

Form **990**
Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

OMB No 1545-0047

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

2015

Open to Public Inspection

Do not enter social security numbers on this form as it may be made public
Information about Form 990 and its instructions is at www.irs.gov/form990

A For the 2015 calendar year, or tax year beginning 01-01-2015, and ending 12-31-2015

- B Check if applicable
- Address change
- Name change
- Initial return
- Final return/terminated
- Amended return
- Application pending

C Name of organization
MAYO CLINIC HOSPITAL - ROCHESTER

Doing business as

Number and street (or P O box if mail is not delivered to street address) Room/suite
200 FIRST STREET SW

City or town, state or province, country, and ZIP or foreign postal code
ROCHESTER, MN 55905

D Employer identification number
41-0944601

E Telephone number
(507) 538-1297

G Gross receipts \$ 2,026,979,701

F Name and address of principal officer
JOHN H NOSEWORTHY MD
200 FIRST STREET SW
ROCHESTER, MN 55905

H(a) Is this a group return for subordinates? Yes No

H(b) Are all subordinates included? Yes No
If "No," attach a list (see instructions)

H(c) Group exemption number ▶ 5983

I Tax-exempt status 501(c)(3) 501(c) () (insert no) 4947(a)(1) or 527

J Website: ▶ WWW.MAYOCLINIC.ORG

K Form of organization Corporation Trust Association Other ▶

L Year of formation 1968

M State of legal domicile
MN

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities
THE FILING ORGANIZATION PROVIDES TERTIARY-CARE AND ACUTE-CARE IN ROCHESTER, MINNESOTA

2 Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets

3 Number of voting members of the governing body (Part VI, line 1a)	3	26
4 Number of independent voting members of the governing body (Part VI, line 1b)	4	0
5 Total number of individuals employed in calendar year 2015 (Part V, line 2a)	5	10,469
6 Total number of volunteers (estimate if necessary)	6	1,514
7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
7b Net unrelated business taxable income from Form 990-T, line 34	7b	0

Revenue

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	6,395,158	5,053,284
9 Program service revenue (Part VIII, line 2g)	1,741,529,002	2,008,969,682
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,299,403	-1,922,108
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	8,532,018	9,669,947
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,757,755,581	2,021,770,805

Expenses

13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	17,312,081	350,300,984
14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	585,410,856	662,202,704
16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 0		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	731,391,402	855,734,013
18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	1,334,114,339	1,868,237,701
19 Revenue less expenses Subtract line 18 from line 12	423,641,242	153,533,104

Net Assets or Fund Balances

	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	1,759,533,780	1,952,100,204
21 Total liabilities (Part X, line 26)	294,265,887	327,074,040
22 Net assets or fund balances Subtract line 21 from line 20	1,465,267,893	1,625,026,164

Part II Signature Block

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

Sign Here

***** Signature of officer Date 2016-10-25

KEDRICK D ADKINS JR CFO Type or print name and title

Paid Preparer Use Only

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	
Firm's address ▶				

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

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III [X]

1 Briefly describe the organization's mission
TO INSPIRE HOPE AND CONTRIBUTE TO HEALTH AND WELL-BEING BY PROVIDING THE BEST CARE TO EVERY PATIENT THROUGH INTEGRATED CLINICAL PRACTICE, EDUCATION, AND RESEARCH

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [] Yes [X] No
If "Yes," describe these new services on Schedule O

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No
If "Yes," describe these changes on Schedule O

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a (Code) (Expenses \$ 1,650,259,676 including grants of \$ 350,041,885) (Revenue \$ 2,016,720,532)
PATIENT CARE (SEE SCHEDULE O)MAYO CLINIC HOSPITAL - ROCHESTER WORKS COLLABORATIVELY WITH MAYO CLINIC TO FORM AN INTEGRATED MEDICAL CENTER DEDICATED TO PROVIDING COMPREHENSIVE DIAGNOSIS AND TREATMENT IN VIRTUALLY EVERY MEDICAL AND SURGICAL SPECIALTY UTILIZING COMMON GOVERNANCE, SHARED SYSTEMS AND STANDARDIZED POLICIES AND PROCEDURES WHENEVER POSSIBLE, MAYO CLINIC HOSPITAL - ROCHESTER STRIVES TO PROVIDE CONSISTENT, HIGH QUALITY HEALTH CARE SERVICES AND KNOWLEDGE DELIVERY, REGARDLESS OF WHERE AND HOW THESE ARE PROVIDED MAYO CLINIC IS THE SOLE MEMBER OF MAYO CLINIC HOSPITAL - ROCHESTER OVERALL GOVERNANCE FOR MAYO CLINIC AND ITS AFFILIATED ENTITIES IS PROVIDED BY A 31-MEMBER BOARD OF TRUSTEES COMPOSED OF A MAJORITY OF PUBLIC MEMBERS ALONG WITH MAYO CLINIC PHYSICIANS AND ADMINISTRATORS THE BOARD OF TRUSTEES ENSURES THE ENTIRE ORGANIZATION, INCLUDING MAYO CLINIC HOSPITAL - ROCHESTER, REMAINS TRUE TO ITS MISSION OF PROVIDING FOR THE HEALTH CARE NEEDS OF THE PUBLIC, RATHER THAN FOR PRIVATE BENEFIT A SEPARATE 16-MEMBER BOARD OF DIRECTORS PROVIDES GOVERNANCE AND POLICY DIRECTION FOR MAYO CLINIC HOSPITAL - ROCHESTER MAYO CLINIC IS THE FIRST AND LARGEST INTEGRATED, NOT-FOR-PROFIT MEDICAL GROUP PRACTICE IN THE WORLD ITS STYLE OF CARE BRINGS TOGETHER TEAMS OF EXPERTS TO PROVIDE HIGH-QUALITY, AFFORDABLE AND COMPASSIONATE CARE TO EACH PATIENT CONSISTENT WITH ITS PRIMARY VALUE - "THE NEEDS OF THE PATIENT COME FIRST " MAYO CLINIC'S MISSION IS "TO INSPIRE HOPE AND CONTRIBUTE TO HEALTH AND WELL-BEING BY PROVIDING THE BEST CARE TO EVERY PATIENT THROUGH INTEGRATED CLINICAL PRACTICE, EDUCATION AND RESEARCH " MAYO CLINIC HOSPITAL - ROCHESTER COMBINES ITS HERITAGE OF MEDICAL EXPERTISE, CAREFUL ATTENTION TO INDIVIDUAL PATIENT NEEDS AND THE EXPERTISE AND RESOURCES OF OUR AFFILIATED ENTITIES TO PROVIDE A THOROUGH AND PERSONAL APPROACH TO HEALTH CARE TO MEET THE NEEDS OF ITS PATIENTS MAYO CLINIC HOSPITAL - ROCHESTER IS ONE OF THE LARGEST PRIVATE, NON-PROFIT HOSPITALS IN THE WORLD, PROVIDING A BROAD RANGE OF SERVICES IN ALMOST ALL MEDICAL SPECIALTIES SOME OF THE TREATMENT AREAS AT MAYO CLINIC HOSPITAL - ROCHESTER INCLUDE NEUROSURGERY (INCLUDING COMPUTER-ASSISTED BRAIN SURGERY AND GAMMA KNIFE TREATMENT,) EPILEPSY MONITORING UNIT, CARDIAC TREATMENT (INCLUDING HEART AND LUNG TRANSPLANT AND ROBOTIC HEART SURGERY,) REHABILITATION UNIT SPECIALIZING IN CARE OF STROKE, SPINAL CORD INJURY AND TRAUMATIC BRAIN INJURY, A PAIN REHABILITATION CENTER TO TREAT PATIENTS WHO HAVE CHRONIC PAIN, TEN INTENSIVE CARE UNITS WITH 192 ICU BEDS, MAYO EUGENIO LITTA CHILDREN'S HOSPITAL (WHICH INCLUDES A NEONATAL INTENSIVE CARE UNIT) AND THE MAYO PSYCHIATRY AND PSYCHOLOGY TREATMENT CENTER IN ADDITION, MAYO CLINIC HOSPITAL - ROCHESTER HOUSES A NUMBER OF RESEARCH LABORATORIES, INCLUDING UNITS FOR GASTROINTESTINAL, ENDOCRINOLOGY, AND DIABETES RESEARCH, AS WELL AS A GENERAL CLINICAL RESEARCH CENTER WHICH COORDINATES A WIDE VARIETY OF PATIENT-RELATED RESEARCH MAYO CLINIC HOSPITAL - ROCHESTER HAS 2,059 LICENSED BEDS AND 114 OPERATING AND PROCEDURAL ROOMS WHERE 58,345 INPATIENT AND OUTPATIENT SURGICAL PROCEDURES WERE PERFORMED IN 2015 59,466 PATIENTS WERE ADMITTED TO MAYO CLINIC HOSPITAL - ROCHESTER FOR A TOTAL OF 320,155 PATIENT DAYS AND THERE WERE 14,633 OBSERVATION UNIT STAYS MAYO CLINIC HOSPITAL - ROCHESTER OPERATES ON A NONDISCRIMINATORY BASIS, REGARDLESS OF RACE, COLOR, SEX, RELIGION OR NATIONAL ORIGIN MAYO CLINIC HOSPITAL - ROCHESTER IS ACCREDITED BY THE AMERICAN COLLEGE OF SURGEONS AS A LEVEL 1 TRAUMA CENTER, DIRECTLY SERVICING PATIENTS WITHIN A 200 MILE RADIUS, WHILE ALSO CARING FOR PATIENTS FROM A MUCH BROADER GEOGRAPHICAL SPECTRUM DURING 2015, APPROXIMATELY 70,332 EMERGENCY ROOM VISITS WERE RECORDED MAYO ONE HELICOPTER SERVICE IS AVAILABLE FOR PATIENTS WITHIN A 50 - 150 MILE RADIUS, AND IS UTILIZED TO TRANSPORT EMERGENTLY ILL PATIENTS TO MAYO CLINIC HOSPITAL - ROCHESTER MAYO CLINIC HOSPITAL - PROVIDES SUPPORT SERVICES TO AFFILIATED ORGANIZATIONS TO HELP FURTHER THEIR EXEMPT PURPOSE OF PROVIDING PATIENT CARE SEVERAL SUBSIDIZED COMMUNITY ACTIVITIES AND SERVICES ARE OFFERED BY THE HOSPITAL COMMUNITY EDUCATION ACTIVITIES INCLUDE A VARIETY OF CHILDBIRTH AND PRENATAL EDUCATION INCLUDING CESAREAN BIRTH, SIX-WEEK PRENATAL, PRENATAL COMFORT MEASURES, INFANT MESSAGE, SIBLING PREPARATION, MAGNIFICENT MULTIPLES, INFANT PASSENGER SAFETY AND GRAND-PARENTING LIVESTRONG EXERCISE PROGRAMS SPECIALLY-DEVELOPED AND OFFERED FOR POST-TREATMENT CANCER PATIENTS ARE ALSO AVAILABLE, ALONG WITH FALLS PREVENTION EDUCATION AND AWARENESS FOR ADULT AND PEDIATRIC POPULATIONS MAYO CLINIC HOSPITAL - ROCHESTER ALSO OFFERS TEEN TRAFFIC SAFETY SCHOOLS WITH PRESENTATIONS AND INTERACTIVE LEARNING ACTIVITIES FOR UNDERAGE ALCOHOL AND CHEMICAL TRAUMA-RELATED EDUCATION AND AWARENESS, ADULT TRAFFIC SAFETY THROUGH COMMUNITY EVENTS AND SAFETY FAIRS, BIKE SAFETY HELMET EDUCATION AND CHILD PASSENGER EDUCATION THE ADULT AND PEDIATRIC TRAUMA PROGRAMS AT MAYO CLINIC HOSPITAL - ROCHESTER IMPROVE OUTCOMES AND PATIENT SAFETY THROUGHOUT THE REGION AND PROVIDE SIGNIFICANT RESOURCES TO ACHIEVE THIS THROUGH OUTREACH EDUCATION, INJURY PREVENTION, PRACTICE DEVELOPMENT AND PERFORMANCE IMPROVEMENT AND PATIENT SAFETY PROGRAMS ADULT TRANSITIONSTHE TRANSITIONS PROGRAM IS A 16-PERSON (MAXIMUM) INTENSIVE OUTPATIENT PROGRAM DESIGNED FOR PATIENTS DISCHARGING FROM ACUTE HOSPITALIZATION WHO NEED ENHANCED CARE AFTER AN EMERGENCY DEPARTMENT VISIT, OR (MORE RARELY) PATIENTS WHO NEED INCREASED TREATMENT WITHOUT REQUIRING ACUTE HOSPITALIZATION EACH PATIENT'S PROGRAM IS INDIVIDUALLY ARRANGED AND TAKES ADVANTAGE OF RESOURCES IN SELF-ASSESSMENT AND GOAL SETTING, DIALECTICAL BEHAVIORAL THERAPY SKILLS, OCCUPATIONAL THERAPY, TRANSITION SKILLS, AND SOBRIETY MANAGEMENT GROUP TREATMENT IS THE PRIMARY MODALITY USED AND INDIVIDUAL APPOINTMENTS MAY ALSO BE ARRANGED INCLUDING VERY LIMITED PSYCHIATRIC MANAGEMENT CHILD AND ADOLESCENT INTEGRATED MOOD PROGRAM (CAIMP) CAIMP IS A TWO-WEEK INTENSIVE OUTPATIENT FAMILY-FOCUSED TREATMENT PROGRAM STAFFED BY A MULTI-DISCIPLINARY TEAM AND IS GROUP-BASED CAIMP UTILIZES PSYCHO-EDUCATION, COGNITIVE BEHAVIORAL THERAPY, INTERPERSONAL THERAPY, ACCEPTANCE COMMITMENT AND MINDFULNESS TECHNIQUES ADJUNCTIVE INTERVENTIONS INCLUDE INTEGRATED MEDICATION MANAGEMENT, HEALTH AND WELLNESS STRATEGIES, OCCUPATIONAL THERAPY AND RECREATION THERAPY ALL PROGRAMMING IS PROVIDED IN A GROUP SETTING OF UP TO EIGHT MEMBERS LED BY PSYCHOLOGISTS, PSYCHIATRISTS, CLINICAL NURSE SPECIALISTS, LICENSED CLINICAL SOCIAL WORKERS REGISTERED NURSES, REGISTERED DIETICIAN, OCCUPATIONAL THERAPISTS, AND RECREATIONAL THERAPIST MAYO CLINIC HOSPITAL - ROCHESTER CONDUCTS DAILY CHAPEL SERVICES OPEN TO THE PUBLIC AND HAS A HEALTHY LIVING CENTER FOR EMPLOYEES AND THEIR FAMILIES MAYO CLINIC HOSPITAL - ROCHESTER, HAS VERY ACTIVE AND ENGAGED VOLUNTEERS IN 2015, 1514 ACTIVE VOLUNTEERS PROVIDED 139,723 HOURS OF DONATED TIME IN SERVICE TO THE PATIENTS, VISITORS AND STAFF OF THE HOSPITAL THE ESTIMATED VALUE OF THE TIME DONATED BY THESE HOSPITAL VOLUNTEERS WAS APPROXIMATELY, \$3,291,874 AS VALUED BY THE INDEPENDENT SECTOR'S AVERAGE ESTIMATED HOURLY VALUE OF SUCH SERVICE VOLUNTEERS STAFFED OR COORDINATED SERVICES IN 38 DIFFERENT AREAS, INCLUDING -"COME & SEE PROGRAM", A CLASS FOR ROCHESTER AREA FIRST GRADE STUDENTS TO INTRODUCE THEM IN A NON-THREATENING WAY TO THE HOSPITAL AND TO BEING A PATIENT, WHERE A PEDIATRIC NURSE CONDUCTS THE CLASS AND INCLUDES ALL CLASS PARTICIPANTS IN ROLE-PLAY SITUATIONS-GUIDED ART, HERITAGE AND HISTORICAL TOURS-LIBRARY/EDUCATIONAL SERVICES FOR PATIENT AND VISITOR READING MATERIALS-PATIENT AND VISITOR SERVICES - ASSISTANCE TO PATIENTS AND FAMILIES IN THE EMERGENCY DEPARTMENT, SURGICAL WAITING AREAS, CAFETERIA, INFORMATION/WELCOME DESKS, PEDIATRIC OUTPATIENT DESK AND CAST ROOM-STORES AND GIFT SHOPS -CARING CANINES THERAPY DOG PROGRAM-INTEGRATIVE HEALING ENHANCEMENT - CARING HANDS, REIKI AND HEALING TOUCH-WHEELCHAIR ROUNDDUP -HANDICRAFTS SUCH AS STUFFED ANIMALS FOR PEDIATRIC PATIENTS IN THE EMERGENCY ROOM, SAME-DAY SURGERY AND RADIOLOGY AREAS OTHER ITEMS PRODUCED BY VOLUNTEERS INCLUDE CRANIOTOMY CAPS, CRUTCH CADDIES, WHEELCHAIR AND BED CADDIES, BABY QUILTS, KNITTED CAPS AND BOOTIES, TOE COZIES, CLOTH MEMORY ENVELOPES AND PRAYER SHAWLS ALL ARE GIFTS TO PATIENTS

4b (Code) (Expenses \$ 81,233,941 including grants of \$ 259,099) (Revenue \$ 1,018,375)
EDUCATION (SEE SCHEDULE O)MAYO CLINIC HOSPITAL - ROCHESTER IS INTEGRAL TO THE EDUCATION PROGRAMS OF MAYO CLINIC COLLEGE OF MEDICINE, PROVIDING ESSENTIAL CLINICAL CARE EXPERIENCES FOR RESIDENTS, STUDENTS AND TRAINEES AS A TEACHING HOSPITAL, MAYO CLINIC HOSPITAL - ROCHESTER PROVIDED EDUCATIONAL EXPERIENCE TO 791 RESIDENTS OF THE MAYO SCHOOL OF GRADUATE MEDICAL EDUCATION IN 2015 MAYO CLINIC HOSPITAL - ROCHESTER PROVIDES CLINICAL EXPERIENCES FOR SEVERAL MAYO SCHOOL OF HEALTH SCIENCES PROGRAMS THESE INCLUDE A DIETETIC INTERNSHIP PROGRAM, PHARMACY RESIDENCY PROGRAM, CHAPLAINCY INTERNSHIP PROGRAM, NURSE ANESTHESIA, CLINICAL PASTORAL EDUCATION AND OTHERS IN ADDITION, UNDERGRADUATE CLINICAL NURSING EXPERIENCE IS OFFERED TO STUDENTS THROUGH AFFILIATIONS WITH A NUMBER OF NURSING SCHOOL PROGRAMS AN ADMINISTRATIVE INTERNSHIP PROGRAM IS SPONSORED BY MAYO CLINIC HOSPITAL - ROCHESTER AND ECHOCARDIOGRAPHY AND CARDIOVASCULAR INVASIVE SPECIALIST PROGRAMS WITHIN THE MAYO SCHOOL OF HEALTH SCIENCES ARE ALSO BASED AT MAYO CLINIC HOSPITAL - ROCHESTER

4c (Code) (Expenses \$ including grants of \$) (Revenue \$)

4d Other program services (Describe in Schedule O)
(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses 1,731,493,617

Part IV Checklist of Required Schedules

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i> <input checked="" type="checkbox"/>	Yes	
2	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)? <input checked="" type="checkbox"/>	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i> <input checked="" type="checkbox"/>		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i> <input checked="" type="checkbox"/>	Yes	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i> <input checked="" type="checkbox"/>		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i> <input checked="" type="checkbox"/>		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i> <input checked="" type="checkbox"/>		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i> <input checked="" type="checkbox"/>		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i> <input checked="" type="checkbox"/>		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i> <input checked="" type="checkbox"/>	Yes	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI.</i> <input checked="" type="checkbox"/>	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i> <input checked="" type="checkbox"/>		No
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i> <input checked="" type="checkbox"/>		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i> <input checked="" type="checkbox"/>	Yes	
e	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> <input checked="" type="checkbox"/>	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i> <input checked="" type="checkbox"/>	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i> <input checked="" type="checkbox"/>		No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i> <input checked="" type="checkbox"/>	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i> <input checked="" type="checkbox"/>	Yes	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i> <input checked="" type="checkbox"/>		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i> <input checked="" type="checkbox"/>		No
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i> (see instructions)		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		No
20a	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> <input checked="" type="checkbox"/>	Yes	
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? <input checked="" type="checkbox"/>	Yes	

Part IV Checklist of Required Schedules (continued)

21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21	Yes	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b	Yes	
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33		No
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	34	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Yes	
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b	Yes	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	

Part V **Statements Regarding Other IRS Filings and Tax Compliance**

Check if Schedule O contains a response or note to any line in this Part V

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.		
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.		
1c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return.		
2b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		No
3b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O.		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		No
b	If "Yes," enter the name of the foreign country: _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		No
5b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		No
5c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		No
6b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
7a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		No
7b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
7c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		No
7d	If "Yes," indicate the number of Forms 8282 filed during the year.		
7e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		No
7f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		No
7g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
7h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
9a	Did the sponsoring organization make any taxable distributions under section 4966?		
9b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter		
10a	Initiation fees and capital contributions included on Part VIII, line 12.		
10b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.		
11	Section 501(c)(12) organizations. Enter		
11a	Gross income from members or shareholders.		
11b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
12b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
13a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.		
13b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.		
13c	Enter the amount of reserves on hand.		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		No
14b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.		

