	000 T	Ex	empt Organiz	ation Bu	sin	ess Incol	ne 1	ax Retu	rn	Ł_	OMB No	1545-0687	, 	
Form	990-T		(and pro)	ty tax un	der	section (6033	(e))	12_		20	18		
Denade	ment of the Treasury	+ Oi Calei	Go to www.irs.gov/F	orm990T for in	struc	tions and the	atest i	nformation.	Le	0,	en to Publi	Inspection	a for	
	Revenue Service	► Do no	t enter SSN numbers on t	his form as it ma	y be m	ade public if you	r organ	ization is a 501(50	1(c)(3) Orga	nizations C	Only	
A	Check box if address changed		Name of organization (Check box	if name	e changed and se	e instruc	tions)			identifica: ' trust, see ir			
B Ex	empt under section		MAYO CLINIC HOS	PITAL - ROCI	HEST	ER			,			,		
X	501 (C)(3)	D-:4	Number, street, and room or suite no. If a P.O. box, see instructions								41-0944601			
	408(e) 220(e)	Print or	200 1ST STREET S	w						related	business	activity co	ode	
Γ	408A 530(a)	Туре	City or town		State		ZIP	code	(3)	38 11131141	,tions j			
Ī	529(a)		Rochester		MN		559	905						
	_	İ	Foreign country name	For	reign pr	ovince/state/coun	ty Forei	n postal code			900002			
											300002			
	ook value of all assets at		p exemption number			▶ 5983	504/-	\ A = 1 = A	404/-	. \	. —	74h o e 4e		
	of year, 485, 297, 723		ck organization type			poration	501(0) trust		a) trus	·	Other tru		
	Enter the number of t				sses	If only one	omole	2 Descri ete Parts I–V						
í	trade or business her first in the blank spac	e at the e	end of the previous se	entence, comp	lete F	Parts I and II,	comple	ete a Schedul	e M fo	r eacl	n additioi	nal		
	rade or business, the			. ,										
1	During the tax year, wa	s the corp	oration a subsidiary in	an affiliated gr	oup o	r a parent-subs	idiary d	controlled grou	ıp?.	1	► X \	∕es 🔲	No	
	f "Yes," enter the name													
	The books are in care		MAYO CORPORAT					ne number 🕨		7-538	3-1297			
Par			Business Income	<u> </u>	.	(A) Incor	ne	(B) Ex	penses	Mark Sakas	()	C) Net	**************************************	
1 a	Gross receipts or sa			Delemas N										
	Less returns and allowa			: Balance ►	1c 2		9	+						
2 3	Cost of goods sold Gross profit Subtra	•	•		3		0					o	ent Actives	
о 4 а	Capital gain net ince			4	4a		" 							
+ a b			irt II, line 17) (attach Fo	rm 4797)	4b		+							
c	Capital loss deducti		• •		4c	•		DE	ne	11.71	-D	7		
5	•		r an S corporation (attacl	n statement)	5			10 K		1 7				
6	Rent income (Schei	· ·			6						S			
7	Unrelated debt-fina				7			I A	'R 0	<u>6 20</u>		!		
8			from a controlled organizati		8						- SE			
HIN			(7), (9), or (17) organization	(Schedule G)	9		+	 cc	DE	7				
स्ध	Exploited exempt a				10		+		- L.					
[1. 1,24	Advertising income		ns, attach schedule)		12	94,0	00					94,000		
13-5	Total. Combine line			•	13	94.0		787,337,337,337,337,337	0	20020000		94,000		
Pag	Deductions	Not Ta	ken Elsewhere (S	ee instructio				eductions.) (Exce	pt for	contrib			
			directly connected									·		
黿			ectors, and trustees							14				
15Z	Salaries and wages			, , , , , , , , , , , , , , , , , , , ,				· ·		15		5,084		
16	Repairs and mainte									16				
CARRIA CARRIA	Bad debts									17				
18:⁄)	Interest (attach sch		ee instructions)							18				
19	Taxes and licenses								•	19		4,735		
20			e instructions for limit	ation rules)	٠	امدا		24 665		20				
21 22	Depreciation (attacl		າ Schedule A and els	owbore on ret	urn	21 22a		24,665		22b		24,665		
23	Depletion .	iaii iiçu Ol	i Gorieddie A and els	ewnere on let	um	_ £4d				23		_ :,000		
24	Contributions to def	erred cor	mpensation plans	•	•					24				
25	Employee benefit p									25		2,179		
26	Excess exempt exp	_	chedule I)	•						26				
27	Excess readership		•					•	.	27				
28	Other deductions (a							•	26	28		4,358		
29	Total deductions.								.28	29		41,021		
30			ncome before net op	-					•	30		52,979		
31 32		_	s arising in tax years be	-		inuary 1, 2018	(see in:	structions)	31	31 32		52,9 7 9		
	aperwork Reduction		ncome Subtract line	or nom me o					<u> </u>	32	Form 6	990-T (2	የበ1ጸነ	
. U. P.	apoi work reduction	4011C	e, 366 manuchons.							-	· Oilli	7, 1 (2	.5 .5)	

