38		0	
Part	IV 1	ax Computation				
39		ations Taxable as Corporations. Multiply line 38 by 21% (0 21)	▶ 39		0	
40		axable at Trust Rates. See instructions for tax computation. Income tax on the				
		on line 38 from Tax rate schedule or Schedule D (Form 1041)	▶ 40			
41	Proxy ta	x. See instructions	▶ 41	-		
42	_	ve minimum tax (trusts only)	42	Î		
43		Noncompliant Facility Income. See instructions	43			
44		dd lines 41, 42, and 43 to line 39 or 40, whichever applies	. 44		0	
Part	V 1	ax and Payments				
45 a		tax credit (corporations attach Form 1118, trusts attach Form 1116) 45a				
b	_	edits (see instructions) . 45b				
С		business credit Attach Form 3800 (see instructions) 45c			- 1	
d		r prior year minimum tax (attach Form 8801 or 8827) 45d				
		edits. Add lines 45a through 45d	45e	1	o	
46		line 45e from line 44	46	1	0	
47		s. Check if from Form 4255 Form 8611 Form 8697 Form 8866 Other (attach schedule		1		
48		c. Add lines 46 and 47 (see instructions)	48		0	
49		965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2	49			
50 a		is A 2017 overpayment credited to 2018 . 50a				
b	-	imated tax payments	 1.7			
C		osited with Form 8868 50c 3,500				
ď		organizations Tax paid or withheld at source (see instructions) 50d	\dashv		ļ	
e	_	withholding (see instructions) . 50e				
f		r small employer health insurance premiums (attach Form 8941) 50f				
		edits, adjustments, and payments Form 2439				
9		<u>-</u>				
-4	_	1 4136 Other Total ► 50g 0	51	,	,500	
51 52		yments. Add lines 50a through 50g	52		,300	
53		If line 51 is less than the total of lines 48, 49, and 52, enter amount owed	▶ 53		0	
54		rment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid .	▶ 54	3	,500	
55		amount of line 54 you want Credited to 2019 estimated tax 1,909 Refunded	▶ 55		,591	
Part		atements Regarding Certain Activities and Other Information (see instructions)	- 1 00	<u> </u>	,00.1	
			L 4b		Yes	No
56	-	me during the 2018 calendar year, did the organization have an interest in or a signature or of			162	140
		nancial account (bank, securities, or other) in a foreign country? If "Yes," the organization may				
		Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the fore	eign count	'y		
E7	here ►	e tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a	foreign true			
57		see instructions for other forms the organization may have to file.	ioreign nus	ot r		***
E Q						
58		e amount of tax-exempt interest received or accrued during the tax year \$ repenalties of pegury I declare that I have examined this return, including accompanying schedules and statements, and to the best of my	knowledge and	d belief, it is true	сопест	
0:	and	omplete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge			,	
Sign		By Com 3/17/20 TAX DIRECTOR		e IRS discuss this		with
Here			the pre	parer shown belo tions)? Ye		No
	Sig	nature of officer Date Title				
Paid		Print/Type preparer's name Preparer's signature Date	Check] if PTIN		
Prep			self-employe	d		
•		Firm's name ▶	irm's EIN 🕨	<u> </u>		
	Only	Firm's address	Phone no			

Line 20 (990-T) - Charitable Contributions										
	Check ("X") box	X Corporations	Cash		1,	434				
	, ,	Trusts 50% Non Cash under \$5000								
	Trusts (combined) Non Cash over \$5000									
		rusts (combined)	Non Cas	511 OVEL #3000						
					Deduction	Adjustment				
1	Contributions for cu	rrent year			Allowed in	under Section	New			
	Enter the contribution	ons by type		Amount	Current Year	170(d)(2)(B)	Carryover			
	Corporations		10% limitation	1,434	0		1,434			
	Trusts		50% limitation		0		0			
•	0		30% limitation		0					
	Carryover from: 5th preceding perio	d	. 2a							
a	Corporations	<u>u</u>	10% limitation	o	o		0			
	Trusts	170/b)/1\/A)	50% limitation	0	0		0			
	110303	110(5)(1)(1)	30% limitation	0	0		0			
b	4th preceding perio	d	2b							
_	Corporations	-	10% limitation	٥	o		0			
	Trusts	170(b)(1)(A)	50% limitation	0	0		0			
			30% limitation	0	0		0			
С	3rd preceding perio	d	2c							
	Corporations		10% limitation	0	0		0			
	Trusts	170(b)(1)(A)	50% limitation	0	0		0			
			30% limitation	0	0		0			
d	2nd preceding period	od	2d	_	_		_			
	Corporations		10% limitation	0	0		0			
	Trusts		50% limitation	0	0		0			
_	1st procedure sees		30% limitation 2e	0	0		<u> </u>			
e	1st preceding period Corporations	<u> </u>	10% limitation	o	o		0			
	Trusts	170/b)/1)/A)	50% limitation	0	0		0			
	Trusis	170(0)(1)(A)	30% limitation	0	0		0			
3	Totals	-	3	1,434	0		1,434			
4		next year due to 5 year limit	tation			4	0			
5		arryover to next year	•			5	1,434			
						•				
	С	omputation of Section	179 Deduction	on for Estimat	ed Charitable	Contribution				
_						_	•			
_		mputed without contribution		ection 179		. 6.	0			
- 1	7 Section 179 deduction for purposes of contribution limitation 7									
-	8 Taxable income less Section 179 deduction Subtract line 7 from line 6 8									
_	9 Maximum contribution limitation Enter 10 percent of line 8									
.0	Contribution deduct	ion considering Section 179	minitation on	aller of life 5, col						
	Computation of Actual Charitable Contribution									
11	1 Actual Section 179 deduction									
	Taxable income les	. 12	0							
	Net operating loss of	13	0							
	4 Taxable income for purposes of contribution deduction Subtract line 13 from line 12									
	Maximum contribution limitation Enter 10 percent of line 14									
	6 Actual contribution deduction. Smaller of line 3, col A, or line 15									