Part VI Governance, Management, and Disclosure

For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Check if Schedule O contains a response or note to any line in this Part VI

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O		
	26		
1b	Enter the number of voting members included in line 1a, above, who are independent		
	0		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	Yes	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	Yes	
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		No
6	Did the organization have members or stockholders?	Yes	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	Yes	
7b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
8a	The governing body?	Yes	
8b	Each committee with authority to act on behalf of the governing body?	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		No

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		No
10b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	Yes	
11b	Describe in Schedule O the process, if any, used by the organization to review this Form 990		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	Yes	
12b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	Yes	
12c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	Yes	
13	Did the organization have a written whistleblower policy?	Yes	
14	Did the organization have a written document retention and destruction policy?	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
15a	The organization's CEO, Executive Director, or top management official		No
15b	Other officers or key employees of the organization		No
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		No
16b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		

Section C. Disclosure

17	List the States with which a copy of this Form 990 is required to be filed	MN
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. <input type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request <input type="checkbox"/> Other (explain in Schedule O)	
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year	
20	State the name, address, and telephone number of the person who possesses the organization's books and records	CORPORATE TAX UNIT 200 FIRST STREET SW ROCHESTER, MN 55905 (507) 538-1297

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										
1b Sub-Total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)							2,005,633	20,146,946	2,300,689	

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **▶ 684**

	Yes	No
3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3	Yes
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	4	Yes
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>	5	No

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year

(A) Name and business address	(B) Description of services	(C) Compensation
MAYO FNDN FOR MEDICAL EDUCATION & RESEAR 200 FIRST STREET SW ROCHESTER, MN 55905	PROCUREMENT AGENT	86,103,710
MAYO CLINIC 200 FIRST STREET SW ROCHESTER, MN 55905	PURCHASED SERVICES	7,732,995
CHARTERHOUSE INC 200 FIRST STREET SW ROCHESTER, MN 55905	MEDICAL SERVICES	2,536,749
MAYO CLINIC HEALTH SYSTEM-ALBERT LEA AND 1000 FIRST DRIVE NW AUSTIN, MN 55912	MEDICAL SERVICES	281,642

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **▶ 4**

Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns 1a					
	b	Membership dues 1b					
	c	Fundraising events 1c					
	d	Related organizations 1d	1,822,299				
	e	Government grants (contributions) 1e	3,229,907				
	f	All other contributions, gifts, grants, and similar amounts not included above 1f	1,078				
	g	Noncash contributions included in lines 1a-1f \$					
	h	Total. Add lines 1a-1f	5,053,284				
Program Service Revenue	2a NET PATIENT REVENUE		620000	1,988,642,839	1,988,642,839		
	b SHARED SERVICES		561000	19,275,015	19,275,015		
	c EDUCATION REVENUE		611600	1,018,375	1,018,375		
	d LIFELINE		621990	33,453	33,453		
	e						
	f All other program service revenue						
	g Total. Add lines 2a-2f			2,008,969,682			
			Business Code				
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		478,997		478,997	
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties					
	6a	Gross rents	(i) Real	133,152			
			(ii) Personal				
			b Less rental expenses	0			
			c Rental income or (loss)	133,152			
	d	Net rental income or (loss)		133,152		133,152	
	7a	Gross amount from sales of assets other than inventory	(i) Securities				
			(ii) Other		1,933,302		
			b Less cost or other basis and sales expenses		4,334,407		
			c Gain or (loss)		-2,401,105		
	d	Net gain or (loss)		-2,401,105		-2,401,105	
	8a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18	a				
	b	Less direct expenses b					
	c	Net income or (loss) from fundraising events					
	9a	Gross income from gaming activities See Part IV, line 19	a				
	b	Less direct expenses b					
c	Net income or (loss) from gaming activities						
10a	Gross sales of inventory, less returns and allowances	a					
		b Less cost of goods sold b	1,638,551				
		c Net income or (loss) from sales of inventory	874,489				
			764,062		764,062		
Miscellaneous Revenue		Business Code					
11a	CAFETERIA/VENDING REVE	722210	8,720,797	8,720,797			
b	MISC REVENUE	900099	51,936	48,428		3,508	
c							
d	All other revenue						
e	Total. Add lines 11a-11d		8,772,733				
12	Total revenue. See Instructions		2,021,770,805	2,017,738,907	0	-1,021,386	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A)

Check if Schedule O contains a response or note to any line in this Part IX

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	350,029,884	350,029,884		
2	Grants and other assistance to domestic individuals See Part IV, line 22	271,100	271,100		
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	1,172,122	1,126,472	45,650	
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	38,667	12,715	25,952	
7	Other salaries and wages	503,090,236	486,405,196	16,685,040	
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	40,755,006	39,403,394	1,351,612	
9	Other employee benefits	75,824,661	73,309,988	2,514,673	
10	Payroll taxes	41,322,012	39,951,596	1,370,416	
11	Fees for services (non-employees)				
a	Management				
b	Legal	12,564		12,564	
c	Accounting	40,787		40,787	
d	Lobbying	40,037	40,037		
e	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	320,733,038	210,843,636	109,889,402	
12	Advertising and promotion	147,997	145,664	2,333	
13	Office expenses	53,862,074	51,675,444	2,186,630	
14	Information technology	2,599,527	2,470,361	129,166	
15	Royalties	7,601	7,561	40	
16	Occupancy	13,686,375	12,018,140	1,668,235	
17	Travel	1,747,439	1,710,437	37,002	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	703,183	697,580	5,603	
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	58,882,128	58,780,207	101,921	
23	Insurance	46,635	46,635		
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a	MEDICAL SUPPLIES	337,288,132	337,288,132		
b	BAD DEBT EXPENSE	25,900,147	25,900,147		
c	MN CARE TAX	18,910,315	18,910,315		
d	MEDICAID SURCHARGE	18,014,736	18,014,736		
e	All other expenses	3,111,298	2,434,240	677,058	
25	Total functional expenses. Add lines 1 through 24e	1,868,237,701	1,731,493,617	136,744,084	0
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	55,574	1	56,100
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	427,641,083	4	506,501,861
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L			
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L			
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	14,687,357	8	14,598,059
	9 Prepaid expenses and deferred charges	1,322,464	9	1,006,360
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	1,426,974,140		
	b Less accumulated depreciation	783,423,413	457,648,616	643,550,727
	11 Investments—publicly traded securities		11	
	12 Investments—other securities See Part IV, line 11	22,763,652	12	22,475,429
	13 Investments—program-related See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets See Part IV, line 11	835,415,034	15	763,911,668
16 Total assets. Add lines 1 through 15 (must equal line 34)	1,759,533,780	16	1,952,100,204	
Liabilities	17 Accounts payable and accrued expenses	101,108,080	17	86,186,529
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability Complete Part IV of Schedule D		21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D	193,157,807	25	240,887,511
	26 Total liabilities. Add lines 17 through 25	294,265,887	26	327,074,040
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	1,458,730,183	27	1,618,682,139
	28 Temporarily restricted net assets	3,482,892	28	3,221,207
	29 Permanently restricted net assets	3,054,818	29	3,122,818
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	1,465,267,893	33	1,625,026,164	
34 Total liabilities and net assets/fund balances	1,759,533,780	34	1,952,100,204	

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,021,770,805
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,868,237,701
3	Revenue less expenses Subtract line 2 from line 1	3	153,533,104
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,465,267,893
5	Net unrealized gains (losses) on investments	5	-309,299
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	6,534,466
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	1,625,026,164

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line in this Part XII

	Yes	No
1 Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		No
2b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	Yes	
2c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	Yes	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		No
3b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		

Additional Data

Software ID:
Software Version:
EIN: 41-0944601
Name: MAYO CLINIC HOSPITAL - ROCHESTER

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
ADKINS JR KEDRICK D DIRECTOR	1 00 40 00	X						0	873,672	64,089
AGERTER MD DAVID C DIRECTOR	1 00 40 00	X						0	597,592	26,206
BOLTON JEFFREY W VICE CHAIR/DIRECTOR	1 00 40 00	X		X				0	1,024,209	67,344
GABRIELSON SHARON R DIRECTOR	1 00 40 00	X						0	264,255	58,558
GERTZ MD MORIE A DIRECTOR	1 00 40 00	X						0	645,474	26,311
GORES MD GREGORY J DIRECTOR	1 00 40 00	X						0	809,499	76,275
GOSTOUT MD BOBBIE S DIRECTOR	1 00 40 00	X						0	623,749	57,816
GRACE RICHARD W DIRECTOR	1 00 40 00	X						0	339,136	24,448
HANSON MD CURTIS A DIRECTOR	1 00 40 00	X						0	486,410	66,011
HARPER JR MD CHARLES M VICE CHAIR/DIRECTOR	1 00 40 00	X		X				0	1,082,223	75,594
JOHNSON PAMELA O DIRECTOR	40 00 0 00	X						405,740	0	24,571
KOCH MARK B DIRECTOR	1 00 40 00	X						0	483,196	23,677
KRUSE JOSEPH J DIRECTOR	1 00 40 00	X						0	301,466	67,831
LINTON MD RANDALL L DIRECTOR	1 00 40 00	X						0	584,173	104,176
MEYERS ANN M DIRECTOR	1 00 40 00	X						0	279,758	46,677
MORICE MD WILLIAM G DIRECTOR	1 00 40 00	X						0	502,123	59,148
NARR MD BRADLY J DIRECTOR	1 00 40 00	X						0	548,180	49,598
NELSON MD HEIDI DIRECTOR	1 00 40 00	X						0	640,900	77,861
NESSE MD ROBERT E DIRECTOR	1 00 40 00	X						0	917,696	28,153
NOSEWORTHY MD JOHN H CEO/PRESIDENT/DIRECTOR	1 00 40 00	X		X				0	2,442,024	79,134
SANTRACH MD PAULA J DIRECTOR	1 00 40 00	X						0	422,547	67,394
STELLNER WINSTON L DIRECTOR	1 00 40 00	X						0	188,919	42,444
WALD MD JOHN T DIRECTOR	1 00 40 00	X						0	665,459	64,425
WARNER MD MARK A DIRECTOR	1 00 40 00	X						0	733,215	26,533
WEBER JOAN A DIRECTOR	1 00 40 00	X						0	292,717	45,919

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
WHITED MD BRIAN L DIRECTOR	1 00 40 00	X						0	476,401	69,631
WILLIAMS MD AMY W VICE CHAIR/DIRECTOR	1 00 40 00	X		X				0	296,639	48,487
WILLIAMSON MARY J SECRETARY/TREASURER/DIRECTOR	1 00 40 00	X		X				0	475,954	49,944
YTTERBERG MD KAREN L DIRECTOR	1 00 40 00	X						0	214,423	47,271
HUBERT SHERRY L ASST SECRETARY	1 00 40 00			X				0	254,583	56,656
LINDAHL ROGER A ASST TREASURER	1 00 40 00			X				0	267,112	69,700
MURPHY JOSHUA B ASST SECRETARY	1 00 40 00			X				0	447,523	57,748
OVIATT JONATHAN J ASST SECRETARY	1 00 40 00			X				0	622,296	79,198
SANDEEN DARRELL L ASST TREASURER	1 00 40 00			X				0	325,415	56,461
ACKERMAN FRANKLIN K ASSOC ADMIN-HOSPITAL OPS	40 00 1 00				X			176,006	55,230	49,922
DILLON KEVIN R CHIEF PHARMACY OFFICER	40 00 0 00				X			215,622	0	52,803
ZWYGART AMY M VICE CHAIR NURSING	40 00 0 00				X			215,980	0	36,530
BERGRUD KAREN J SR DIRECTOR-PHARMACY	40 00 0 00					X		189,971	0	20,945
CHRISTIANSEN PHILIP R MGR-PHARM OPS-MED PROD	40 00 0 00					X		192,951	0	47,973
GAINES KIM A ADMIN NURSING	40 00 0 00					X		183,539	0	43,567
JONES KRISTI L RN	40 00 0 00					X		238,800	0	38,901
OYEN LANCE J ASSOC CHIEF PHARM OFF-PRACT/RS	40 00 0 00					X		187,024	0	37,673
BROWN WILLIAM A FORMER OFFICER	0 00 40 00						X	0	223,492	62,769
ROCK MD MICHAEL G FORMER OFFICER	0 00 40 00						X	0	739,286	24,317

SCHEDULE A
(Form 990 or 990EZ)

Public Charity Status and Public Support

OMB No 1545-0047

2015

Open to Public Inspection

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ.

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Department of the Treasury
Internal Revenue Service

Name of the organization
MAYO CLINIC HOSPITAL - ROCHESTER

Employer identification number
41-0944601

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is (For lines 1 through 11, check only one box)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ))
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II)
- 8 A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)
- 9 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2)**. (Complete Part III)
- 10 An organization organized and operated exclusively to test for public safety See **section 509(a)(4)**.
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3)**. Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization
 - f Enter the number of supported organizations _____
 - g Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
 (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a)2011	(b)2012	(c)2013	(d)2014	(e)2015	(f)Total
1 Gifts, grants, contributions, and membership fees received (Do not include any unusual grants)						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a)2011	(b)2012	(c)2013	(d)2014	(e)2015	(f)Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f))	14	
15 Public support percentage for 2014 Schedule A, Part II, line 14	15	
16a 33 1/3% support test—2015. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
b 33 1/3% support test—2014. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
17a 10%-facts-and-circumstances test—2015. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization <input type="checkbox"/>		
b 10%-facts-and-circumstances test—2014. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions <input type="checkbox"/>		

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a)2011	(b)2012	(c)2013	(d)2014	(e)2015	(f)Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a)2011	(b)2012	(c)2013	(d)2014	(e)2015	(f)Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2015 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2014 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2015 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2014 Schedule A, Part III, line 17	18	

19a 33 1/3% support tests—2015. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33 1/3% support tests—2014. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.		
4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI .		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part II of Schedule L (Form 990).		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .		
b Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .		
c Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .		
10a Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer b below.		
b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).		
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
b A family member of a person described in (a) above?		
c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.		

Part IV Supporting Organizations (continued)**Section B. Type I Supporting Organizations**

- 1** Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? *If "No," describe in **Part VI** how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.*
- 2** Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? *If "Yes," explain in **Part VI** how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.*

	Yes	No
1		
2		

Section C. Type II Supporting Organizations

- 1** Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? *If "No," describe in **Part VI** how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).*

	Yes	No
1		

Section D. All Type III Supporting Organizations

- 1** Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?
- 2** Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? *If "No," explain in **Part VI** how the organization maintained a close and continuous working relationship with the supported organization(s).*
- 3** By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? *If "Yes," describe in **Part VI** the role the organization's supported organizations played in this regard.*

	Yes	No
1		
2		
3		

Section E. Type III Functionally-Integrated Supporting Organizations

- 1** Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (**see instructions**)
- a** The organization satisfied the Activities Test. Complete **line 2** below
- b** The organization is the parent of each of its supported organizations. Complete **line 3** below
- c** The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions)

2 Activities Test **Answer (a) and (b) below.**

- a** Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? *If "Yes," then in **Part VI** identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.*
- b** Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in **Part VI** the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.*

3 Parent of Supported Organizations **Answer (a) and (b) below.**

- a** Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *Provide details in Part VI.*
- b** Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? *If "Yes," describe in Part VI the role played by the organization in this regard.*

	Yes	No
2a		
2b		
3a		
3b		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970. **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income

- | | (A) Prior Year | (B) Current Year (optional) |
|---|----------------|-----------------------------|
| 1 Net short-term capital gain | 1 | |
| 2 Recoveries of prior-year distributions | 2 | |
| 3 Other gross income (see instructions) | 3 | |
| 4 Add lines 1 through 3 | 4 | |
| 5 Depreciation and depletion | 5 | |
| 6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) | 6 | |
| 7 Other expenses (see instructions) | 7 | |
| 8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4) | 8 | |

Section B - Minimum Asset Amount

- | | (A) Prior Year | (B) Current Year (optional) |
|---|----------------|-----------------------------|
| 1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year) | 1 | |
| a Average monthly value of securities | 1a | |
| b Average monthly cash balances | 1b | |
| c Fair market value of other non-exempt-use assets | 1c | |
| d Total (add lines 1a, 1b, and 1c) | 1d | |
| e Discount claimed for blockage or other factors (explain in detail in Part VI) _____ | | |
| 2 Acquisition indebtedness applicable to non-exempt use assets | 2 | |
| 3 Subtract line 2 from line 1d | 3 | |
| 4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions) | 4 | |
| 5 Net value of non-exempt-use assets (subtract line 4 from line 3) | 5 | |
| 6 Multiply line 5 by .035 | 6 | |
| 7 Recoveries of prior-year distributions | 7 | |
| 8 Minimum Asset Amount (add line 7 to line 6) | 8 | |

Section C - Distributable Amount

- | | | Current Year |
|---|----------|--------------|
| 1 Adjusted net income for prior year (from Section A, line 8, Column A) | 1 | |
| 2 Enter 85% of line 1 | 2 | |
| 3 Minimum asset amount for prior year (from Section B, line 8, Column A) | 3 | |
| 4 Enter greater of line 2 or line 3 | 4 | |
| 5 Income tax imposed in prior year | 5 | |
| 6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions) | 6 | |
| 7 Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions) <input type="checkbox"/> | | |

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI) See instructions	
7 Total annual distributions. Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
9 Distributable amount for 2015 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015
1 Distributable amount for 2015 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2015 (reasonable cause required--see instructions)			
3 Excess distributions carryover, if any, to 2015			
d From 2013.			
e From 2014.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2015 distributable amount			
i Carryover from 2010 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2015 from Section D, line 7 \$ _____			
a Applied to underdistributions of prior years			
b Applied to 2015 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2015, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2015 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 Excess distributions carryover to 2016. Add lines 3j and 4c			
8 Breakdown of line 7			
c Excess from 2013.			
d From 2014.			
e From 2015.			