	Part	111	Total Unrelated Business Taxable Income				
	33		unrelated business taxable income computed from all unrelated trades or businesses (see				
		instruction			33	49,31	16
	34	Amounts	s paid for disallowed fringes		34		
	35		on for net operating loss arising in tax years beginning before January 1, 2018 (see				
		instruction			35		0
	36	Total of	unrelated business taxable income before specific deduction. Subtract line 35 from the sum				
			33 and 34		36	49,31	16
	37		deduction (Generally \$1, 000, but see line 37 instructions for exceptions)	38	37	1,00	
	38	-	ed business taxable income. Subtract line 37 from line 36. If line 37 is greater than line 36,		\Box	•	
			e smaller of zero or line 36	39	38	48,31	16
	Part	IV 1	Fax Computation				
	39) ►	39	10,14	16
	40	_	Taxable at Trust Rates. See instructions for tax computation. Income tax on the	, -			Ī
			on line 38 from Tax rate schedule or Schedule D (Form 1041)	>	40		
	41		ax. See instructions	•	41		1
	42		ive minimum tax (trusts only)		42	- ,	
	43		Noncompliant Facility Income. See instructions		43		
	44		dd lines 41, 42, and 43 to line 39 or 40, whichever applies	45	44	10,14	16
	Part		Fax and Payments				
	45 a		tax credit (corporations attach Form 1118, trusts attach Form 1116) 45a		90.0		T
	b	-	redits (see instructions) . 45b				
	С		business credit Attach Form 3800 (see instructions) 45c				
	d		or prior year minimum tax (attach Form 8801 or 8827)				
	е		redits. Add lines 45a through 45d		45e		ol
	46		t line 45e from line 44 .		46	10,14	16
	47	Other taxe	es. Check if from Form 4255 Form 8611 Form 8697 Form 8866 Other (attach sched	ule)	47		
	48	Total ta	x. Add lines 46 and 47 (see instructions)	Ug		10,14	16
	49	2018 ne	t 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2	• •	49		
	50 a	Paymen	its A 2017 overpayment credited to 2018				
	b	2018 es	timated tax payments				
	C	Tax dep	osited with Form 8868 51 C 50c 50,000				
	d	Foreign	organizations Tax paid or withheld at source (see instructions) 50d				
	е	Backup	withholding (see instructions) . 50e		1.00		
	f		or small employer health insurance premiums (attach Form 8941)				
	g	Other cr	redits, adjustments, and payments Form 2439		254		
		Form	n 4136 Other Total ▶ 50g0		777		-
	51	Total pa	ayments. Add lines 50a through 50g		51	50,00	00
	52	Estimate	ed tax penalty (see instructions) Check if Form 2220 is attached		52		
	53	Tax due	e. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed .	▶	53		0
-1	54	Overpay		5,	54	39,85	_
54)55°	Enter the	amount of line 54 you want. Credited to 2019 estimated tax. 11,377 Refunded	5 ()	55	28,47	77
	Part	VI St	tatements Regarding Certain Activities and Other Information (see instructions)	·			
	56	At any ti	me during the 2018 calendar year, did the organization have an interest in or a signature or o	other	authority	Ye	s No
		over a fi	nancial account (bank, securities, or other) in a foreign country? If "Yes," the organization ma	y hav	ve to file		
		FinCEN	Form 114, Report of Foreign Bank and Financial Accounts If "Yes," enter the name of the fo	reign	country		
		here 🕨					Х
	57	Dunng th	ne tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a	a forei	gn trust?		Х
		If "Yes,"	see instructions for other forms the organization may have to file				
	58	Enter the	e amount of tax-exempt interest received or accrued during the tax year 🕨 💲				2
			er penalties of penury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of n	ny know	ledge and be	lief, it is true, con	rect,
	Sign	and	complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge	1	May the IR	S discuss this ret	um with
	Here		at Use 3/1/20 TAX DIRECTOR		the prepare	er shown below (
			nature of officer Date Trile		instructions)? Yes [No
•		#:-	Print/Type preparer's name Preparer's signature Date	Chec	, D	PTIN	
	Paid				employed "		
	Prep		Firm's name		EIN ►		
	Use	Only	Firm's address	Phone			
_			6661690 -	- HOHE	- 110		