Part VI Supplemental Information.

Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Return Reference	Explanation

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No 1545-0047

2015

Open to Public Inspection

For Organizations Exempt From Income Tax Under section 501(c) and section 527
-Complete if the organization is described below. -Attach to Form 990 or Form 990-EZ.
-Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Department of the Treasury Internal Revenue Service

If the organization answered "Yes" on Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
Section 527 organizations Complete Part I-A only

If the organization answered "Yes" on Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

If the organization answered "Yes" on Form 990, Part IV, Line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

- Section 501(c)(4), (5), or (6) organizations Complete Part III

Name of the organization MAYO CLINIC HOSPITAL - ROCHESTER

Employer identification number

41-0944601

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV
2 Political expenditures \$
3 Volunteer hours

Part I-B Complete if the organization is exempt under section 501(c)(3).

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 \$
2 Enter the amount of any excise tax incurred by organization managers under section 4955 \$
3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Yes No
4a Was a correction made? Yes No
b If "Yes," describe in Part IV

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities \$
2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities \$
3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b \$
4 Did the filing organization file Form 1120-POL for this year? Yes No
5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization's funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

Table with 5 columns: (a) Name, (b) Address, (c) EIN, (d) Amount paid from filing organization's funds, (e) Amount of political contributions received. Rows 1-6.

Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

- A** Check if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)
- B** Check if the filing organization checked box A and "limited control" provisions apply

Limits on Lobbying Expenditures
(The term "expenditures" means amounts paid or incurred.)

(a) Filing organization's totals	(b) Affiliated group totals
----------------------------------	-----------------------------

1a Total lobbying expenditures to influence public opinion (grass roots lobbying)														
b Total lobbying expenditures to influence a legislative body (direct lobbying)														
c Total lobbying expenditures (add lines 1a and 1b)														
d Other exempt purpose expenditures														
e Total exempt purpose expenditures (add lines 1c and 1d)														
f Lobbying nontaxable amount Enter the amount from the following table in both columns														
<table border="1"> <thead> <tr> <th>If the amount on line 1e, column (a) or (b) is:</th> <th>The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000</td> </tr> </tbody> </table>			If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000	Over \$17,000,000	\$1,000,000
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:													
Not over \$500,000	20% of the amount on line 1e													
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000													
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000													
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000													
Over \$17,000,000	\$1,000,000													
g Grassroots nontaxable amount (enter 25% of line 1f)														
h Subtract line 1g from line 1a If zero or less, enter -0-														
i Subtract line 1f from line 1c If zero or less, enter -0-														
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?														

Yes No

4-Year Averaging Period Under section 501(h)
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column (e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.

- 1** During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of
 - a** Volunteers?
 - b** Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?
 - c** Media advertisements?
 - d** Mailings to members, legislators, or the public?
 - e** Publications, or published or broadcast statements?
 - f** Grants to other organizations for lobbying purposes?
 - g** Direct contact with legislators, their staffs, government officials, or a legislative body?
 - h** Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?
 - i** Other activities?
 - j** Total Add lines 1c through 1i
- 2a** Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?
- b** If "Yes," enter the amount of any tax incurred under section 4912
- c** If "Yes," enter the amount of any tax incurred by organization managers under section 4912
- d** If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?

	(a)		(b)
	Yes	No	Amount
		No	
		No	
		No	
		No	
		No	
		No	
		No	
	Yes		40,037
			40,037
		No	

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

- 1** Were substantially all (90% or more) dues received nondeductible by members?
- 2** Did the organization make only in-house lobbying expenditures of \$2,000 or less?
- 3** Did the organization agree to carry over lobbying and political expenditures from the prior year?

	Yes	No
1		
2		
3		

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."

- 1** Dues, assessments and similar amounts from members
- 2** Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).
 - a** Current year
 - b** Carryover from last year
 - c** Total
- 3** Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues
- 4** If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?
- 5** Taxable amount of lobbying and political expenditures (see instructions)

1	
2a	
2b	
2c	
3	
4	
5	

Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, lines 1 and 2 (see instructions), and Part II-B, line 1. Also, complete this part for any additional information.

Return Reference	Explanation
PART II-B, LINE 1	THE AMOUNT IN "OTHER ACTIVITIES" REPRESENTS A PORTION OF PROFESSIONAL DUES ATTRIBUTABLE TO LOBBYING

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No 1545-0047

2015

Open to Public Inspection

Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990.

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

Department of the Treasury Internal Revenue Service

Name of the organization MAYO CLINIC HOSPITAL - ROCHESTER

Employer identification number 41-0944601

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows 1-4: Total number at end of year, Aggregate value of contributions to (during year), Aggregate value of grants from (during year), Aggregate value at end of year.

- 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

- 1 Purpose(s) of conservation easements held by the organization (check all that apply)
2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

Table with 2 columns: Held at the End of the Year. Rows 2a-2d: Total number of conservation easements, Total acreage restricted by conservation easements, Number of conservation easements on a certified historic structure included in (a), Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register.

- 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year
4 Number of states where property subject to conservation easement is located
5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?
6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year
7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year
8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?
9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

- 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items
1b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items
2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

- 3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)
a Public exhibition
b Scholarly research
c Preservation for future generations
d Loan or exchange programs
e Other

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No

Table with 2 columns: Description (1c-1f) and Amount. Rows include Beginning balance, Additions during the year, Distributions during the year, and Ending balance.

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

Table with 6 columns: (a) Current year, (b) Prior year, (c) Two years back, (d) Three years back, (e) Four years back. Rows include Beginning of year balance, Contributions, Net investment earnings, gains, and losses, Grants or scholarships, Other expenditures for facilities and programs, Administrative expenses, and End of year balance.

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as

- a Board designated or quasi-endowment 57 000 %
b Permanent endowment 30 000 %
c Temporarily restricted endowment 13 000 %
The percentages on lines 2a, 2b, and 2c should equal 100%

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by

Small table with 2 columns: Yes, No. Rows for 3a(i) unrelated organizations, 3a(ii) related organizations, and 3b.

b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R?
4 Describe in Part XIII the intended uses of the organization's endowment funds

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Table with 5 columns: Description of property, (a) Cost or other basis (investment), (b) Cost or other basis (other), (c) Accumulated depreciation, (d) Book value. Rows include Land, Buildings, Leasehold improvements, Equipment, Other, and Total.

Part VII Investments—Other Securities. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
Total. (Column (b) must equal Form 990, Part X, col (B) line 12.)		

Part VIII Investments—Program Related. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Total. (Column (b) must equal Form 990, Part X, col (B) line 13.)		

Part IX Other Assets. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d. See Form 990, Part X, line 15

(a) Description	(b) Book value
(1) DUE FROM AFFILIATES	763,123,130
(2) DEFERRED COMPENSATION	788,538
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.)	763,911,668

Part X Other Liabilities. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
Federal income taxes	
DUE TO AFFILIATES	240,098,973
DEFERRED COMPENSATION LIABILITY	788,538
Total. (Column (b) must equal Form 990, Part X, col (B) line 25.)	240,887,511

2. Liability for uncertain tax positions In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12			
a	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII)	2d		
e	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII)	4b		
c	Add lines 4a and 4b		4c	
5	Total revenue Add lines 3 and 4c . (This must equal Form 990, Part I, line 12)		5	

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII)	2d		
e	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1 :			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII)	4b		
c	Add lines 4a and 4b		4c	
5	Total expenses Add lines 3 and 4c . (This must equal Form 990, Part I, line 18)		5	

Part XIII Supplemental Information

Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Return Reference	Explanation
PART V, LINE 4	THE ENDOWMENT FUNDS PROVIDE A STABLE FUNDING SOURCE FOR RESEARCH AND EDUCATION PROGRAMS
PART X, LINE 2	AT DECEMBER 31, 2015 AND 2014, THE RESERVE FOR UNRECOGNIZED TAX BENEFITS WAS NOT SIGNIFICANT, AND AS A RESULT, THERE IS NO RESERVE FOR UNRECOGNIZED TAX BENEFITS RECORDED FOR THE FILING ORGANIZATION

**SCHEDULE F
(Form 990)**

Statement of Activities Outside the United States

OMB No 1545-0047

2015

**Open to Public
Inspection**

▶ Complete if the organization answered "Yes" to Form 990,
Part IV, line 14b, 15, or 16.

▶ Attach to Form 990.

▶ Information about Schedule F (Form 990) and its instructions is at www.irs.gov/form990.

Department of the Treasury
Internal Revenue Service

Name of the organization
MAYO CLINIC HOSPITAL - ROCHESTER

Employer identification number
41-0944601

Part I General Information on Activities Outside the United States.

Complete if the organization answered "Yes" to Form 990, Part IV, line 14b.

1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No

2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

3 Activities per Region (The following Part I, line 3 table can be duplicated if additional space is needed)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
(1) CENTRAL AMERICA AND THE CARIBBEAN	0	2	TRAVEL - INTERNATIONAL CONFERENCE		1,499
(2) EAST ASIA AND THE PACIFIC	0	12	TRAVEL - INTERNATIONAL CONFERENCE		30,413
(3) EUROPE (INCLUDING ICELAND AND GREENLAND)	0	4	TRAVEL - INTERNATIONAL CONFERENCE		9,576
(4) NORTH AMERICA	0	4	TRAVEL - INTERNATIONAL CONFERENCE		3,180
(5)					
3a Sub-total	0	22			44,668
b Total from continuation sheets to Part I	0	0			0
c Totals (add lines 3a and 3b)	0	22			44,668

Part II Grants and Other Assistance to Organizations or Entities Outside the United States.

Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)								
(2)								
(3)								
(4)								

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter ▶ _____

3 Enter total number of other organizations or entities ▶ _____

Part III **Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 16.
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							

Part IV Foreign Forms

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* Yes No
- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; do not file with Form 990)* Yes No
- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with Respect to Certain Foreign Corporations. (see Instructions for Form 5471)* Yes No
- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)* Yes No
- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with Respect to Certain Foreign Partnerships. (see Instructions for Form 8865)* Yes No
- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713; do not file with Form 990)* Yes No

Part V Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

990 Schedule F, Supplemental Information

Return Reference	Explanation
FILING OF CERTAIN FOREIGN FORMS	<p>DISCLOSURE STATEMENT RELATED TO FORMS 5713 FORM 5713 HAS BEEN FILED BY THE FOLLOWING MEMBERS OF THE CONTROLLED GROUP MAYO CLINIC (EIN 41-6011702) MAYO FOUNDATION FOR MEDICAL EDUCATION AND RESEARCH (EIN 41-1506440) DISCLOSURE STATEMENT RELATED TO FORMS 5471 UNDER THE CONSTRUCTIVE OWNERSHIP RULES OF IRC SECTIONS 958(A) AND (B), THE TAXPAYER IS REQUIRED TO FILE FORMS 5471, INFORMATION RETURN OF U S PERSONS WITH RESPECT TO CERTAIN FOREIGN CORPORATIONS, AS A CATEGORY 4 AND 5 FILER WITH RESPECT TO CERTAIN CONTROLLED FOREIGN CORPORATIONS (CFCS) THESE FILING REQUIREMENTS ARE OR WILL BE SATISFIED THROUGH THE FILING OF FORMS 5471 FOR THESE CFCS BY OTHER U S TAXPAYERS IDENTIFIED BELOW WHO HAVE THE SAME FILING REQUIREMENT TAXPAYER NAME MAYO CLINIC ADDRESS 200 FIRST STREET SW, ROCHESTER, MN 55905 ID NUMBER OF U S TAX RETURN WITH WHICH FORM 5471 WAS FILED 41-6011702 IRS SERVICE CENTER WHERE U S TAX RETURN WAS OR WILL BE FILED E-FILED TAXPAYER NAME MAYO FOUNDATION FOR MEDICAL EDUCATION AND RESEARCH ADDRESS 200 FIRST STREET SW, ROCHESTER, MN 55905 ID NUMBER OF U S TAX RETURN WITH WHICH FORM 5471 WAS FILED 41-1506440 IRS SERVICE CENTER WHERE U S TAX RETURN WAS OR WILL BE FILED E-FILED DISCLOSURE STATEMENT RELATED TO FORMS 8865 UNDER THE CONSTRUCTIVE OWNERSHIP RULES OF IRC SECTIONS 958(A) AND (B), THE TAXPAYER IS REQUIRED TO FILE FORMS 8865, INFORMATION RETURN OF U S PERSONS WITH RESPECT TO CERTAIN FOREIGN PARTNERSHIPS, AS A CATEGORY 2 AND 3 FILER THESE FILING REQUIREMENTS ARE OR WILL BE SATISFIED THROUGH THE FILING OF FORMS 8865 FOR THESE PARTNERSHIPS BY OTHER U S TAXPAYERS IDENTIFIED BELOW WHO HAVE THE SAME FILING REQUIREMENT TAXPAYER NAME MAYO CLINIC ADDRESS 200 FIRST STREET SW, ROCHESTER, MN 55905 ID NUMBER OF U S TAX RETURN WITH WHICH FORM 8865 WAS FILED 41-6011702 IRS SERVICE CENTER WHERE U S TAX RETURN WAS OR WILL BE FILED E-FILED</p>

SCHEDULE H (Form 990)

Hospitals

Department of the Treasury Internal Revenue Service

Complete if the organization answered "Yes" on Form 990, Part IV, question 20.

Attach to Form 990.

Information about Schedule H (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization

MAYO CLINIC HOSPITAL - ROCHESTER

Employer identification number

41-0944601

Part I Financial Assistance and Certain Other Community Benefits at Cost

1a Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a

Table with 3 columns: Question ID, Yes, No. Row 1a: Yes, No.

2 If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year

- Applied uniformly to all hospital facilities
Applied uniformly to most hospital facilities
Generally tailored to individual hospital facilities

3 Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year

a Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing free care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care

- 100% 150% 200% Other %

b Did the organization use FPG as a factor in determining eligibility for providing discounted care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care

- 200% 250% 300% 350% 400% Other %

c If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used for determining eligibility for free or discounted care

4 Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?

Table with 3 columns: Question ID, Yes, No. Row 4: Yes, No.

5a Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?

Table with 3 columns: Question ID, Yes, No. Row 5a: No.

b If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?

Table with 3 columns: Question ID, Yes, No. Row 5b: No.

c If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?

Table with 3 columns: Question ID, Yes, No. Row 5c: No.

6a Did the organization prepare a community benefit report during the tax year?

Table with 3 columns: Question ID, Yes, No. Row 6a: No.

b If "Yes," did the organization make it available to the public?

Table with 3 columns: Question ID, Yes, No. Row 6b: No.

Complete the following table using the worksheets provided in the Schedule H instructions. Do not submit these worksheets with the Schedule H

7 Financial Assistance and Certain Other Community Benefits at Cost

Table with 7 columns: Description, (a) Number of activities or programs, (b) Persons served, (c) Total community benefit expense, (d) Direct offsetting revenue, (e) Net community benefit expense, (f) Percent of total expense. Rows include Financial Assistance and Means-Tested Government Programs and Other Benefits.

Part II Community Building Activities

Complete this table if the organization conducted any community building activities during the tax year, and describe in Part VI how its community building activities promoted the health of the communities it serves.

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1	Physical improvements and housing					
2	Economic development					
3	Community support					
4	Environmental improvements					
5	Leadership development and training for community members					
6	Coalition building					
7	Community health improvement advocacy					
8	Workforce development					
9	Other					
10	Total					

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

		Yes	No
1	Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?		No
2	Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount		
			25,900,787
3	Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy. Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit		
4	Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements		

Section B. Medicare

5	Enter total revenue received from Medicare (including DSH and IME)	5	551,426,515
6	Enter Medicare allowable costs of care relating to payments on line 5	6	565,792,427
7	Subtract line 6 from line 5. This is the surplus (or shortfall)	7	-14,365,912
8	Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used: <input type="checkbox"/> Cost accounting system <input type="checkbox"/> Cost to charge ratio <input checked="" type="checkbox"/> Other		

Section C. Collection Practices

9a	Did the organization have a written debt collection policy during the tax year?	Yes	
9b	If "Yes," did the organization's collection policy that applied to the largest number of its patients during the tax year contain provisions on the collection practices to be followed for patients who are known to qualify for financial assistance? Describe in Part VI	Yes	

Part IV Management Companies and Joint Ventures

(owned 10% or more by officers, directors, trustees, key employees, and physicians—see instructions)

(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership %	(e) Physicians' profit % or stock ownership %
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				

Part V Facility Information

Section A. Hospital Facilities

(list in order of size from largest to smallest—see instructions)

How many hospital facilities did the organization operate during the tax year?