10111 330-1 (2010)	ATO CLINIC AC	JOLITAL - K	OCHLOIL	-17				1001-00	Fal	<u> 40 0</u>
Schedule A Cost of Goo	ds Sold. Ente	r method o	f invento	ry valua	tion	▶				
1 Inventory at beginning of	year	1		6	Inv	entory at en	nd of year .	6		
2 Purchases	<u>L</u>	2		7	Co	st of goods	sold. Subtract		1	
3 Cost of labor		3			line	e 6 from line	5 Enter here		1	
4 a Additional section 263A of	osts				-	d in Part I, li		7	0	
(attach schedule)		la		8			section 263A (wi	•	C. (CO.)	No
b Other costs (attach sched		lb			•		ced or acquired for	or resale)		
5 Total. Add lines 1 through		5	0]	<u> </u>		ply to the or		<u> </u>		
Schedule C—Rent Income	(From Real	Property a	nd Pers	onal Pro	ope	erty Lease	d With Real Pro	operty)		
(see instructions)										
1. Description of property						·				
(1)										
(2)							· · · -			
(3)										
(4)	2 Post recor	ved or accrued								
	2 Reintrecen	T accided					1			
(a) From personal property (if the per for personal property is more than more than 50%)		percentag	om real and p ge of rent for f the rent is b	personal pro	pert	y exceeds		rectly connected wit a) and 2(b) (attach s		ne
(1)			·				 			
(2)		 						-		
(3)										
(4)	-									
Total	0	Total				0				
(c) Total income. Add totals of col	lumns 2(a) and 2	(b) Enter					(b) Total deduct Enter here and c			
here and on page 1, Part I, line 6, o	column (A)	>				0				0
Schedule E—Unrelated De	ebt-Financed	Income (s	ee instruct	tions)						
1. Description of debt-	financed property			ncome from o debt-finan		3	Deductions directly cor to debt-finan		able	
				roperty			t line depreciation ch schedule)	(b) Other de (attach sch		
(1)										
(2)			ļ							
(3)						ļ. <u></u>				
(4)										
 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule) 	5. Average ad of or alloo debt-finance (attach sc	able to d property	4 0	Column divided column 5			ncome reportable 12 × column 6)	8. Allocable of (column 6 × tota 3(a) and	l of column	ıs
(1)					%		0.			0
(2)				-	%		0			0
(3)					%		0			0
(4)					%		0			0
				_			and on page 1,	Enter here and		
Totals						Paπ I, IIne	e 7, column (A). 0	Part I, line 7, o	Joiumn (B	s). O
Total dividends-received deduct	t ions included in	column 8	•			L	∪	·		

Schedule F—Interest, Annuiti	<u>es, Royalties,</u>	and Rer	ts From	Controlled Orga	anizations (se	e instruc	ctions)	
•		Exempt	Controlled	Organizations	<u> </u>		_ ,	
Name of controlled organization	2. Employer identification number		related income ee instructions)			controllin	g conn	eductions directly ected with income in column 5
(1)	-							
(2)								
(3)								
(4)								
Nonexempt Controlled Organization	s							
7. Taxable Income	8. Net unrelated (loss) (see instru			Total of specified payments made	10 Part of colu included in the organization's g	controllin	ig conne	reductions directly cted with income in column 10
(1)								
(2)								
(3)								-
(4)								
					Add columns Enter here and Part I, line 8, (on page	1, Enter I	columns 6 and 11 nere and on page 1, line 8, column (B)
Totals .				<u> </u>	•		0	0
Schedule G-Investment Inco	me of a Section	on 501(c)(7), (9), c	or (17) Organiza	tion (see instru	ctions)		
1. Description of income	2. Amount of	ncome	dire	Deductions ectly connected lach schedule)	4. Set-aside (attach schedi		and se	tal deductions et-asides (col. 3 ilus col. 4)
(1)								0
(2)								0
(3)								0
(4)		·						0
	Enter here and of Part I, line 9, col	umn (A)						e and on page 1, e 9, column (B)
Totals .	<u> </u>	0	14 0 1 2000000 0 2005 0					0
Schedule I—Exploited Exemp	t Activity Inco	me, Oth	<u>er Than /</u>	Advertising Inco	me (see instru	ctions)		
Description of exploited activity	2. Gross unrelated business incor from trade of business	ne conr	Expenses directly lected with duction of nrelated less income	4. Net income (loss) from unrelated trade or business (column 2 minus column 3) If a gain, compute cols 5 through 7	5. Gross income from activity that is not unrelated business income	attribu	openses utable to umn 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1)				0				0
(2)				0				0
(3)				0				0
(4)				0				0
	Enter here and page 1, Part line 10, col (A	l, page l) line 1	here and on e 1, Part I, I0, col (B)					Enter here and on page 1, Part II, line 26
Totals	<u> </u>	0	0					0
Schedule J—Advertising Inco				 				
Part I Income From Perio	<u>dicals Report</u>	ed on a	Consolid	ated Basis	·	,		г
1. Name of periodical	2. Gross advertising income		Direct tising costs	4. Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7	5. Circulation income		adership osts	7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)								
(2)								
(3)								
(4)								
Totals (carry to Part II, line (5))			٦	n	0		0	0

Part II Income From Perio			Basis (For each	periodical liste	ed in Part II, fil	lın
columns 2 through 7	2. Gross advertising income	3 Direct advertising costs	4. Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)		,	0			0
(2)			0			0
(3)			0			0
(4)			0			0
Totals from Part I	▶ 0	0				0
Totals, Part II (lines 1-5)	Enter here and on page 1, Part I, line 11, col (A)	Enter here and on page 1, Part I, line 11, col (B)				Enter here and on page 1, Part II, line 27
Schedule K—Compensation of	of Officers, Direct	ors, and Trus	tees (see instruction	ons)		•
1. Name			2. Title	3. Percent of time devoted to business	, 4. Compensa	attributable to ed business
(1)					%	
(2)					%	
(3)					%	
(4)					%	
Total. Enter here and on page 1, Part II	, line 14	-			>	0
					_	000 T

Form **990-T** (2018)

15

16

94,000

15

16 Total other income

Line 12 (990-T) - Other Income 0 1 From Form 6478 - Biofuel Producer Credit 0 2 From Form 8864 - Biodiesel and Renewable Diesel Fuels Credit 2 From form 461 - Excess business loss limitation 3 4 Bad debt recoveries 5 Proceeds received from employer-owned life insurance contracts issued after August 17, 2006 6 Recapture of excess depreciation including Sec 179 expense deduction Net section 965(a) inclusion 7 94,000 PROTON BEAM RENTAL 8 9 9 10 10 11 11 12 12 13 13 14 14