1

Name, address, primary website address, and state license number (and if a group return, the name and EIN of the subordinate hospital organization that operates the hospital facility)

	Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (Describe)	Facility reporting group
See Additional Data Table										

Part V Facility Information *(continued)*

Section B. Facility Policies and Practices

(Complete a separate Section B for each of the hospital facilities or facility reporting groups listed in Part V, Section A)
 MAYO CLINIC HOSPITAL - ROCHESTER

Name of hospital facility or letter of facility reporting group _____

Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A): _____ 1 _____

		Yes	No
Community Health Needs Assessment			
1	Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?		No
2	Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C		No
3	During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12 If "Yes," indicate what the CHNA report describes (check all that apply)	Yes	
a	<input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
b	<input checked="" type="checkbox"/> Demographics of the community		
c	<input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d	<input checked="" type="checkbox"/> How data was obtained		
e	<input checked="" type="checkbox"/> The significant health needs of the community		
f	<input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g	<input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h	<input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
i	<input type="checkbox"/> Information gaps that limit the hospital facility's ability to assess the community's health needs		
j	<input type="checkbox"/> Other (describe in Section C)		
4	Indicate the tax year the hospital facility last conducted a CHNA <u>20 13</u>		
5	In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	Yes	
6a	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	Yes	
6b	Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C	Yes	
7	Did the hospital facility make its CHNA report widely available to the public? If "Yes," indicate how the CHNA report was made widely available (check all that apply)	Yes	
a	<input checked="" type="checkbox"/> Hospital facility's website (list url) <u>MAYOCLINIC.ORG</u>		
b	<input type="checkbox"/> Other website (list url) _____		
c	<input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
d	<input checked="" type="checkbox"/> Other (describe in Section C)		
8	Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11	Yes	
9	Indicate the tax year the hospital facility last adopted an implementation strategy <u>20 13</u>		
10	Is the hospital facility's most recently adopted implementation strategy posted on a website?		No
a	If "Yes" (list url) _____		
b	If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	Yes	
11	Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed		
12a	Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?		No
b	If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax?		
c	If "Yes" on line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$ _____		

Part V Facility Information (continued)

Financial Assistance Policy (FAP)

MAYO CLINIC HOSPITAL - ROCHESTER

Name of hospital facility or letter of facility reporting group

13 Did the hospital facility have in place during the tax year a written financial assistance policy that explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP

a Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 200 000000000000 % and FPG family income limit for eligibility for discounted care of 400 000000000000 %

b Income level other than FPG (describe in Section C)

c Asset level

d Medical indigency

e Insurance status

f Underinsurance discount

g Residency

h Other (describe in Section C)

14 Explained the basis for calculating amounts charged to patients?

15 Explained the method for applying for financial assistance? If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply)

a Described the information the hospital facility may require an individual to provide as part of his or her application

b Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application

c Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process

d Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications

e Other (describe in Section C)

16 Included measures to publicize the policy within the community served by the hospital facility?

If "Yes," indicate how the hospital facility publicized the policy (check all that apply)

a The FAP was widely available on a website (list url)

MAYOCLINIC ORG

b The FAP application form was widely available on a website (list url)

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c A plain language summary of the FAP was widely available on a website (list url)

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d The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)

e The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)

f A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)

g Notice of availability of the FAP was conspicuously displayed throughout the hospital facility

h Notified members of the community who are most likely to require financial assistance about availability of the FAP

i Other (describe in Section C)

Billing and Collections

17 Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon non-payment?

18 Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP

a Reporting to credit agency(ies)

b Selling an individual's debt to another party

c Actions that require a legal or judicial process

d Other similar actions (describe in Section C)

e None of these actions or other similar actions were permitted

	Yes	No
13	Yes	
14	Yes	
15	Yes	
16	Yes	
17	Yes	

Part V Facility Information *(continued)*

MAYO CLINIC HOSPITAL - ROCHESTER

Name of hospital facility or letter of facility reporting group _____

	Yes	No
19 Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP? If "Yes," check all actions in which the hospital facility or a third party engaged		No
a <input type="checkbox"/> Reporting to credit agency(ies)		
b <input type="checkbox"/> Selling an individual's debt to another party		
c <input type="checkbox"/> Actions that require a legal or judicial process		
d <input type="checkbox"/> Other similar actions (describe in Section C)		
20 Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19 (check all that apply)		
a <input checked="" type="checkbox"/> Notified individuals of the financial assistance policy on admission		
b <input checked="" type="checkbox"/> Notified individuals of the financial assistance policy prior to discharge		
c <input checked="" type="checkbox"/> Notified individuals of the financial assistance policy in communications with the individuals regarding the individuals' bills		
d <input checked="" type="checkbox"/> Documented its determination of whether individuals were eligible for financial assistance under the hospital facility's financial assistance policy		
e <input checked="" type="checkbox"/> Other (describe in Section C)		
f <input type="checkbox"/> None of these efforts were made		

Policy Relating to Emergency Medical Care

21 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy? If "No," indicate why		Yes	
a <input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions			
b <input type="checkbox"/> The hospital facility's policy was not in writing			
c <input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)			
d <input type="checkbox"/> Other (describe in Section C)			

Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)

22 Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care			
a <input type="checkbox"/> The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged			
b <input type="checkbox"/> The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged			
c <input type="checkbox"/> The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged			
d <input checked="" type="checkbox"/> Other (describe in Section C)			
23 During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care? If "Yes," explain in Section C			No
24 During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual? If "Yes," explain in Section C			No

Part V Facility Information *(continued)***Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**

(list in order of size, from largest to smallest)

How many non-hospital health care facilities did the organization operate during the tax year? 7

Name and address	Type of Facility (describe)
1 1 - MAYO CLINIC DIALYSIS ONALASKA 191 THEATER ROAD ONALASKA, WI 54650	HOSPITAL BASED DIALYSIS FACILITY
2 2 - MAYO CLINIC DIALYSIS ALBERT LEA 1705 SE BROADWAY ALBERT LEA, MN 56007	HOSPITAL BASED DIALYSIS FACILITY
3 3 - MAYO CLINIC DIALYSIS FAIRMONT 835 JOHNSON STREET FAIRMONT, MN 56031	HOSPITAL BASED DIALYSIS FACILITY
4 4 - MAYO CLINIC DIALYSIS OWATONNA 2200 NW 26TH STREET OWATONNA, MN 55060	HOSPITAL BASED DIALYSIS FACILITY
5 5 - MAYO CLINIC DIALYSIS WABASHA 1200 FIFTH GRANT BLVD WABASHA, MN 55981	HOSPITAL BASED DIALYSIS FACILITY
6 6 - MAYO CLINIC DIALYSIS DECORAH 901 MONTGOMERY STREET DECORAH, IA 52101	HOSPITAL BASED DIALYSIS FACILITY
7 7 - MAYO CLINIC DIALYSIS NE CLINIC 3041 STONEHEDGE NE DR ROCHESTER, MN 55906	HOSPITAL BASED DIALYSIS FACILITY
8	
9	
10	

Part VI Supplemental Information

Provide the following information

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7, Part II and Part III, lines 2, 3, 4, 8 and 9b
- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B
- 3 Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy
- 4 Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves
- 5 Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.)
- 6 Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served
- 7 State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report

Form and Line Reference	Explanation
PART I, LINE 3C	MEDICAL INDIGENCY MAY BE USED TO DETERMINE ELIGIBILITY IF A PATIENT BALANCE EXCEEDS 25% OF THE ANNUAL HOUSEHOLD INCOME, BUT THE PATIENT DOES NOT QUALIFY BASED ON FPG, CHARITY WILL BE ADJUSTED TO A MINIMUM OF THE AMOUNT GENERALLY BILLED (AGB) THE AGB IS DETERMINED USING THE LOOK-BACK METHOD AND CALCULATED USING ALL CLAIMS ALLOWED BY PRIVATE PAY INSURERS (INCLUDING MEDICARE ADVANTAGE) AND MEDICARE (TRADITIONAL) FOR INPATIENT AND OUTPATIENT SERVICES FOR THE YEAR

Form and Line Reference	Explanation
PART I, LINE 7	A COST-TO-CHARGE RATIO (FROM WORKSHEET 2) IS USED TO CALCULATE THE AMOUNTS ON LINE 7A-7C (CHARITY CARE, MEDICAID SHORTFALL, AND OTHER MEANS-TESTED GOVERNMENT PROGRAMS) THE AMOUNTS FOR LINES 7E-7I WOULD COME FROM THE BOOKS AND RECORDS OF SPECIFIC SEGMENTS OF THE ORGANIZATION AND WOULD NOT BE BASED ON A COST-TO-CHARGE RATIO

Form and Line Reference	Explanation
PART I, LINE 7G	THERE WAS NO NET COMMUNITY BENEFIT COST ATTRIBUTED TO PHYSICIAN CLINICS INCLUDED IN SUBSIDIZED HEALTH SERVICES

Form and Line Reference	Explanation
PART I, LINE 7, COLUMN (F)	THE BAD DEBT EXPENSE INCLUDED ON FORM 990, PART IX, LINE 25, COLUMN (A), BUT SUBTRACTED FOR PURPOSES OF CALCULATING THE PERCENTAGE IN THIS COLUMN IS \$ 25,900,787

Form and Line Reference	Explanation
SCHEDULE H, PART I, LINE 5A	THE FILING ORGANIZATION ESTIMATES CHARITY CARE FOR FINANCIAL PLANNING PURPOSES ONLY THE ESTIMATED AMOUNT OF CHARITY CARE DOES NOT INFLUENCE OR HAVE ANY IMPACT ON THE AMOUNT OF CHARITY CARE PROVIDED

Form and Line Reference	Explanation
PART III, LINE 2	PART III, SECTION A, LINE 1 THE FILING ORGANIZATION REPORTS BAD DEBT IN ACCORDANCE WITH GENERALLY ACCEPTED ACCOUNTING PRINCIPLES (GAAP) HEALTHCARE FINANCIAL MANAGEMENT ASSOCIATION STATEMENT 15 IS FOLLOWED TO THE EXTENT THAT IT ALIGNS WITH THE GUIDELINES SET FORTH BY GAAP METHODOLOGY FOR SCHEDULE H, PART III, LINE 2 BAD DEBT EXPENSE IS DETERMINED BASED ON GAAP AND IS EXPLAINED IN THE ACCOUNTS RECEIVABLE FOOTNOTE OF THE CONSOLIDATED AUDITED FINANCIAL STATEMENTS

Form and Line Reference	Explanation
PART III, LINE 4	FOOTNOTES RELATED TO ACCOUNTS RECEIVABLE AND ALLOWANCE FOR DOUBTFUL ACCOUNTS CAN BE FOUND ON PAGES 5, 7, 8 AND 9 OF MAYO CLINIC'S 2015 CONSOLIDATED AUDITED FINANCIAL STATEMENTS

Form and Line Reference	Explanation
PART III, LINE 8	THE METHODOLOGY DESCRIBED IN THE INSTRUCTIONS TO SCHEDULE H, PART III, SECTION B, LINE 6 DOES NOT TAKE INTO ACCOUNT ALL COSTS INCURRED BY THE HOSPITAL AND DOES NOT REPRESENT THE TOTAL COMMUNITY BENEFIT CONFERRED IN THIS AREA THE MEDICARE SHORTFALL REFLECTED ON SCHEDULE H, PART III, SECTION B WAS DETERMINED USING INFORMATION FROM THE ORGANIZATION'S MEDICARE COST REPORT (USING A MEDICARE COST REPORT STEP-DOWN METHODOLOGY) REASONS WHY MEDICARE SHORTFALL REPORTED ON LINE 7, IF ANY, SHOULD BE TREATED AS COMMUNITY BENEFIT ARE (1) ABSENT THE MEDICARE PROGRAM, IT IS LIKELY MANY OF THE INDIVIDUALS WOULD QUALIFY FOR FINANCIAL ASSISTANCE OR OTHER NEEDS-BASED GOVERNMENT PROGRAMS, (2) BY ACCEPTING PAYMENT BELOW COST TO TREAT THESE INDIVIDUALS, THE BURDENS OF GOVERNMENT ARE RELIEVED WITH RESPECT TO THESE INDIVIDUALS, (3) THERE IS A SIGNIFICANT POSSIBILITY THAT CONTINUED REDUCTION IN REIMBURSEMENT MAY ACTUALLY CREATE DIFFICULTIES IN ACCESS FOR THESE INDIVIDUALS, AND (4) THE AMOUNT SPENT TO COVER THE MEDICARE SHORTFALL IS MONEY NOT AVAILABLE TO COVER FINANCIAL ASSISTANCE AND OTHER COMMUNITY BENEFIT NEEDS

Form and Line Reference	Explanation
PART III, LINE 9B	MAYO CLINIC AND ITS AFFILIATES STRIVE TO ASSIST ALL PATIENTS IN MEETING THEIR FINANCIAL OBLIGATION PRIOR TO ENLISTING THE ASSISTANCE OF A COLLECTION AGENCY BY MAKING REASONABLE ATTEMPTS TO COLLECT FROM INSURANCE COMPANIES AND OTHER THIRD-PARTY PAYORS IN ADDITION, MAYO CLINIC AND ITS AFFILIATES ACCEPT REASONABLE PAYMENT PLANS FROM PATIENTS WHEN AN ACCOUNT IS THE PATIENT'S RESPONSIBILITY AND TRY TO IDENTIFY THOSE PATIENTS WHO MAY BE ELIGIBLE FOR FINANCIAL ASSISTANCE FINANCIAL ASSISTANCE IS OFFERED TO ANY PATIENT IF THE FACTS AND CIRCUMSTANCES SUGGEST THAT THE PATIENT DOES NOT HAVE THE ABILITY TO PAY THEIR BILL IN WHOLE OR IN PART IN THE EVENT THAT AN ACCOUNT IS REFERRED TO A COLLECTION AGENCY, GUIDELINES ARE FOLLOWED, INCLUDING SUSPENDING ALL COLLECTION ACTIVITY IF A FINANCIAL ASSISTANCE APPLICATION HAS BEEN SUBMITTED AFTER THE ACCOUNT HAS BEEN REFERRED FOR COLLECTION IF A COLLECTION AGENCY IDENTIFIES A PATIENT AS POTENTIALLY MEETING MAYO CLINIC'S FINANCIAL ASSISTANCE ELIGIBILITY CRITERIA OR THE PATIENT ASKS TO APPLY FOR FINANCIAL ASSISTANCE, COLLECTION ACTIVITY IS SUSPENDED UNTIL MAYO REVIEWS THE ACCOUNT FOR FINANCIAL ASSISTANCE ELIGIBILITY BASED ON SUBMISSION OF REQUESTED INFORMATION COLLECTION ACTIVITY WOULD ONLY RESUME IF THE PATIENT IS DETERMINED TO BE INELIGIBLE FOR FINANCIAL ASSISTANCE OR IS ELIGIBLE FOR ONLY PARTIAL FINANCIAL ASSISTANCE AND DOES NOT AGREE TO PAY THE REMAINING BALANCE

Form and Line Reference	Explanation
PART VI, LINE 2	<p>MAYO CLINIC ATTRACTS PATIENTS FROM AREAS FAR BEYOND THE IMMEDIATE COMMUNITIES WHERE ITS FACILITIES ARE LOCATED IN 2015, PATIENTS CAME TO MAYO FROM EVERY STATE AND NEARLY 140 FOREIGN COUNTRIES BESIDES ITS PRINCIPAL FACILITIES LOCATED IN ROCHESTER, MN, PHOENIX AND SCOTTSDALE, AZ AND JACKSONVILLE, FL, MAYO CLINIC HAS A NETWORK OF COMMUNITY BASED HEALTH CARE PROVIDERS IN MORE THAN 70 COMMUNITIES THROUGHOUT MINNESOTA, IOWA, WISCONSIN AND GEORGIA MAYO CLINIC SUPPORTS AND COORDINATES EFFORTS TO IMPROVE THE HEALTH AND WELL BEING WITHIN EACH OF THE COMMUNITIES WHERE IT IS LOCATED AND ALSO CONDUCTS MEDICAL EDUCATION AND RESEARCH ACTIVITIES TO ADVANCE THE SCIENCE OF HEALTH CARE DELIVERY TO BENEFIT BROADER REGIONAL, NATIONAL AND INTERNATIONAL COMMUNITIES IN ADDITION, MAYO CLINIC HAS ESTABLISHED THE MAYO CLINIC CARE NETWORK THE NETWORK INCLUDES HEALTH-CARE ORGANIZATIONS THAT SHARE A COMMON GOAL OF IMPROVING THE DELIVERY OF HEALTH CARE IN THEIR COMMUNITIES THROUGH HIGH-QUALITY, DATA DRIVEN AND EVIDENCE BASED MEDICAL CARE MEMBERS OF THE NETWORK CAN USE ELECTRONIC CARE REFERENCE AND COLLABORATION TOOLS THAT CONNECT THEM DIRECTLY TO MAYO CLINIC SPECIALISTS, DISEASE MANAGEMENT PROTOCOLS, CLINICAL CARE GUIDELINES AND TREATMENT RECOMMENDATIONS THE MAIN GOAL OF THE NETWORK IS TO HELP PEOPLE GAIN THE BENEFITS OF MAYO CLINIC EXPERTISE WITHOUT HAVING TO TRAVEL TO A MAYO CLINIC FACILITY IN 2015, THE NETWORK HAD 39 MEMBERS IN ROCHESTER, MAYO CLINIC WORKS COLLABORATIVELY WITH MAYO CLINIC HOSPITAL-ROCHESTER, THROUGH COMMON GOVERNANCE AND SHARED SYSTEMS, POLICIES AND PROCEDURES TO MEET THE HEALTH CARE NEEDS OF THE LOCAL OLMSTED COUNTY COMMUNITY OF APPROXIMATELY 150,000 RESIDENTS THESE ENTITIES ARE COLLECTIVELY REFERRED TO AS "MAYO" FOR PURPOSES OF THIS DESCRIPTION MAYO'S EFFORTS TO ASSESS THE HEALTH NEEDS OF OLMSTED COUNTY REST ON FOUR GUIDING PRINCIPLES DEVELOPED WITH COMMUNITY PARTNERS AND AFFIRMED BY MAYO LEADERSHIP 1 HEALTH IS VALUED BY BOTH THE COMMUNITY AND MAYO 2 "HEALTH" IS DETERMINED BY BOTH MEDICAL AND NON-MEDICAL (E.G., SOCIAL AND BEHAVIORAL) FACTORS AND BOTH MUST BE ADDRESSED 3 MAYO IS COMMITTED TO PRODUCING MEASURABLE IMPROVEMENTS IN THE HEALTH OF ALL OLMSTED COUNTY RESIDENTS 4 STRATEGIES TO IMPROVE COMMUNITY HEALTH ARE BEST DETERMINED AND IMPLEMENTED THROUGH PARTNERSHIPS BETWEEN HEALTH CARE PROVIDERS AND COMMUNITY MEMBERS WITH THESE PRINCIPLES AS THE BASIS OF ITS DECISION MAKING, AND CONSISTENT WITH ITS PRIMARY VALUE OF "THE NEEDS OF THE PATIENT COME FIRST," MAYO REGULARLY SEeks INPUT TO COORDINATE EFFORTS TO ADDRESS COMMUNITY NEEDS IN A TIMELY, EFFICIENT AND EFFECTIVE MANNER MAYO ANNUALLY REVIEWS COMMUNITY NEEDS ASSESSMENTS CONDUCTED BY THE PUBLIC HEALTH DEPARTMENT, SOCIAL SERVICES, AND OTHER COMMUNITY ORGANIZATIONS SUCH AS UNITED WAY AND THE SALVATION ARMY THAT SERVE BROAD COMMUNITY HEALTH NEEDS THESE ASSESSMENTS ARE USED TO DETERMINE SERVICES CURRENTLY AVAILABLE AND TO IDENTIFY GAPS THAT CAN BE ADDRESSED IN MAYO'S RESPONSE TO MEET THE COMMUNITY'S HEALTH CARE NEEDS IN 2013, MAYO CLINIC PARTNERED WITH OLMSTED PUBLIC HEALTH SERVICES AND OLMSTED MEDICAL CENTER TO JOINTLY CONDUCT A COMMUNITY HEALTH NEEDS ASSESSMENT AND TO BEGIN PREPARING A COMMUNITY HEALTH IMPROVEMENT PLAN MAYO ALSO PROVIDES SHARED LEADERSHIP FOR THE OLMSTED COUNTY COALITION OF COMMUNITY HEALTH INTEGRATION (CCHI) AND THE COMMUNITY HEALTHCARE ACCESS COLLABORATIVE (CHAC) CCHI IS COMPOSED OF LEADERSHIP FROM MAJOR ORGANIZATIONS IN OLMSTED COUNTY ITS MISSION IS TO CREATE OPPORTUNITIES TO COORDINATE AND INTEGRATE EFFICIENT AND EFFECTIVE SERVICES ACROSS ORGANIZATIONS TO IMPROVE THE HEALTH AND WELL-BEING OF THE COMMUNITY AND THE CLIENTS WE SERVE CHAC IS A MULTICULTURAL VOLUNTEER COALITION OF OVER 20 HEALTH CARE RELATED SERVICE PROVIDERS, PUBLIC HEALTH, SOCIAL SERVICE, AND OTHER ORGANIZATIONS FROM THE GOVERNMENT, PRIVATE AND NOT-FOR-PROFIT SECTORS CCHI AND CHAC WORK TO ADDRESS HEALTH CARE NEEDS FOR ALL RESIDENTS OF OLMSTED COUNTY WITH SPECIAL EMPHASIS ON DIVERSE AND UNDER-RESOURCED POPULATIONS PRIORITIES ARE ESTABLISHED BASED ON THE REVIEW OF COMMUNITY-WIDE NEEDS, AN ANALYSIS OF EXISTING SERVICES AND BY IMPLEMENTING STRATEGIES TO CLOSE GAPS THE PLANNING PROCESS FOR CHAC ACTIVITY OCCURS THROUGH A COMMON COMMUNICATION PROCESS, INCLUDING MONTHLY MEETINGS AND A PUBLICLY ACCESSIBLE WEB SITE (WWW.CHACMN.ORG) SUPPLEMENTED BY INPUT FROM A COMMUNITY ADVISORY BOARD (CAB) THE CAB IS COMPRISED OF 25 MEMBERS DRAWN FROM DIVERSE REPRESENTATIVES OF RACIAL, ETHNIC, GENDER ORIENTATION, RELIGIOUS, GEOGRAPHIC, SOCIOECONOMIC AND OTHER GROUPS THAT MAKE UP THE COMMUNITY ACTIVITIES OF THE CAB INCLUDE SETTING PRIORITIES FOR HEALTH IMPROVEMENT PROJECTS, PROVIDING INPUT TO COLLABORATIVE PROJECTS AMONG SERVICE PROVIDERS AND FACILITATING DIALOG BETWEEN PROVIDERS AND THE COMMUNITY WITHIN MAYO, COMMUNITY HEALTH ASSESSMENT INITIATIVES ARE COORDINATED THROUGH THE COMMUNITY ENGAGEMENT COMMITTEE (CEC) CEC INCLUDES REPRESENTATIVES FROM PRACTICE, EDUCATION, AND RESEARCH WITHIN</p>