Li	ne 20 (990-T) -	Charitable Contribu	utions				
	Check ("X") box	X Corporations	Cash				
	•	Trusts 50%		sh under \$5000			
				•	4.4	140	
		Trusts (combined)	Non Cas	sh over \$5000	14,		
					Deduction	Adjustment	
1	Contributions for cu	•			Allowed in	under Section	New
	Enter the contribution			Amount	Current Year	170(d)(2)(B)	Carryover
	Corporations		10% limitation	14,148	5,480		8,668
	Trusts		50% limitation 30% limitation		0		0
2	Carryover from:	`	50 / IIIIII alion				<u>_</u>
	5th preceding perio	od	2a				
	Corporations		10% limitation	0	0		0
	Trusts	170(b)(1)(A) {		0	0		0
	40	·	30% limitation	0	0		0
b	4th preceding perio		. 2b 10% limitation	اه	o		0
	Corporations Trusts		50% limitation	0	0		
	114515		30% limitation	0	0		0
С	3rd preceding perio		2c				-
	Corporations		10% limitation	0	0		0
	Trusts		50% limitation	0	0		0
	0.1		30% limitation	0	0		0
a	2nd preceding perio		2d 10% limitation	اه	o		0
	Corporations Trusts		50% limitation	0	0		
	114515		30% limitation	0	0		0
е	1st preceding perio		. 2e				
	Corporations		10% limitation	0	0		0
	Trusts		50% limitation	0	0		0
2	Totals .		30% limitation	0	0	0	0
ა ⊿		next year due to 5 year limita	3	14,148	5,480	4	8,668 0
5		arryover to next year	20011		•	5	8,668
•			•	•			
	С	computation of Section 1	79 Deduction	on for Estimate	ed Charitable	Contribution	
_						_	54.704
_		mputed without contribution of		ection 1/9		5 . 7 .	54,79 <u>6</u> 0
7 8		tion for purposes of contribute ss Section 179 deduction Su		om line 6	•	, R	54,796
9		ion limitation Enter 10 percer			•	9	5,480
10		tion considering Section 179		aller of line 3, col	umn A or line 9	10	5,480
		Computati	ion of Actua	I Charitable C	ontribution		
11	Actual Section 179	deduction				11	0
		ss actual Section 179 deduction	on Subtract li	ne 11 from line 6		12	54.796
		deductions limited by line 12				13	0
14	Taxable income for	purposes of contribution ded	uction Subtra	ict line 13 from lir	ne 12	14	54,796
		ion limitation Enter 10 percer			•	15	5,480
<u>16</u>	Actual contribution	deduction Smaller of line 3,	col A, or line 1	<u>5</u>	· · ·	16	5,480
	00 (000 T)	O41 D 1 - 41					
		Other Deductions					1000
	OVERHEAD Total other deduction	one.				1 -	4,358 4,358
		ons ss expenses for offsetting cre	dıts	٠	• •	2 - 3	4,358
		poo oog oro				<u>·</u>	

SCHEDULE M (Form 990-T)

Unrelated Business Taxable Income for Unrelated Trade or Business

OMB No 1545-0687

Department of the Treasur Internal Revenue Service

For calendar year 2018 or other tax year beginning

ar year 2018 or other tax year beginning _________, 2018, and ending __________, 2018 or other tax year beginning _________, 2018, and the latest information.

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

Name of the organization

MAYO CLINIC HOSPITAL - ROCHESTER

Employer identification number

41-0944601 Unrelated business activity code (see instructions) ▶ 541610

Describe the unrelated trade or business ▶ MANAGEMENT CONSULTING SERVICES

Part I Unrelated Trade or Business Income		red Trade or Business Income (A) Inco		(B) Expenses	(C) Net	
1 a	Gross receipts or sales 6,110 Less returns and allowances c Balance	1c	6,110			
2	Cost of goods sold (Schedule A, line 7)	2				
3	Gross profit Subtract line 2 from line 1c	3	6,110		6,110	
4 a	Capital gain net income (attach Schedule D)	4a			0	
ı	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4b			0	
•	Capital loss deduction for trusts .	4c			0	
5	Income (loss) from a partnership or an S corporation (attach statement)	5			O	
6	Rent income (Schedule C)	6			0	
7	Unrelated debt-financed income (Schedule E)	7			0	
8	interest, annuities, royalties, and rents from a controlled organization (Schedule F)	8			0	
9	Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)	9			0	
10	Exploited exempt activity income (Schedule I)	10			0	
11	Advertising income (Schedule J)	11			0	
12	Other income (See instructions, attach schedule)	12			0	
13	Total. Combine lines 3 through 12	13	6,110	o	6,110	

deductions must be directly connected with the unrelated business income.)