Form and Line Reference	Explanation
PART VI, LINE 2	<p>MAYO AS WELL AS MEMBERS FROM THE COMMUNITY THE ROLES OF THE CEC ARE TO MONITOR IMPLEMENT ATION OF OVERALL MAYO COMMUNITY ENGAGEMENT STRATEGIES AND TO FOSTER THE DEVELOPMENT OF LON G-TERM, MUTUALLY BENEFICIAL RELATIONSHIPS BETWEEN MAYO AND THE COMMUNITY THE CEC MEETS MO NTHLY AND REPORTS REGULARLY TO THE MAYO PRESIDENT AND CEO AS WELL AS TO INSTITUTIONAL COMM ITTEES WITHIN THE PRACTICE FUNCTION OF MAYO, A COMMUNITY HEALTH COUNCIL (CHC) FACILITATES COMMUNITY ACCESS TO AND PARTICIPATION IN PATIENT CARE AND COMMUNITY OUTREACH INITIATIVES CHC IS GUIDED BY CEC, WITH INPUT FROM COMMUNITY ADVISORY BOARDS (CAB) DESCRIBED ABOVE CHC IS PART OF AN INTEGRATED PRACTICE UNIT THAT FOCUSES ON PRIMARY CARE DELIVERY FOR THE LOCA L COMMUNITY WHICH REQUIRES DIFFERENT APPROACHES THAN THOSE PATIENTS WHO UTILIZE MAYO'S SPE CIALTY CARE SERVICES CHC SERVES TO OVERSEE, COORDINATE AND LINK INITIATIVES IN PRACTICE A ND EDUCATION THAT HAVE THE POTENTIAL TO IMPACT THE COMMUNITY OR LOCAL HEALTH-RELATED SERVI CE PROVIDERS ALTHOUGH CHC IS PRIMARILY FOCUSED ON PRACTICE AND EDUCATION ACTIVITIES, IT H AS LINKS TO RESEARCH RESOURCES WHICH CAN BE DIRECTED TOWARDS COMMUNITY INITIATIVES THAT WO ULD BENEFIT FROM A RESEARCH APPROACH OR TECHNICAL EXPERTISE AN 18 MEMBER CAB CHAIRED BY C OMMUNITY MEMBERS HELPS CHC IDENTIFY AND PRIORITIZE NEEDS, CONNECTS THE COMMUNITY TO MAYO P ERSONNEL, REVIEWS PROPOSALS FOR MAYO OUTREACH ACTIVITIES, PROVIDES FEEDBACK ON THE RESULTS OF THESE ACTIVITIES AND GIVES INPUT FOR NEW PROGRAMS FROM A RESEARCH PERSPECTIVE, MAYO'S CENTER FOR CLINICAL AND TRANSLATIONAL SCIENCE (CCATS) PLANS INPUT SESSIONS WITH REPRESENTA TIVES OF LOCAL COMMUNITY GROUPS TO IDENTIFY, PLAN AND CARRY OUT COMMUNITY BASED RESEARCH T O IMPROVE HEALTH OUTCOMES AMONG UNDERSERVED POPULATIONS CCATS SUPPORTS SIGNIFICANT EFFORT S WITHIN THE CLINICAL RESEARCH UNIT AT MAYO TO INCREASE COMMUNITY INVOLVEMENT IN RESEARCH AND TO RECRUIT A DIVERSE POPULATION OF RESEARCH SUBJECTS IN PARTNERSHIP WITH CCATS EDUCAT ION RESOURCES, CCATS HAS DEVELOPED A SERIES OF COMMUNITY ENGAGEMENT EDUCATION MODULES FOR RESEARCH INVESTIGATORS THESE EFFORTS HAVE RESULTED IN A VARIETY OF RESEARCH ACTIVITIES TH AT INVOLVE NOT ONLY THE OLMSTED COUNTY COMMUNITY BUT ALSO OTHER COMMUNITIES THROUGHOUT THE REGION EXAMPLES OF THESE ACTIVITIES INCLUDE COLLABORATIONS WITH OTHER PROVIDERS, PUBLIC HEALTH SERVICES, PUBLIC SCHOOLS AND UNIVERSITIES, CITY AND COUNTY GOVERNMENT AND COMMUNITY ORGANIZATIONS SUCH AS THE INTERCULTURAL MUTUAL ASSISTANCE ASSOCIATION, MIGRANT HEALTH SER VICES, OLMSTED COUNTY CHILD CARE RESOURCE AND REFERRAL, ELDER NETWORK, ROCHESTER SENIOR CE NTER, EMMANUEL IGLESIA DE DIOS, THE RED CROSS, ASIAN HEALTHCARE LEADERS ASSOCIATION, INDIA N HEALTH SERVICES AND MANY OTHERS ANOTHER RESEARCH EFFORT WITHIN MAYO IS THE OFFICE OF HEA LTH DISPARITIES RESEARCH (OHDR) OHDR SUPPORTS MEANINGFUL RESEARCH PROGRAMS TO IDENTIFY, D EVELOP AND DEPLOY STRATEGIES TO ELIMINATE HEALTH DISPARITIES IN UNDERSERVED POPULATIONS IN OUR COMMUNITIES A CRITICAL COMPONENT OF MEETING THE NEEDS OF THE COMMUNITY IS THE ROCHEST ER EPIDEMIOLOGY PROJECT (REP), A COLLABORATION OF MAYO WITH OLMSTED MEDICAL CENTER AND ROC HESTER FAMILY MEDICINE CLINIC REP LINKS TOGETHER NEARLY ALL THE MEDICAL RECORDS OF THE RE SIDENTS OF OLMSTED COUNTY, MAKING IT POSSIBLE TO CONDUCT POPULATION-BASED RESEARCH OF MOST MEDICAL CONDITIONS THIS UNIQUE RESEARCH INFRASTRUCTURE PROVIDES AN EXTENSIVE DATA REPOSI TORY OF CARE DELIVERED TO COMMUNITY RESIDENTS FOR ALMOST HALF A CENTURY AND IS VIRTUALLY U NPARALLELED IN THE UNITED STATES REP HAS BEEN USED BY HUNDREDS OF INVESTIGATORS TO DEVELO P STUDIES ON A WIDE RANGE OF MEDICAL CONDITIONS AND HAS RESULTED IN OVER 2,000 PUBLICATIO N S SINCE 1966</p>

Form and Line Reference	Explanation
PART VI, LINE 3	MEASURES TO PUBLICIZE FINANCIAL ASSISTANCE POLICY MAYO CLINIC IS COMMITTED TO OFFERING FINANCIAL ASSISTANCE TO ELIGIBLE PATIENTS WHO DO NOT HAVE THE ABILITY TO PAY FOR THEIR MEDICAL SERVICES IN WHOLE OR IN PART IN ORDER TO ACCOMPLISH THIS CHARITABLE GOAL, MAYO CLINIC AND MAYO CLINIC HEALTH SYSTEM SITES WIDELY PUBLICIZE THIS POLICY IN THE COMMUNITIES THAT THE INDIVIDUAL MAYO CLINIC AFFILIATED SITES SERVE MAYO CLINIC AFFILIATED SITES MAKE COPIES OF THIS POLICY AND APPLICATIONS AVAILABLE BY POSTING IT ON THEIR WEBPAGE INCLUDING THE ABILITY TO DOWNLOAD A COPY OF THE POLICY AND APPLICATION FREE OF CHARGE INDIVIDUALS IN THE COMMUNITY SERVED WILL BE ABLE TO OBTAIN A COPY OF THE POLICY IN LOCATIONS THROUGHOUT EACH MAYO CLINIC AFFILIATED SITE OR UPON REQUEST THE POLICY EXPLAINS THE FINANCIAL ASSISTANCE PROGRAM AND FACTORS AFFECTING ELIGIBILITY WITHIN THE HOSPITAL FACILITY, A BROCHURE IS MADE AVAILABLE IN NUMEROUS LOCATIONS THROUGHOUT THE FACILITY WHICH DESCRIBES THE FINANCIAL ASSISTANCE POLICY, HOW TO APPLY FOR FINANCIAL ASSISTANCE, AND GIVES THE INTERNET ADDRESS WHERE THE COMPLETE POLICY CAN BE OBTAINED ADDITIONALLY, CHARITABLE CARE AND FINANCIAL ASSISTANCE IS REFERENCED ON PATIENT CORRESPONDENCE INCLUDING THE MONTHLY STATEMENT OF ACCOUNT, ACCOUNT BALANCE LETTERS, AND LATE PAYMENT NOTIFICATIONS ALL PATIENT CORRESPONDENCE REFERENCING CHARITABLE CARE AND FINANCIAL ASSISTANCE INCLUDE INTERNET, PHONE, AND MAILING ADDRESS CONTACT INFORMATION

Form and Line Reference	Explanation
PART VI, LINE 4	MAYO SERVES THE POPULATION OF OLMSTED COUNTY IN MINNESOTA AS WELL AS A WIDER REGIONAL, NATIONAL, AND EVEN INTERNATIONAL POPULATION OLMSTED COUNTY HAS A POPULATION OF 150,287 RESIDENTS IN 61,213 HOUSING UNITS ACCORDING TO THE 2013 CENSUS FOURTEEN PERCENT OF THESE RESIDENTS ARE NONWHITE AND 74% LIVE WITHIN THE CITY OF ROCHESTER THE MAJORITY OF MAYO PATIENTS COME FROM A 150 MILE RADIUS OF ROCHESTER MINNESOTA, HOWEVER, PATIENTS COME TO MAYO FROM ALL 50 STATES AND MORE THAN 130 FOREIGN COUNTRIES ALTHOUGH IT SERVES A WIDE RANGE OF HEALTH CARE NEEDS INCLUDING PRIMARY AND COMMUNITY CARE, MAYO IS ESPECIALLY FOCUSED IN PROVIDING TERTIARY CARE AND SPECIALTY TREATMENT OF THE MORE UNUSUAL AND DIFFICULT MEDICAL CASES

Form and Line Reference	Explanation
PART VI, LINE 5	<p>THIS FILING ORGANIZATION IS AN AFFILIATE OF MAYO CLINIC MAYO CLINIC AND ITS AFFILIATES ARE LARGE, MULTI-FACETED, INTEGRATED, NOT-FOR-PROFIT GROUP PRACTICES AND HEALTH SYSTEMS AT MAYO CLINIC, DOCTORS FROM EVERY MEDICAL SPECIALTY WORK TOGETHER TO CARE FOR PATIENTS, JOINED BY COMMON SYSTEMS AND A PHILOSOPHY OF "THE NEEDS OF THE PATIENT COME FIRST" THE ORGANIZATIONS (INCLUDING HOSPITAL AND NON-HOSPITAL ENTITIES) WORK TOGETHER TO SERVE THEIR COMMUNITIES AT THE LOCAL, REGIONAL, NATIONAL, AND GLOBAL LEVELS THIS COMMUNITY BENEFIT HAPPENS THROUGH ITS FOCUS ON PATIENT CARE, EDUCATION, AND RESEARCH SPECIFICALLY, THE TAX-EXEMPT PURPOSE OF MAYO CLINIC AND ITS AFFILIATES IS THREE-FOLD PRACTICE - PRACTICE MEDICINE AS AN INTEGRATED TEAM OF COMPASSIONATE, MULTI-DISCIPLINARY PHYSICIANS, SCIENTISTS AND ALLIED HEALTH PROFESSIONALS WHO ARE FOCUSED ON THE NEEDS OF PATIENTS FROM OUR COMMUNITIES, REGIONS, THE NATION AND THE WORLD EDUCATION - EDUCATE PHYSICIANS, SCIENTISTS AND ALLIED HEALTH PROFESSIONALS AND BE A DEPENDABLE SOURCE OF HEALTH INFORMATION FOR OUR PATIENTS AND THE PUBLIC RESEARCH - CONDUCT BASIC AND CLINICAL RESEARCH PROGRAMS TO IMPROVE PATIENT CARE AND TO BENEFIT SOCIETY, INCLUDING PARTNERING WITH MAYO CLINIC HEALTH SYSTEM PRACTICES TO PERFORM PRACTICE-BASED RESEARCH DESIGNED TO IMPROVE PATIENT CARE THROUGH ITS MISSION, MAYO CLINIC AND ITS AFFILIATES ENRICH THE COMMUNITIES IN WHICH THEY OPERATE AS WELL AS THE BROADER COMMUNITY - IMPROVING MEDICINE THROUGH RESEARCH, EDUCATING PHYSICIANS AND OTHER HEALTH CARE PROVIDERS, AND PROVIDING CARE AND SUPPORT TO PEOPLE IN NEED PLEASE REFER TO THE PROGRAM SERVICE ACCOMPLISHMENTS ON FORM 990, PART III, FOR FURTHER DESCRIPTION OF THE FILING ORGANIZATION'S ACTIVITIES SURPLUS FUNDS MAYO CLINIC AND ITS AFFILIATES REINVEST THEIR NET OPERATING INCOME TO ADVANCE MEDICAL RESEARCH AND TEACH THE NEXT GENERATION OF HEALTH CARE PROFESSIONALS, AS WELL AS TO ALLOW THE INDIVIDUAL ENTITY TO SUSTAIN ITS MISSION AND PREPARE FOR THE FUTURE COMMUNITY REPRESENTATION ON GOVERNING BODY THE BOARD OF TRUSTEES IS THE GOVERNING BODY OF MAYO CLINIC A MAJORITY OF ITS MEMBERS ARE EXTERNAL, INDEPENDENT TRUSTEES IT HAS OVERALL RESPONSIBILITY FOR THE CHARITABLE, CLINICAL PRACTICE, SCIENTIFIC AND EDUCATIONAL MISSION AND PURPOSES OF MAYO CLINIC AND ITS AFFILIATES AS SET FORTH IN ITS ARTICLES OF INCORPORATION AND BYLAWS BECAUSE OF MAYO CLINIC'S NATIONAL PRESENCE, THESE TRUSTEES ARE SELECTED BASED ON THEIR AREAS OF EXPERTISE, EXPERIENCE, AND OTHER CRITERIA ESTABLISHED BY THE INDEPENDENT NOMINATING COMMITTEE OF THE BOARD OF TRUSTEES AREAS OF EXPERTISE AND EXPERIENCE INCLUDE SUCH AREAS AS HEALTH CARE POLICY, RESEARCH, EDUCATION, BUSINESS, AND GOVERNMENT THE FILING ORGANIZATION, WHICH IS CONTROLLED BY MAYO CLINIC, RELIES ON THE COMMUNITY REPRESENTATION OF THE MAYO CLINIC BOARD OF TRUSTEES TO FULFILL THIS REQUIREMENT OPEN V CLOSED STAFF MODEL SEVERAL OF MAYO CLINIC'S HOSPITAL ENTITIES HAVE OBTAINED LETTER RULINGS APPROVING A STAFF MODEL IN WHICH ONLY MAYO CLINIC EMPLOYED PHYSICIANS ARE GIVEN STAFF PRIVILEGES IN ORDER TO MAINTAIN STANDARD METHODS OF PRACTICE AND PROTOCOLS FOR THOSE ENTITIES, THE PHYSICIANS ARE SALARIED EMPLOYEES AND THUS THE ISSUE OF PRIVATE INUREMENT AND PRIVATE BENEFIT ADDRESSED BY THE OPEN STAFF REQUIREMENT ARE OTHERWISE ADDRESSED THE FILING ORGANIZATION IS ONE OF THE ENTITIES WHICH OPERATES BASED ON THE CLOSED STAFF MODEL EMERGENCY ROOM THE FILING ORGANIZATION MAINTAINS AN EMERGENCY ROOM ON THE SAINT MARYS CAMPUS 24 HOURS A DAY, 7 DAYS A WEEK, WHICH IS OPEN TO ALL WITHOUT REGARD TO THE ABILITY TO PAY</p>

Form and Line Reference	Explanation
PART VI, LINE 6	THIS ORGANIZATION IS PART OF A GROUP OF HEALTHCARE ENTITIES AFFILIATED WITH MAYO CLINIC MAYO CLINIC IS THE FIRST AND LARGEST INTEGRATED, NOT-FOR-PROFIT GROUP PRACTICE IN THE WORLD DOCTORS FROM EVERY MEDICAL SPECIALTY WORK TOGETHER TO CARE FOR PATIENTS, JOINED BY COMMON SYSTEMS AND A PHILOSOPHY OF "THE NEEDS OF THE PATIENT COME FIRST" 4,500 STAFF PHYSICIANS AND SCIENTISTS, 2,400 RESIDENTS, FELLOWS, AND STUDENTS, AND 57,100 ALLIED HEALTH STAFF WORK AT MAYO CLINIC, WHICH HAS SITES IN ROCHESTER, MINNESOTA, JACKSONVILLE, FLORIDA, AND SCOTTSDALE/PHOENIX, ARIZONA, AS WELL AS A REGIONAL NETWORK OF HOSPITALS AND CLINICS IN MINNESOTA, WISCONSIN, IOWA, AND GEORGIA COLLECTIVELY, MORE THAN 13 MILLION PEOPLE ARE TREATED EACH YEAR SPECIFICALLY, THE FILING ORGANIZATION PROVIDES HOSPITAL SERVICES AT THE ROCHESTER, MINNESOTA LOCATIONS FOR MORE SPECIFIC DESCRIPTION, SEE THE RESPONSE TO CORE FORM, PART III, STATEMENT OF PROGRAM ACCOMPLISHMENTS, LINE 4A (REPORTED IN SCHEDULE O)

Form and Line Reference	Explanation
PART VI, LINE 7	NEITHER THE FILING ORGANIZATION, NOR ANY RELATED ORGANIZATION, FILES A COMMUNITY BENEFIT REPORT WITH ANY STATE OTHER THAN THE EXTENT TO WHICH COMMUNITY BENEFIT INFORMATION IS INCLUDED IN OTHER REPORTING REQUIREMENTS SUCH AS INFORMATION PROVIDED TO A STATE HOSPITAL ASSOCIATION

Additional Data

Software ID:
Software Version:
EIN: 41-0944601
Name: MAYO CLINIC HOSPITAL - ROCHESTER

Form 990 Schedule H, Part V Section A. Hospital Facilities

Section A. Hospital Facilities

(List in order of size from largest to smallest—see instructions)

How many hospital facilities did the organization operate during the tax year?