14	Compensation of officers, directors, and trustees (Schedule K)	14		
15	Salaries and wages	15	3,515	
16	Repairs and maintenance	16		
17	Bad debts	17		
18	Interest (attach schedule) (see instructions)	18		
19	Taxes and licenses	19		
20	Charitable contributions (See instructions for limitation rules)	20		
21	Depreciation (attach Form 4562)			
22	Less depreciation claimed on Schedule A and elsewhere on return	22b		
23	Depletion	23		
24	Contributions to deferred compensation plans	24		
25	Employee benefit programs	25	655	
26	Excess exempt expenses (Schedule I)	26		
27	Excess readership costs (Schedule J)	27		
28	Other deductions (attach schedule)	28	123	
29	Total deductions. Add lines 14 through 28 .	29	4,293	
30	Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13	30	1,817	
31	Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see			
	instructions) .	31		
32	Unrelated business taxable income Subtract line 31 from line 30	32	1,817	
- 0	work Deduction Act Notice and Instructions	Cal	adula M (Carm 000 7	2040

For Paperwork Reduction Act Notice, see instructions.

Schedule M (Form 990-T) 2018

MAYO CLINIC HOSPITAL - ROCHESTER 41-0944601 TAX YEAR ENDED DECEMBER 31, 2018 UNRELATED BUSINESS INCOME - SCHEDULE M OTHER DEDUCTIONS

SCH M - MANAGEMENT CONSULTING SERVICES

LINE 28

 EXPENSE
 AMOUNT

 OVERHEAD
 123

 TOTAL
 123

Department of the Treasury

Depreciation and Amortization (Including Information on Listed Property)

Attach to your tax return.

inter	mal Revenue Service (99)	► Go to www	w irs.gov/Form4	562 for instruction	ons and the la	test informatio	on.	Sequence No 179
Na	me(s) shown on return		Business or activ				Identifying num	ber
MA	YO CLINIC HOSPITAL		990T	<i>v</i> .,			41-0944601	
Pa	rt l Election To	o Expense Certain	Property Und	der Section 1	79			
_	Note: If you ha	ave any listed property, o	omplete Part V b	efore you comple	te Part I			
1								1
2	Total cost of section 17	79 property placed in s	ervice (see instr	ructions)				2
3	Threshold cost of secti				ructions) .	•		3
4	Reduction in limitation						•	4 (
5	Dollar limitation for tax		om line 1 If zer	o or less, enter ·	-0- If married	filing		_
_	separately, see instruc	tions .						_ 5 (
6	(a) C	Description of property		(b) Co:	st (business use	e only)	(c) Elected c	ost
<u> </u>								
Ļ				l				
_	Listed property Enter t			-l (-) l	n 4 ~	_ 7_	L	
8	Total elected cost of se			olumn (c), lines (o ano /		•	8 0
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		preciation Allowar			n (Don't incl	ude listed pr	operty. See in:	structions.)
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•	during the tax year Se							14
15	Property subject to sec							15
	Other depreciation (inc							16
		epreciation (Don't	nclude listed p	property. See	instructions.))		
	1	•	Sect	ion A		•		•
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17	MACRS deductions for	r assets placed in serv			e 2018			17 24,669
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MAYO CLINIC HOSPITAL - ROCHESTER 41:0944601 TAX YEAR ENDED DECEMBER 31, 2018 UNRELATED BUSINESS INCOME - PAGE 2 LINE 33 RECONCILIATION

STATEMENT 1

990-T PAG	SE 2	LINE 33	3
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990-T PAGE 1, PROTON BEAM RENTAL LINE 32 52,979 SCH M CONSULTING LINE 32 1,817

ALLOWED CHARITABLE CONTRIBUTIONS (5,480)

990-T PAGE 2 LINE 33 49,316

Mayo Clinic Hospital - Rochester Form 990-T Exempt Organization Business Income Tax Return FEIN: 41-0944601 12/31/18

Section 1 263(a)-1(f) De Minimis Safe Harbor Election

Mayo Clinic Hospital - Rochester is making the de minimis safe harbor election under Treasury Reg. Section 1.263(a)-1(f) for all eligible amounts paid or incurred during the taxable year.