1

Name, address, primary website address, and state license number

	Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (Describe)	Facility reporting group
1 MAYO CLINIC HOSPITAL-ROCHESTER 1216 2ND STREET SW ROCHESTER, MN 55905 WWW.MAYOCLINIC.ORG 00428	X	X	X	X		X	X			

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22

Part III can be duplicated if additional space is needed

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
(1) FINANCIAL ASSISTANCE	5	12,001			
(2) NURSING SCHOLARSHIPS	85	222,500			
(3) MEDICAL STUDENT STIPENDS	6	36,599			

Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

Return Reference	Explanation
PART I, LINE 2	TRANSFERS OR GRANTS TO TAX-EXEMPT ORGANIZATIONS AND/OR AFFILIATED TAX-EXEMPT ORGANIZATIONS WILL BE USED PURSUANT TO THE POLICIES AND PROCEDURES OF THE GRANTEE ORGANIZATIONS AND TO FURTHER THE EXEMPT PURPOSES OF THE GRANTEE ORGANIZATIONS BOTH THE FILING ORGANIZATION AND THE GRANTEE ORGANIZATION MAINTAIN ADEQUATE BOOKS AND RECORDS OF SUCH TRANSFERS OR GRANTS NO ADDITIONAL MONITORING IS PERFORMED MAYO CLINIC HOSPITAL - ROCHESTER PROVIDES SHORT-TERM FINANCIAL ASSISTANCE TO EMPLOYEES EXPERIENCING TEMPORARY HARDSHIPS GRANTS ARE PROVIDED BASED ON A PROVEN NEED AND ARE NOT MONITORED NURSING SCHOLARSHIPS ARE AVAILABLE TO EMPLOYEES OF MAYO CLINIC HOSPITAL - ROCHESTER TO OFFSET THE COST OF TUITION, BOOKS, OR OTHER EXPENSES RELATED TO ATTENDING A NURSING PROGRAM SCHOLARSHIPS ARE NOT MONITORED ONCE AWARDED TO THE RECIPIENT MEDICAL STUDENT STIPENDS ARE MOSTLY PAID TO STUDENTS IN THE MAYO GRADUATE SCHOOL, THE MD/PHD PROGRAM AND SELECT PROGRAMS (MOSTLY RESIDENCIES OR FELLOWSHIPS) IN THE MAYO SCHOOL OF HEALTH SCIENCES TO HELP OFFSET THE COST OF THE STUDENT'S LIVING EXPENSES AND ARE NOT MONITORED

Schedule J
(Form 990)

Compensation Information

OMB No 1545-0047

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
- ▶ Attach to Form 990.

▶ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

2015

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
MAYO CLINIC HOSPITAL - ROCHESTER

Employer identification number

41-0944601

Part I Questions Regarding Compensation

	Yes	No								
<p>1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.</p> <table style="width: 100%; border: none;"> <tr> <td><input type="checkbox"/> First-class or charter travel</td> <td><input type="checkbox"/> Housing allowance or residence for personal use</td> </tr> <tr> <td><input type="checkbox"/> Travel for companions</td> <td><input type="checkbox"/> Payments for business use of personal residence</td> </tr> <tr> <td><input checked="" type="checkbox"/> Tax indemnification and gross-up payments</td> <td><input type="checkbox"/> Health or social club dues or initiation fees</td> </tr> <tr> <td><input type="checkbox"/> Discretionary spending account</td> <td><input checked="" type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)</td> </tr> </table>	<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use	<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence	<input checked="" type="checkbox"/> Tax indemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees	<input type="checkbox"/> Discretionary spending account	<input checked="" type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)		
<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use									
<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence									
<input checked="" type="checkbox"/> Tax indemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees									
<input type="checkbox"/> Discretionary spending account	<input checked="" type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)									
<p>b If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain.</p>	Yes									
<p>2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?</p>	Yes									
<p>3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.</p> <table style="width: 100%; border: none;"> <tr> <td><input type="checkbox"/> Compensation committee</td> <td><input type="checkbox"/> Written employment contract</td> </tr> <tr> <td><input type="checkbox"/> Independent compensation consultant</td> <td><input type="checkbox"/> Compensation survey or study</td> </tr> <tr> <td><input type="checkbox"/> Form 990 of other organizations</td> <td><input type="checkbox"/> Approval by the board or compensation committee</td> </tr> </table>	<input type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract	<input type="checkbox"/> Independent compensation consultant	<input type="checkbox"/> Compensation survey or study	<input type="checkbox"/> Form 990 of other organizations	<input type="checkbox"/> Approval by the board or compensation committee				
<input type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract									
<input type="checkbox"/> Independent compensation consultant	<input type="checkbox"/> Compensation survey or study									
<input type="checkbox"/> Form 990 of other organizations	<input type="checkbox"/> Approval by the board or compensation committee									
<p>4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization:</p> <p>a Receive a severance payment or change-of-control payment?</p> <p>b Participate in, or receive payment from, a supplemental nonqualified retirement plan?</p> <p>c Participate in, or receive payment from, an equity-based compensation arrangement?</p> <p>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.</p>		No								
<p>4a</p>		No								
<p>4b</p>	Yes									
<p>4c</p>		No								
<p>5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:</p> <p>a The organization?</p> <p>b Any related organization?</p> <p>If "Yes," on line 5a or 5b, describe in Part III.</p>		No								
<p>5a</p>		No								
<p>5b</p>		No								
<p>6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:</p> <p>a The organization?</p> <p>b Any related organization?</p> <p>If "Yes," on line 6a or 6b, describe in Part III.</p>		No								
<p>6a</p>		No								
<p>6b</p>		No								
<p>7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III.</p>		No								
<p>7</p>		No								
<p>8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.</p>		No								
<p>8</p>		No								
<p>9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</p>										
<p>9</p>										

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii) Do not list any individuals that are not listed on Form 990, Part VII

Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual

(A) Name and Title	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column(B) reported as deferred on prior Form 990
	Base (i) compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
See Additional Data Table							

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Return Reference	Explanation
PART I, LINE 1A	EMPLOYEES PERFORMING WORK OUTSIDE THEIR HOME STATE RECEIVE A SUPPLEMENTAL PAYMENT TO HELP OFFSET THE COST OF THE STATE INCOME TAXES INCURRED AS A RESULT OF HAVING TO WORK IN A DIFFERENT STATE. IN 2015, ONE OR MORE LISTED PERSONS RECEIVED THIS SUPPLEMENTAL PAYMENT. THE PERSONAL SERVICES THAT WERE PROVIDED ARE INCOME TAX PREPARATION SERVICES THAT, IN ACCORDANCE WITH MAYO POLICY, ARE AVAILABLE TO MAYO CLINIC VOTING/CONSULTING STAFF. SEVERAL OF THE CURRENT AND FORMER OFFICERS, DIRECTORS, AND KEY EMPLOYEES LISTED ON THIS RETURN RECEIVED THIS SERVICE, WHICH WAS TREATED AS TAXABLE COMPENSATION TO THE INDIVIDUALS.
PART I, LINE 3	THE FILING ORGANIZATION RELIED ON A RELATED ORGANIZATION FOR ESTABLISHING THE TOP MANAGEMENT OFFICIAL'S COMPENSATION. SEE CORE 990 PART VI SECTION B LINE 15 FOR FURTHER INFORMATION REGARDING THE PROCESS UTILIZED.
PART I, LINE 4B	THIS ENTITY OR ITS AFFILIATE HAS A SUPPLEMENTAL RETIREMENT PLAN (SRP) DESIGNED TO ROUGHLY APPROXIMATE AN EXTENSION OF THE BENEFITS UNDER THE MAYO PENSION PLAN TO INCOME ABOVE THE INTERNAL REVENUE CODE QUALIFIED PLAN LIMIT IN SECTION 401(A)(17). STARTING JANUARY 1, 2011, ALL SRP BENEFITS ARE PAID AS AN ANNUAL TAXABLE CASH PAYMENT. THE FOLLOWING INDIVIDUALS PARTICIPATED IN OR RECEIVED A PAYMENT FROM THE SUPPLEMENTAL RETIREMENT PLAN. AMOUNTS ARE INCLUDED IN SCHEDULE J, PART II, COLUMN (B)(III): ADKINS JR, KEDRICK D \$ 68,550; AGERTER M D, DAVID C \$ 67,586; BOLTON, JEFFREY W \$ 152,277; GABRIELSON, SHARON R \$ 0; GERTZ M D, MORIE A \$ 76,752; GORES M D, GREGORY J \$ 103,040; GOSTOUT M D, BOBBIE S \$ 71,190; GRACE, RICHARD W \$ 0; HANSON M D, CURTIS A \$ 44,989; HARPER JR, M D, CHARLES M \$ 157,231; JOHNSON, PAMELA O \$ 28,318; KOCH, MARK B \$ 33,730; KRUSE, JOSEPH J \$ 7,434; LINDAHL, ROGER A \$ 630; LINTON M D, RANDALL L \$ 0; MORICE M D, WILLIAM G \$ 29,121; MURPHY, JOSHUA B \$ 0; NARR M D, BRADLY J \$ 60,052; NELSON M D, HEIDI \$ 80,575; NESSE M D, ROBERT E \$ 137,631; NOSEWORTHY M D, JOHN H \$ 458,059; OVIATT, JONATHAN J \$ 75,908; ROCK M D, MICHAEL G \$ 93,122; SANDEEN, DARRELL L \$ 12,736; SANTRACH M D, PAULA J \$ 32,868; WALD M D, JOHN T \$ 85,545; WARNER M D, MARK A \$ 98,345; WEBER, JOAN A \$ 0; WHITED M D, BRIAN L \$ 0; WILLIAMS M D, AMY W \$ 12,546; WILLIAMSON, MARY J \$ 29,457.
PART II	COMPENSATION PAID TO BOARD MEMBERS IS PRIMARILY FOR PROFESSIONAL RESPONSIBILITIES AS PHYSICIANS, ADMINISTRATORS, OR EMPLOYEES OF THE ORGANIZATION.

Additional Data

Software ID:
Software Version:
EIN: 41-0944601
Name: MAYO CLINIC HOSPITAL - ROCHESTER

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 ADKINS JR KEDRICK D DIRECTOR	(i)	0	0	0	0	0	0	0
	(ii)	----- 787,735	----- 0	----- 85,937	----- 47,641	----- 16,448	----- 937,761	----- 0
1 AGERTER MD DAVID C DIRECTOR	(i)	0	0	0	0	0	0	0
	(ii)	----- 523,301	----- 0	----- 74,291	----- 10,639	----- 15,567	----- 623,798	----- 0
2 BOLTON JEFFREY W VICE CHAIR/DIRECTOR	(i)	0	0	0	0	0	0	0
	(ii)	----- 861,181	----- 0	----- 163,028	----- 50,700	----- 16,644	----- 1,091,553	----- 0
3 GABRIELSON SHARON R DIRECTOR	(i)	0	0	0	0	0	0	0
	(ii)	----- 263,239	----- 0	----- 1,016	----- 43,230	----- 15,328	----- 322,813	----- 0
4 GERTZ MD MORIE A DIRECTOR	(i)	0	0	0	0	0	0	0
	(ii)	----- 561,565	----- 0	----- 83,909	----- 10,621	----- 15,690	----- 671,785	----- 0
5 GORES MD GREGORY J DIRECTOR	(i)	0	0	0	0	0	0	0
	(ii)	----- 697,099	----- 0	----- 112,400	----- 49,949	----- 26,326	----- 885,774	----- 0
6 GOSTOUT MD BOBBIE S DIRECTOR	(i)	0	0	0	0	0	0	0
	(ii)	----- 545,128	----- 0	----- 78,621	----- 52,956	----- 4,860	----- 681,565	----- 0
7 GRACE RICHARD W DIRECTOR	(i)	0	0	0	0	0	0	0
	(ii)	----- 338,139	----- 0	----- 997	----- 10,607	----- 13,841	----- 363,584	----- 0
8 HANSON MD CURTIS A DIRECTOR	(i)	0	0	0	0	0	0	0
	(ii)	----- 408,477	----- 0	----- 77,933	----- 50,715	----- 15,296	----- 552,421	----- 0
9 HARPER JR MD CHARLES M VICE CHAIR/DIRECTOR	(i)	0	0	0	0	0	0	0
	(ii)	----- 910,714	----- 0	----- 171,509	----- 52,766	----- 22,828	----- 1,157,817	----- 0
10 JOHNSON PAMELA O DIRECTOR	(i)	374,390	0	31,350	10,653	13,918	430,311	0
	(ii)	----- 0	----- 0	----- 0	----- 0	----- 0	----- 0	----- 0
11 KOCH MARK B DIRECTOR	(i)	0	0	0	0	0	0	0
	(ii)	----- 446,213	----- 0	----- 36,983	----- 10,710	----- 12,967	----- 506,873	----- 0
12 KRUSE JOSEPH J DIRECTOR	(i)	0	0	0	0	0	0	0
	(ii)	----- 290,161	----- 0	----- 11,305	----- 46,805	----- 21,026	----- 369,297	----- 0
13 LINTON MD RANDALL L DIRECTOR	(i)	0	0	0	0	0	0	0
	(ii)	----- 576,367	----- 0	----- 7,806	----- 82,436	----- 21,740	----- 688,349	----- 0
14 MEYERS ANN M DIRECTOR	(i)	0	0	0	0	0	0	0
	(ii)	----- 255,493	----- 0	----- 24,265	----- 31,960	----- 14,717	----- 326,435	----- 0
15 MORICE MD WILLIAM G DIRECTOR	(i)	0	0	0	0	0	0	0
	(ii)	----- 463,464	----- 0	----- 38,659	----- 37,354	----- 21,794	----- 561,271	----- 0
16 NARR MD BRADLY J DIRECTOR	(i)	0	0	0	0	0	0	0
	(ii)	----- 481,066	----- 0	----- 67,114	----- 31,549	----- 18,049	----- 597,778	----- 0
17 NELSON MD HEIDI DIRECTOR	(i)	0	0	0	0	0	0	0
	(ii)	----- 542,612	----- 0	----- 98,288	----- 57,858	----- 20,003	----- 718,761	----- 0
18 NESSE MD ROBERT E DIRECTOR	(i)	0	0	0	0	0	0	0
	(ii)	----- 769,366	----- 0	----- 148,330	----- 10,600	----- 17,553	----- 945,849	----- 0
19 NOSEWORTHY MD JOHN H CEO/PRESIDENT/DIRECTOR	(i)	0	0	0	0	0	0	0
	(ii)	----- 1,960,565	----- 0	----- 481,459	----- 59,031	----- 20,103	----- 2,521,158	----- 0

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees								
(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
21SANTRACH MD PAULA J DIRECTOR	(i)	0	0	0	0	0	0	0
	(ii)	-	-	-	-	-	-	-
		384,093	0	38,454	55,656	11,738	489,941	0
1STELLNER WINSTON L DIRECTOR	(i)	0	0	0	0	0	0	0
	(ii)	-	-	-	-	-	-	-
		188,442	0	477	22,047	20,397	231,363	0
2WALD MD JOHN T DIRECTOR	(i)	0	0	0	0	0	0	0
	(ii)	-	-	-	-	-	-	-
		577,695	0	87,764	42,789	21,636	729,884	0
3WARNER MD MARK A DIRECTOR	(i)	0	0	0	0	0	0	0
	(ii)	-	-	-	-	-	-	-
		626,104	0	107,111	10,639	15,894	759,748	0
4WEBER JOAN A DIRECTOR	(i)	0	0	0	0	0	0	0
	(ii)	-	-	-	-	-	-	-
		290,387	0	2,330	37,443	8,476	338,636	0
5WHITED MD BRIAN L DIRECTOR	(i)	0	0	0	0	0	0	0
	(ii)	-	-	-	-	-	-	-
		473,513	0	2,888	49,069	20,562	546,032	0
6WILLIAMS MD AMY W VICE CHAIR/DIRECTOR	(i)	0	0	0	0	0	0	0
	(ii)	-	-	-	-	-	-	-
		281,672	0	14,967	45,478	3,009	345,126	0
7WILLIAMSON MARY J SECRETARY/TREASURER/DIRECTOR	(i)	0	0	0	0	0	0	0
	(ii)	-	-	-	-	-	-	-
		444,926	0	31,028	28,730	21,214	525,898	0
8YTTERBERG MD KAREN L DIRECTOR	(i)	0	0	0	0	0	0	0
	(ii)	-	-	-	-	-	-	-
		211,730	0	2,693	44,485	2,786	261,694	0
9HUBERT SHERRY L ASST SECRETARY	(i)	0	0	0	0	0	0	0
	(ii)	-	-	-	-	-	-	-
		253,502	0	1,081	36,051	20,605	311,239	0
10LINDAHL ROGER A ASST TREASURER	(i)	0	0	0	0	0	0	0
	(ii)	-	-	-	-	-	-	-
		264,566	0	2,546	47,255	22,445	336,812	0
11MURPHY JOSHUA B ASST SECRETARY	(i)	0	0	0	0	0	0	0
	(ii)	-	-	-	-	-	-	-
		443,541	0	3,982	36,550	21,198	505,271	0
12OVIATT JONATHAN J ASST SECRETARY	(i)	0	0	0	0	0	0	0
	(ii)	-	-	-	-	-	-	-
		538,678	0	83,618	55,179	24,019	701,494	0
13SANDEEN DARRELL L ASST TREASURER	(i)	0	0	0	0	0	0	0
	(ii)	-	-	-	-	-	-	-
		311,478	0	13,937	42,242	14,219	381,876	0
14ACKERMAN FRANKLIN K ASSOC ADMIN-HOSPITAL OPS	(i)	174,616	0	1,390	28,651	16,219	220,876	0
	(ii)	-	-	-	-	-	-	-
		39,010	0	16,220	793	4,259	60,282	0
15DILLON KEVIN R CHIEF PHARMACY OFFICER	(i)	214,218	0	1,404	33,694	19,109	268,425	0
	(ii)	-	-	-	-	-	-	-
		0	0	0	0	0	0	0
16ZWYGART AMY M VICE CHAIR NURSING	(i)	215,163	0	817	27,838	8,692	252,510	0
	(ii)	-	-	-	-	-	-	-
		0	0	0	0	0	0	0
17BERGRUD KAREN J SR DIRECTOR-PHARMACY	(i)	185,921	0	4,050	7,550	13,395	210,916	0
	(ii)	-	-	-	-	-	-	-
		0	0	0	0	0	0	0
18CHRISTIANSSEN PHILIP R MGR-PHARM OPS-MED PROD	(i)	178,814	0	14,137	34,626	13,347	240,924	0
	(ii)	-	-	-	-	-	-	-
		0	0	0	0	0	0	0
19GAINES KIM A ADMIN NURSING	(i)	181,835	0	1,704	34,981	8,586	227,106	0
	(ii)	-	-	-	-	-	-	-
		0	0	0	0	0	0	0

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
4 JONES KRISTI LRN	(i)	232,826	0	5,974	29,956	8,945	277,701	0
	(ii)	-	-	-	-	-	-	-
		0	0	0	0	0	0	0
1 OYEN LANCE J ASSOC CHIEF PHARM OFF- PRACT/RS	(i)	186,087	0	937	17,746	19,927	224,697	0
	(ii)	-	-	-	-	-	-	-
		0	0	0	0	0	0	0
2 BROWN WILLIAM A FORMER OFFICER	(i)	0	0	0	0	0	0	0
	(ii)	-	-	-	-	-	-	-
		220,316	0	3,176	45,658	17,111	286,261	0
3 ROCK MD MICHAEL G FORMER OFFICER	(i)	0	0	0	0	0	0	0
	(ii)	-	-	-	-	-	-	-
		631,970	0	107,316	8,403	15,914	763,603	0

Schedule L (Form 990 or 990-EZ)

Transactions with Interested Persons

OMB No 1545-0047

Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

Attach to Form 990 or Form 990-EZ.

Information about Schedule L (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

2015

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization MAYO CLINIC HOSPITAL - ROCHESTER

Employer identification number 41-0944601

Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only) Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

Table with 5 columns: (a) Name of disqualified person, (b) Relationship between disqualified person and organization, (c) Description of transaction, (d) Corrected? (Yes/No)

2 Enter the amount of tax incurred by organization managers or disqualified persons during the year under section 4958 \$
3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization \$

Part II Loans to and/or From Interested Persons. Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26, or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22

Table with 10 columns: (a) Name of interested person, (b) Relationship with organization, (c) Purpose of loan, (d) Loan to or from the organization? (To/From), (e) Original principal amount, (f) Balance due, (g) In default? (Yes/No), (h) Approved by board or committee? (Yes/No), (i) Written agreement? (Yes/No)

Part III Grants or Assistance Benefiting Interested Persons. Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

Table with 5 columns: (a) Name of interested person, (b) Relationship between interested person and the organization, (c) Amount of assistance, (d) Type of assistance, (e) Purpose of assistance

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) ELIZABETH M MORICE	FAMILY MEMBER OF DIRECTOR WILLIAM MORICE M D	12,715	COMPENSATION		No

Part V Supplemental Information

Provide additional information for responses to questions on Schedule L (see instructions)

Return Reference	Explanation
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SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at
www.irs.gov/form990.

OMB No 1545-0047

2015

**Open to Public
Inspection**

Name of the organization
MAYO CLINIC HOSPITAL - ROCHESTER

Employer identification number

41-0944601

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 2	<p>THE FOLLOWING INDIVIDUAL(S) IS/ARE EMPLOYED BY A RELATED ORGANIZATION WILLIAMS M D , AMY W , MEYERS, ANN M , HANSON M D , CURTIS A , WILLIAMSON, MARY J , WARNER M D , MARK A , NELSON M D , HEIDI, MORICE M D , WILLIAM G , HARPER JR , M D , CHARLES M , GOSTOUT M D , BOBBIE S , GORES M D , GREGORY J , GERTZ M D , MORIE A , WALD M D , JOHN T , NARR M D , BRADLY J , SANTRACH M D , PAULA J , NESSE M D , ROBERT E , WHITED M D , BRIAN L , YTTERBERG M D , KAREN L , KOCH, MARK B , GABRIELSON, SHARON R , AGERTER M D , DAVID C RESULTING IN A BUSINESS RELATIONSHIP WITH THE FOLLOWING INDIVIDUAL(S) WHO IS/ARE ASSOCIATED WITH THE RELATED ORGANIZATION AS AN OFFICER, DIRECTOR, OR TRUSTEE JOHNSON, PAMELA O , OVIATT, JONATHAN J , NOSEWORTHY M D , JOHN H , MURPHY, JOSHUA B , HUBERT, SHERRY L , BOLTON, JEFFREY W , ADKINS JR , KEDRICK D , WEBER, JOAN A , WILLIAMSON, MARY J , HARPER JR , M D , CHARLES M , GOSTOUT M D , BOBBIE S THE FOLLOWING INDIVIDUAL(S) IS/ARE EMPLOYED BY A RELATED ORGANIZATION SANDEEN, DARRELL L , LINDAHL, ROGER A , OVIATT, JONATHAN J , NOSEWORTHY M D , JOHN H , MURPHY, JOSHUA B , HUBERT, SHERRY L , BOLTON, JEFFREY W , ADKINS JR , KEDRICK D , WEBER, JOAN A , STELLNER, WINSTON L , NESSE M D , ROBERT E , GABRIELSON, SHARON R RESULTING IN A BUSINESS RELATIONSHIP WITH THE FOLLOWING INDIVIDUAL(S) WHO IS/ARE ASSOCIATED WITH THE RELATED ORGANIZATION AS AN OFFICER, DIRECTOR, OR TRUSTEE LINDAHL, ROGER A , OVIATT, JONATHAN J , MURPHY, JOSHUA B , HUBERT, SHERRY L , ADKINS JR , KEDRICK D , GABRIELSON, SHARON R THE FOLLOWING INDIVIDUAL(S) IS/ARE EMPLOYED BY A RELATED ORGANIZATION GRACE, RICHARD W RESULTING IN A BUSINESS RELATIONSHIP WITH THE FOLLOWING INDIVIDUAL(S) WHO IS/ARE ASSOCIATED WITH THE RELATED ORGANIZATION AS AN OFFICER, DIRECTOR, OR TRUSTEE NESSE M D , ROBERT E , WHITED M D , BRIAN L , KOCH, MARK B THE FOLLOWING INDIVIDUAL(S) IS/ARE EMPLOYED BY A RELATED ORGANIZATION LINTON M D , RANDALL L , RESULTING IN A BUSINESS RELATIONSHIP WITH THE FOLLOWING INDIVIDUAL(S) WHO IS/ARE ASSOCIATED WITH THE RELATED ORGANIZATION AS AN OFFICER, DIRECTOR, OR TRUSTEE NESSE M D , ROBERT E , SANTRACH M D , PAULA J KRUSE, JOSEPH J , WHITED M D , BRIAN L , YTTERBERG M D , KAREN L , GABRIELSON, SHARON R HAVE A BUSINESS RELATIONSHIP AS THEY SERVE AS AN OFFICER, DIRECTOR, OR TRUSTEE OF HEALTH TRADITION HEALTH PLAN, A RELATED TAXABLE ENTITY LINDAHL, ROGER A , HUBERT, SHERRY L HAVE A BUSINESS RELATIONSHIP AS THEY SERVE AS AN OFFICER, DIRECTOR, OR TRUSTEE OF MAYO CLINIC SUPPORT SERVICES, TEXAS, A RELATED TAXABLE ENTITY LINDAHL, ROGER A , OVIATT, JONATHAN J , MURPHY, JOSHUA B , HUBERT, SHERRY L , ADKINS JR , KEDRICK D , GABRIELSON, SHARON R HAVE A BUSINESS RELATIONSHIP AS THEY SERVE AS AN OFFICER, DIRECTOR, OR TRUSTEE OF MAYO HOLDING COMPANY, A RELATED TAXABLE ENTITY OVIATT, JONATHAN J , MURPHY, JOSHUA B HAVE A BUSINESS RELATIONSHIP AS THEY SERVE AS AN OFFICER, DIRECTOR, OR TRUSTEE OF MAYO INSURANCE COMPANY, LTD, A RELATED TAXABLE ENTITY SANDEEN, DARRELL L , NESSE M D , ROBERT E , GABRIELSON, SHARON R HAVE A BUSINESS RELATIONSHIP AS THEY SERVE AS AN OFFICER, DIRECTOR, OR TRUSTEE OF MMSI, INC, A RELATED TAXABLE ENTITY</p>

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 3	MAYO CLINIC, MAYO FOUNDATION FOR MEDICAL EDUCATION AND RESEARCH, AND OTHER RELATED COMPANIES PROVIDE MANAGEMENT SERVICES TO THE ENTIRE SYSTEM OF ENTITIES SINCE THE ENTITIES ARE RELATED ORGANIZATIONS, COMPENSATION FOR THE OFFICERS, DIRECTORS, KEY EMPLOYEES, AND HIGHEST COMPENSATED EMPLOYEES HAS BEEN DISCLOSED IN PART VII AND SCHEDULE J AS REQUIRED

Return Reference**Explanation**

FORM 990, PART VI, SECTION A, LINE 6

THE SOLE CORPORATE MEMBER IS MAYO CLINIC

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7A	THE MEMBER IS RESPONSIBLE FOR APPOINTING REPLACEMENT DIRECTORS FOR VACANCIES OCCURRING BEFORE TERM EXPIRATIONS

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7B	THE MEMBER MUST APPROVE MANAGEMENT OF PROPERTY AND ASSETS, MERGERS AND CONSOLIDATIONS, AND AMENDMENTS TO ARTICLES OF INCORPORATION AND BYLAWS

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11	THE FORM 990 IS PREPARED BY MAYO CORPORATE TAX WITH ASSISTANCE FROM SITE ACCOUNTING STAFF. THE TAX RETURN GOES THROUGH TWO LEVELS OF REVIEW WITHIN THE CORPORATE TAX UNIT. IT IS THEN REVIEWED BY FINANCE STAFF. A COPY OF THE FORM 990 IS THEN PROVIDED TO EACH MEMBER OF THE FILING ORGANIZATION'S GOVERNING BODY VIA US MAIL, E-MAIL, OR DISTRIBUTION AT A BOARD MEETING. ALL QUESTIONS ARE ADDRESSED PRIOR TO FILING THE FORM 990.

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	<p>MAYO CLINIC AND ITS AFFILIATES HAVE A COMPREHENSIVE CONFLICT OF INTEREST POLICY APPLICABLE TO ALL OF THE AFFILIATED ENTITIES AND TO ALL DIRECTORS, OFFICERS, AND EMPLOYEES OF THOSE ENTITIES. ALL CURRENT AND FORMER OFFICERS, DIRECTORS, TRUSTEES, KEY EMPLOYEES AND HIGHEST COMPENSATED EMPLOYEES WHO WE ANTICIPATE WILL BE LISTED ON A FORM 990 ARE ASKED TO COMPLETE AN "ANNUAL TAX AND COMPLIANCE DISCLOSURE" FORM. THIS INFORMATION IS REVIEWED BY BOTH THE CORPORATE TAX DEPARTMENT AND THE OFFICE OF CONFLICT OF INTEREST REVIEW. ALL DISCLOSURES OF CURRENT OR PROPOSED ACTIVITY THAT REQUIRE ACTION UNDER THE POLICY ARE THE SUBJECT OF ONGOING REVIEW AND ACTION THROUGH THE OFFICE OF CONFLICT OF INTEREST REVIEW AND THE CONFLICT OF INTEREST REVIEW BOARD. INVOLVED INDIVIDUALS ARE INFORMED OF ALL REQUIRED ACTION. MANY TYPES OF RELATIONSHIPS THAT COULD CREATE CONFLICTS OF INTEREST ARE PROHIBITED. OTHER TYPES OF RELATIONSHIPS ARE PERMITTED SUBJECT TO COMPLIANCE WITH THE MANAGEMENT PLAN ESTABLISHED BY THE CONFLICT OF INTEREST REVIEW BOARD. A COMMON MANAGEMENT STRATEGY FOR PERMITTED ACTIVITIES IS TO REQUIRE BILATERAL RECUSAL AND APPROPRIATE DOCUMENTATION IN THE MINUTES OF MAYO CLINIC (AND/OR AFFILIATE) AND THE OUTSIDE ENTITY. ADDITIONAL CONFLICT OF INTEREST POLICIES AND PROCEDURES EXIST FOR CERTAIN ENTITIES CONCERNING RESEARCH CONTRACTS AND OTHER TYPES OF POTENTIAL CONFLICTS.</p>

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	<p>THE FILING ORGANIZATION IS AN AFFILIATE OF MAYO CLINIC. MAYO CLINIC AND ITS AFFILIATES HAVE A COORDINATED PROCESS FOR REVIEWING AND APPROVING COMPENSATION AND BENEFITS FOR PHYSICIANS, EXECUTIVE AND SENIOR ADMINISTRATIVE LEADERSHIP, ALONG WITH ALLIED HEALTH STAFF. IN ADDITION TO ANY REVIEW AND APPROVAL THAT MAY TAKE PLACE AT THE LOCAL ENTITY OR REGIONAL LEVEL, THE FOLLOWING INDEPENDENT APPROVAL PROCESS OCCURS ANNUALLY PRIOR TO IMPLEMENTATION OF THE RESPECTIVE COMPENSATION INCREASE. THE COMPENSATION AND BENEFITS OF THE CHIEF EXECUTIVE OFFICER (CEO) AND THE CHIEF ADMINISTRATIVE OFFICER (CAO) WERE REVIEWED AND APPROVED BY THE PROCESS DESCRIBED BELOW FOR EXECUTIVE LEADERSHIP. THE COMPENSATION AND BENEFITS OF THE EXECUTIVE LEADERSHIP FOR ALL CAMPUSES, INCLUDING THE MAYO CLINIC HEALTH SYSTEM LOCATIONS, ARE REVIEWED AND APPROVED BY THE MAYO CLINIC BOARD OF TRUSTEES GOVERNANCE AND NOMINATING COMMITTEE. THE MAYO CLINIC BOARD OF TRUSTEES GOVERNANCE AND NOMINATING COMMITTEE IS COMPRISED OF NINE OF THE EXTERNAL INDEPENDENT MEMBERS OF THE MAYO CLINIC BOARD OF TRUSTEES. THIS GROUP REVIEWS AND APPROVES THE COMPENSATION AND BENEFIT PROGRAMS FOR PHYSICIANS FROM ALL CAMPUSES, AS WELL AS CERTAIN SENIOR ADMINISTRATIVE AND EXECUTIVE LEADERSHIP (INCLUDING ALL PERSONS BELIEVED TO BE DISQUALIFIED PERSONS). THIS PROCESS ESTABLISHES ACCEPTABLE RANGES FOR VARIOUS POSITIONS, LEVELS, AND SPECIALTIES. THE COMMITTEE USES COMPARABILITY DATA (INCLUDING THIRD-PARTY BENCHMARKING SURVEYS) IN ITS REVIEW AND DOCUMENTS DECISIONS IN ITS MINUTES. IN ADDITION, THE MAYO CLINIC BOARD OF TRUSTEES GOVERNANCE AND NOMINATING COMMITTEE DIRECTLY RETAINS AN INDEPENDENT THIRD-PARTY COMPENSATION CONSULTANT TO PROVIDE RELEVANT, CONTEMPORANEOUS BENCHMARK INFORMATION FOR A SMALL GROUP OF SENIOR PHYSICIAN, ADMINISTRATIVE, AND EXECUTIVE LEADERSHIP POSITIONS FOR WHICH AN INDIVIDUALIZED REVIEW AND RECOMMENDATION IS MADE.</p>

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 19	THE FILING ORGANIZATION'S GOVERNING DOCUMENTS ARE NOT AVAILABLE TO THE PUBLIC. THE CONFLICT OF INTEREST POLICY IS AVAILABLE UPON REQUEST AND ALSO ON THE MAYOCLINIC.ORG WEBSITE. THE FILING ORGANIZATION IS A HOSPITAL AFFILIATED WITH MAYO CLINIC. AS SUCH, MAYO CLINIC'S CONSOLIDATED AUDITED FINANCIAL STATEMENTS ARE ATTACHED TO THE FILING ORGANIZATION'S FORM 990 AND WOULD BE AVAILABLE UPON REQUEST OF THE FORM 990.

Return Reference	Explanation
FORM 990, PART IX, LINE 11G	IC PURCHASED SERVICES PROGRAM SERVICE EXPENSES 190,822,323 MANAGEMENT AND GENERAL EXPENSES 108,929,121 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 299,751,444 OTHER PURCHASED SERVICES PROGRAM SERVICE EXPENSES 20,021,313 MANAGEMENT AND GENERAL EXPENSES 960,281 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 20,981,594

Return Reference	Explanation
FORM 990, PART XI, LINE 9	PENSION-POST RETIREMENT (PER FASB A 6,534,466

Return Reference	Explanation
FORM 990, PART I, LINE 4 & PART VI, LINE 1B	INDEPENDENT VOTING BOARD MEMBERS OF THE GOVERNING BODY - THE BOARD OF TRUSTEES OF MAYO CLINIC, THE PARENT ENTITY OF MAYO CLINIC-AFFILIATED ENTITIES, IS COMPRISED OF MORE THAN 50% PUBLIC TRUSTEES

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No 1545-0047

2015

**Open to Public
Inspection**

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

▶ Attach to Form 990.

▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

Department of the Treasury
Internal Revenue Service

Name of the organization
MAYO CLINIC HOSPITAL - ROCHESTER

Employer identification number

41-0944601

Part I Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Part II Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
See Additional Data Table							

Part III Identification of Related Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) FRANKLIN HEATING STATION 119 THIRD ST SW ROCHESTER, MN 55902 41-0264830	UTILITY	MN	MAYO CLINIC	EXCLUDED	17	8,353,074		No		Yes		15.950 %
(2) LATIGO PETROLEUM LLC PO BOX 14230 ODESSA, TX 79768 36-4767494	OIL & GAS EXPLORATION	DE	N/A									
(3) WATERSHED CAP INSTL PRTNRS III LP ONE MARITIME PLAZA SUITE 1525 SAN FRANCISCO, CA 94111 46-2982848	INVESTMENT ACTIVITIES	DE	N/A									

Part IV Identification of Related Organizations Taxable as a Corporation or Trust Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
See Additional Data Table									

Part V Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

- a** Receipt of **(i)** interest, **(ii)** annuities, **(iii)** royalties, or **(iv)** rent from a controlled entity
- b** Gift, grant, or capital contribution to related organization(s)
- c** Gift, grant, or capital contribution from related organization(s)
- d** Loans or loan guarantees to or for related organization(s)
- e** Loans or loan guarantees by related organization(s)
- f** Dividends from related organization(s)
- g** Sale of assets to related organization(s)
- h** Purchase of assets from related organization(s)
- i** Exchange of assets with related organization(s)
- j** Lease of facilities, equipment, or other assets to related organization(s)
- k** Lease of facilities, equipment, or other assets from related organization(s)
- l** Performance of services or membership or fundraising solicitations for related organization(s)
- m** Performance of services or membership or fundraising solicitations by related organization(s)
- n** Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)
- o** Sharing of paid employees with related organization(s)
- p** Reimbursement paid to related organization(s) for expenses
- q** Reimbursement paid by related organization(s) for expenses
- r** Other transfer of cash or property to related organization(s)
- s** Other transfer of cash or property from related organization(s)

	Yes	No
1a		No
1b	Yes	
1c	Yes	
1d		No
1e		No
1f		No
1g		No
1h		No
1i		No
1j		No
1k	Yes	
1l	Yes	
1m	Yes	
1n	Yes	
1o		No
1p	Yes	
1q	Yes	
1r	Yes	
1s	Yes	

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
See Additional Data Table			

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R (see instructions)

Return Reference**Explanation**

Additional Data

Software ID:
Software Version:
EIN: 41-0944601
Name: MAYO CLINIC HOSPITAL - ROCHESTER

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
BLOOMER LAKEVIEW INC 2110 DUNCAN ROAD BLOOMER, WI 54724 39-1450617	LOW INCOME HOUSING	WI	501(C)(3)	7	MCHS--CHIPPEWA VALLEY INC	Yes	
CHARTERHOUSE INC 200 FIRST STREET SW ROCHESTER, MN 55905 41-1405254	RETIREMENT LIVING CENTER	MN	501(C)(3)	9	MAYO CLINIC	Yes	
DESTINATION MEDICAL CENTER EDA 50 SOUTH SIXTH STREET SUITE 1500 MINNEAPOLIS, MN 554021498 46-4893585	ECONOMIC DEVELOPMENT	MN	501(C)(3)	11-I	MAYO CLINIC	Yes	
GOLD CROSS AMBULANCE SERVICE 200 FIRST STREET SW ROCHESTER, MN 55905 41-1917516	AMBULANCE SERVICE	MN	501(C)(3)	9	MFMER	Yes	
LUTHER LAKESIDE APARTMENTS INC PO BOX 1510 EAU CLAIRE, WI 54702 39-1409024	LOW INCOME HOUSING FOR ELDERLY	WI	501(C)(3)	9	MCHS--EAU CLAIRE HOSPITAL INC	Yes	
MAYO CLINIC 200 FIRST STREET SW ROCHESTER, MN 55905 41-6011702	PATIENT CARE - CLINIC	MN	501(C)(3)	9	N/A	Yes	
MAYO CLINIC ARIZONA 13400 EAST SHEA BOULEVARD SCOTTSDALE, AZ 85259 86-0800150	HOSPITAL AND CLINIC	AZ	501(C)(3)	3	MAYO CLINIC	Yes	
MAYO CLINIC FLORIDA (A NONPROFIT CORPORATION) 4500 SAN PABLO ROAD JACKSONVILLE, FL 32224 59-0714831	HOSPITAL	FL	501(C)(3)	3	MAYO CLINIC JACKSONVILLE	Yes	
MAYO CLINIC HOSPITAL -- ROCHESTER 200 FIRST STREET SW ROCHESTER, MN 55905 41-0944601	HOSPITAL	MN	501(C)(3)	3	MAYO CLINIC	Yes	
MAYO CLINIC JACKSONVILLE 4500 SAN PABLO ROAD JACKSONVILLE, FL 32224 59-3337028	PATIENT CARE - CLINIC	FL	501(C)(3)	7	MAYO CLINIC	Yes	
MAYO FOUNDATION FOR MEDICAL EDUCATION AND RESEARCH 200 FIRST STREET SW ROCHESTER, MN 55905 41-1506440	CHARITABLE, EDUCATIONAL & SCIENTIFIC ACTIVITIES	MN	501(C)(3)	9	MAYO CLINIC	Yes	
MAYO CLINIC STIFTUNG 60486 FRANKFURT AM MAIN FRANKFURT GM	FUNDRAISING FOUNDATION	GM			MFMER	Yes	
MCHS IN WAYCROSS INC 1900 TEBEAU STREET WAYCROSS, GA 31501 58-1667166	HOSPITAL	GA	501(C)(3)	3	MAYO CLINIC JACKSONVILLE	Yes	
MCHS--ALBERT LEA AND AUSTIN 1000 FIRST DRIVE NW AUSTIN, MN 55912 41-1404075	HOSPITAL AND CLINIC	MN	501(C)(3)	3	MAYO CLINIC	Yes	
MCHS--AUSTIN FOUNDATION 1000 FIRST DRIVE NW AUSTIN, MN 55912 30-0107471	FUNDRAISING FOUNDATION	MN	501(C)(3)	7	MCHS--ALBERT LEA AND AUSTIN	Yes	
MCHS--CANNON FALLS 32021 COUNTY ROAD 24 BLVD CANNON FALLS, MN 55009 20-4156428	HOSPITAL AND CLINIC	MN	501(C)(3)	3	MAYO CLINIC	Yes	
MCHS--CHIPPEWA VALLEY INC 1501 THOMPSON STREET BLOOMER, WI 54724 39-0980343	HOSPITAL AND CLINIC	WI	501(C)(3)	3	MCHS--EAU CLAIRE HOSPITAL INC	Yes	
MCHS--EAU CLAIRE CLINIC INC 733 W CLAIREMONT AVE PO BOX 1510 EAU CLAIRE, WI 54702 39-1735831	PATIENT CARE - CLINIC	WI	501(C)(3)	3	MAYO CLINIC	Yes	
MCHS--EAU CLAIRE FOUNDATION INC 733 W CLAIREMONT AVE PO BOX 1510 EAU CLAIRE, WI 54702 39-1633407	GRANTMAKING FOUNDATION	WI	501(C)(3)	11-I	MCHS--EAU CLAIRE CLINIC INC	Yes	
MCHS--EAU CLAIRE HOSPITAL INC 1221 WHIPPLE STREET EAU CLAIRE, WI 54703 39-0813418	HOSPITAL	WI	501(C)(3)	3	MAYO CLINIC	Yes	

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c) (3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
MCHS--FAIRMONT 800 MEDICAL CENTER DRIVE PO BOX 800 FAIRMONT, MN 56031 41-0760836	HOSPITAL AND CLINIC	MN	501(C)(3)	3	MCHS--MANKATO	Yes	
MCHS--FRANCISCAN HEALTHCARE FOUNDATION INC 700 WEST AVE SOUTH LA CROSSE, WI 54601 39-1186647	FUNDRAISING FOUNDATION	WI	501(C)(3)	7	MCHS--FRANCISCAN HEALTHCARE INC	Yes	
MCHS--FRANCISCAN HEALTHCARE INC 700 WEST AVE SOUTH LA CROSSE, WI 54601 39-1411999	HEALTHCARE SYSTEM PARENT	WI	501(C)(3)	11-I	MAYO CLINIC	Yes	
MCHS--FRANCISCAN MEDICAL CENTER INC 700 WEST AVE SOUTH LA CROSSE, WI 54601 39-0806374	HOSPITAL AND CLINIC	WI	501(C)(3)	3	MCHS--FRANCISCAN HEALTHCARE INC	Yes	
MCHS--LAKE CITY 500 WEST GRANT STREET LAKE CITY, MN 55041 41-1906820	HOSPITAL	MN	501(C)(3)	3	MAYO CLINIC	Yes	
MCHS--MANKATO 1025 MARSH STREET MANKATO, MN 56002 41-1236756	HOSPITAL AND CLINIC	MN	501(C)(3)	3	MAYO CLINIC	Yes	
MCHS--MANKATO HEALTH CARE FOUNDATION 1025 MARSH STREET MANKATO, MN 56002 41-1663357	FUNDRAISING FOUNDATION	MN	501(C)(3)	7	MCHS--MANKATO	Yes	
MCHS--NEW PRAGUE 301 SECOND STREET NE NEW PRAGUE, MN 56071 41-0723639	HOSPITAL AND CLINIC	MN	501(C)(3)	3	MCHS--MANKATO	Yes	
MCHS--NORTHLAND INC 1222 EAST WOODLAND AVENUE BARRON, WI 54812 39-0920634	HOSPITAL AND CLINIC	WI	501(C)(3)	3	MCHS--EAU CLAIRE HOSPITAL INC	Yes	
MCHS--OAKRIDGE INC 13025 EIGHTH STREET PO BOX 70 OSSEO, WI 54758 39-1029430	HOSPITAL AND CLINIC	WI	501(C)(3)	3	MCHS--EAU CLAIRE HOSPITAL INC	Yes	
MCHS--OWATONNA 134 SOUTHVIEW ST OWATONNA, MN 55060 41-1862132	PATIENT CARE - CLINIC	MN	501(C)(3)	3	MAYO CLINIC	Yes	
MCHS--RED CEDAR INC 2321 STOUT ROAD MENOMONIE, WI 54751 51-0190875	HOSPITAL AND CLINIC	WI	501(C)(3)	3	MCHS--EAU CLAIRE HOSPITAL INC	Yes	
MCHS--RED WING 701 HEWITT BOULEVARD RED WING, MN 55066 41-1713783	PATIENT CARE SERVICES	MN	501(C)(3)	3	MAYO CLINIC	Yes	
MCHS--SPRINGFIELD 625 NORTH JACKSON AVENUE SPRINGFIELD, MN 56087 41-1893827	HOSPITAL AND CLINIC	MN	501(C)(3)	3	MCHS--MANKATO	Yes	
MCHS--ST JAMES 1101 MOULTON PARSONS DR PO BOX 460 ST JAMES, MN 56081 41-0797368	HOSPITAL AND CLINIC	MN	501(C)(3)	3	MCHS--MANKATO	Yes	
MCHS--WASECA 501 NORTH STATE STREET WASECA, MN 56093 36-3606405	HOSPITAL AND CLINIC	MN	501(C)(3)	3	MCHS--MANKATO	Yes	
MILES AND SHIRLEY FITERMAN ENDOWMENT FUND FOR DIGESTIVE DISEASES 200 FIRST STREET SW ROCHESTER, MN 55905 41-2020392	SUPPORT RESEARCH, PRACTICE & EDUCATION	MN	501(C)(3)	11-I	MAYO CLINIC	Yes	
POVERELLO FOUNDATION 200 FIRST STREET SW ROCHESTER, MN 55905 41-1494881	FUNDRAISING FOUNDATION	MN	501(C)(3)	7	MAYO CLINIC HOSPITAL - ROCHESTER	Yes	

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1) AMBIENT CLINICAL ANALYTICS INC 221 1ST AVE SW SUITE 202 ROCHESTER, MN 55902 80-0928405	SOFTWARE	DE	N/A	C				Yes	
(1) BWL HOLDINGS INC 1209 ORANGE STREET WILMINGTON, DE 19801 47-2413749	OIL & GAS EXPLORATION	DE	N/A	C				Yes	
(2) CAVALRY CLO III LTD PO BOX 1093 GT QUEENSGATE HOUSE S GRAND CAYMAN CJ	INVESTMENT ACTIVITIES	CJ	N/A	C				Yes	
(3) CAVALRY CLO IV LTD PO BOX 1093 GT QUEENSGATE HOUSE S GRAND CAYMAN CJ	INVESTMENT ACTIVITIES	CJ	N/A	C				Yes	
(4) GMO GLOBAL BOND INVESTMENT FUND 78 SIR JOHN ROGERSONS QUAY DUBLIN 2 EI	OTHER FINANCIAL INVESTMENT ACTIVITIES	EI	N/A					Yes	
(5) HEALTH TRADITION HEALTH PLAN 1808 EAST MAIN STREET ONALASKA, WI 54650 39-1545987	MEDICAL SERVICES COMPANY	WI	N/A	C				Yes	
(6) LOBSS NETWORK SUPPORT 2002 INC 200 FIRST STREET SW ROCHESTER, MN 55905 48-1276150	ADMINISTRATIVE SERVICES	MN	N/A	C				Yes	
(7) MAYO CLINIC GBS MAURITIUS 2ND FLOOR EBENE MEWS 57 EBENE CYBERCITY MP	HEALTHCARE MANAGEMENT	MP	N/A	C				Yes	
MAYO CLINIC SUPPORT SERVICES (8) TEXAS 200 FIRST STREET SW ROCHESTER, MN 55905 47-1751102	HEALTH SERVICES	TX	N/A	C				Yes	
(9) MAYO HOLDING COMPANY 200 FIRST STREET SW ROCHESTER, MN 55905 41-1578020	HOLDING COMPANY	MN	N/A	C				Yes	
(10) MAYO INSURANCE COMPANY LTD 200 FIRST STREET SW ROCHESTER, MN 55905	SELF INSURANCE POOL	CJ	N/A	C				Yes	
(11) MCHS--DECORAH CLINIC PHYSICIANS 907 MONTGOMERY STREET DECORAH, IA 52101 41-1711329	PATIENT CARE - CLINIC	IA	N/A	C				Yes	
(12) MCHS--PHARMACY & HOME MEDICAL INC 1221 WHIPPLE STREET EAU CLAIRE, WI 54703 39-1528920	PHARMACY SERVICES	WI	N/A	C				Yes	
(13) MMSI INC 200 FIRST STREET SW ROCHESTER, MN 55905 41-1547003	THIRD PARTY ADMINISTRATION SERVICES	MN	N/A	C				Yes	
(14) RESOUNDANT INC 221 1ST AVE SW SUITE 202 ROCHESTER, MN 55902 46-1661978	MANUFACTURING MEDICAL DEVICE COMPONENT	MN	N/A	C				Yes	

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust									
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(16) ROCHESTER AIRPORT COMPANY 200 FIRST STREET SW ROCHESTER, MN 55905 41-0506870	AIRPORT MANAGEMENT	MN	N/A	C				Yes	
SUPERBLOCK 3 PROPERTY OWNERS (1) ASSOCIATION 13400 E SHEA BLVD SCOTTSDALE, AZ 85259 86-0870505	COMMERCIAL PROPERTY OWNERS ASSOCIATION	AZ	N/A	C				Yes	
THE STABLE BUILDING OWNERS' (2) ASSOCIATION 200 FIRST STREET SW ROCHESTER, MN 55905 20-8994499	COMMERCIAL PROPERTY OWNERS ASSOCIATION	MN	N/A	C				Yes	
(3) CHARITABLE LEAD TRUST	CHARITABLE TRUST	CA	N/A	T				Yes	
(4) PERPETUAL TRUST	CHARITABLE TRUST	ND	N/A	T				Yes	
(5) PERPETUAL TRUST	CHARITABLE TRUST	AZ	N/A	T				Yes	
(6) PERPETUAL TRUST	CHARITABLE TRUST	LA	N/A	T				Yes	
(7) PERPETUAL TRUST (2)	CHARITABLE TRUST	MA	N/A	T				Yes	
(8) PERPETUAL TRUST	CHARITABLE TRUST	MO	N/A	T				Yes	
(9) CHARITABLE REMAINDER TRUST	CHARITABLE TRUST	AZ	N/A	T				Yes	
(10) CHARITABLE REMAINDER TRUST	CHARITABLE TRUST	CO	N/A	T				Yes	
(11) CHARITABLE REMAINDER TRUST (8)	CHARITABLE TRUST	FL	N/A	T				Yes	
(12) CHARITABLE REMAINDER TRUST	CHARITABLE TRUST	LA	N/A	T				Yes	
(13) CHARITABLE REMAINDER TRUST	CHARITABLE TRUST	MA	N/A	T				Yes	
(14) CHARITABLE REMAINDER TRUST (77)	CHARITABLE TRUST	MN	N/A	T				Yes	

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust									
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(31) CHARITABLE REMAINDER TRUST (2)	CHARITABLE TRUST	NC	N/A	T				Yes	
(1) CHARITABLE REMAINDER TRUST	CHARITABLE TRUST	TX	N/A	T				Yes	
(2) CHARITABLE REMAINDER TRUST	CHARITABLE TRUST	CO	N/A	T				Yes	
(3) CHARITABLE REMAINDER TRUST	CHARITABLE TRUST	IL	N/A	T				Yes	
(4) CHARITABLE REMAINDER TRUST	CHARITABLE TRUST	MI	N/A	T				Yes	
(5) CHARITABLE REMAINDER TRUST (64)	CHARITABLE TRUST	MN	N/A	T				Yes	
(6) CHARITABLE REMAINDER TRUST (7)	CHARITABLE TRUST	MN	N/A	T				Yes	

Form 990, Schedule R, Part V - Transactions With Related Organizations

(a) Name of related organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
(1) CHARTERHOUSE	M	2,536,749	GAAP
(1) GOLD CROSS AMBULANCE SERVICE	P	3,042,456	GAAP
(2) MAYO CLINIC ARIZONA	L	213,100	GAAP
(3) MAYO CLINIC JACKSONVILLE	L	55,900	GAAP
(4) MAYO CLINIC JACKSONVILLE	M	90,419	GAAP
(5) MAYO FOUNDATION FOR MEDICAL EDUCATION AND RESEARCH	M	1,673,693	GAAP
(6) MAYO FOUNDATION FOR MEDICAL EDUCATION AND RESEARCH	P	1,103,749,134	GAAP
(7) MAYO FOUNDATION FOR MEDICAL EDUCATION AND RESEARCH	Q	1,604,908	GAAP
(8) MAYO FOUNDATION FOR MEDICAL EDUCATION AND RESEARCH	R	40,517,270	GAAP
(9) MAYO FOUNDATION FOR MEDICAL EDUCATION AND RESEARCH	S	5,104,314	GAAP
(10) MCHS-ALBERT LEA AND AUSTIN	K	58,266	GAAP
(11) MCHS-ALBERT LEA AND AUSTIN	M	281,642	GAAP
(12) MCHS-EAU CLAIRE CLINIC	M	70,417	GAAP
(13) MCHS-EAU CLAIRE HOSPITAL	R	148,763	GAAP
(14) MCHS-FRANCISCAN MEDICAL CENTER INC	K	106,164	GAAP
(15) MCHS-FRANCISCAN MEDICAL CENTER INC	P	73,162	GAAP
(16) MCHS-MANKATO	R	108,556	GAAP
(17) MMSI INC	S	215,751,326	GAAP
(18) POVERELLO FOUNDATION	C	1,656,960	GAAP