			İEV	empt Orga	nization Ri	ıcin	ose Inco	· · · ·	Tav Pot	turn	1	OMB No 1545-0687	,
	Form	990-T	EX		roxy tax ur					1812		୭ଲ1ଛ	—
				ndar year 2018 or oth					nding	<del>'-</del> -	٠	25010	è
		rtment of the Treasury		Go to www.irs.ge								pen to Public Inspection	for
	Intern	nal Revenue Service	Do no	t enter SSN numbers								01(c)(3) Organizations O r Identification number	
	<u> </u>	address changed	1	Name of organizatio	` Ш	x if nam	e changed and	see instru	ictions )	(E	mployee	s' trust, see instructions )	4
		Exempt under section X 501 (C )(3)		MAYO CLINIC	room or suite no If a	B O ho	cee instruction	\c		-		59-3337028	<
		= -	Print			F O 100.	k, see manachor	13		EU		d business activity co	de C
	ř	408(e) 220(e)	or	4500 SAN PABI	U RUAD	State		711	o code		ee instru		<b>~</b>
	Ļ	408A 530(a)	Туре	JACKSONVILLE	=	FL			2224	-			C
	L	529(a)	ĺ	Foreign country nam			rovince/state/co			<b>=</b>			U
				,					<u> </u>			621500	
		Book value of all assets at		ip exemption nur			▶ 5983						C
		end of year, 206, 143, 603	G Che	ck organization ty	pe ► X 501	(c) co	poration [	501(	c) trust	401(	a) trus	st Other trus	st
	Н	Enter the number of				esses	, <b>&gt;</b>					(or first) unrelated	
		trade or business her first in the blank space	e ► <u>Me</u>	edical and diagno	stic laboratories	nlete l	if only one Il and Il	comp	lete Parts I- lete a Scher	-Virmo dule Mife	re tna	in one, describe the	ie 🔭
		trade or business, the			is sentence, com	piete		, comp	ctc a conct	aale iii ii	J. CUC		
	ı	Dunng the tax year, wa			ry in an affiliated o	roup o	r a parent-su	bsidiary	controlled a	roup? .		► X Yes	No
	-	If "Yes," enter the nam									•	ـــا ٠٠٠ ك	
	S	The books are in car							ne number	<b>▶</b> 5	07-53	8-1297	
		rt I Unrelated T		<b>Business Inc</b>	ome		(A) Inc	ome	(B)	Expenses		(C) Net	<del></del>
		a Gross receipts or s		4,100,123		1							
	Z	<b>b</b> Less returns and allow			c Balance ►	1c	4,100	123					
	B	Cost of goods sold	-		(	2	4 400	400				4 400 400	
	<b>⊳</b> 3	Gross profit Subtra			\2	3	4,100	123				4,100,123	<del></del>
	֡֟֟֟֟֟֟֟֟֟֟֓֟֟֟֓֟֓֟֟֓֟֓֟֓֟֓֟֓֟֓֟֓֟֓֟֓֟֓	<ul> <li>a Capital gain net inc</li> <li>b Net gain (loss) (Form</li> </ul>			h Eorm 4707)	4a 4b	·	_					
					11 FOIIII 4737)	4c						· · · · · · · · · · · · · · · · · · ·	
	-5	Income (loss) from a pa			attach statement)	5							
	₹6	Rent income (Sche			•	6							
	1202	Unrelated debt-fina	nced inco	me (Schedule E	)	7							
	28	Interest, annuities, royaltie		_	· ·	8							
3	9	Investment income of a se			,	9							
<u> </u>	10	Exploited exempt a	•	,		10							
Received in Batching Ogo	11 12	Advertising income		•	.1-3	11		-			- CONTROL		
	13	Other income (See Total. Combine line			uie)	12	4,100	123		0	7.00	4,100,123	
93				<u> </u>	(See instruction				eductions		nt for	contributions,	<del></del>
3 -				directly connec						, (EXOC	pt 101	contributions,	
>	14	Compensation of o									14		<del></del>
AUG	15	Salaries and wages			(						15	1,428,416	
0	16	Repairs and mainte									16		
-	17	Bad debts									17		
220	18	Interest (attach sch		ee instructions)							18		
0	19	Taxes and licenses			•			•		• •	19	66,054	
	20 21	Charitable contribut			imitation rules)		مم ا		•	1	20		<del></del>
	22	Depreciation (attack Less depreciation of			l alcowhara on re	turn	21 22a	<del>                                     </del>			22b		
	23	Depletion	anneu VI	, Schedule A all	la					<u> </u>	23	<del>                                     </del>	<del></del>
	24	Contributions to def	erred cor	npensation plans	HECL	<u>:IVt</u>	<u> </u>		,		24		
	25	Employee benefit p		, piurit	I		၂ည္ကု			•	25	252,586	
	26	Excess exempt exp		chedule I)	APR 1	5 20	RS-OS(				26		
	27	Excess readership			iu  ``` \ *	<i>5</i> L0	[S]			•	27		
	28	Other deductions (a			COST	16	ا= ب <del>ہر</del>		•	o is	28	1,802,939	
	29	Total deductions.			<u>OGDE</u>	V.	UI I			.73	29	3,549,995	
	30 31	Unrelated business								<b>3</b>	30	550,128	
	32	Deduction for net ope Unrelated business					inuary 1, 2011	s (see ir	isiructions)	3	31 32	EE0 120	<del></del>
				e, see instruction		JU					_ 44	550,128 Form <b>990-T</b> (20	

614

нта

Part	III T	otal Unrelated Business Taxable Incom	<u>ie</u>					
33	Total of	inrelated business taxable income computed fro	om all unrelated trades or b	usinesses (see			ŀ	
	instruction	ns) .			. L	33 5	92,049	
34 `	Amounts	paid for disallowed fringes	•			34		
35	Deduction	n for net operating loss arising in tax years begi	nning before January 1, 20	18 (see	Γ			
	instruction	ns) .	•		L	35	. 0	
36	Total of	inrelated business taxable income before speci	fic deduction Subtract line	35 from the sum				
	of lines 3	3 and 34			ممL	36 5	92,049	
37	Specific	deduction (Generally \$1, 000, but see line 37 in:	structions for exceptions)		39 L	37	1,000	
38	Unrelate	d business taxable income. Subtract line 37 fi	om line 36 If line 37 is gre		$\mathcal{A}$	1		
	enter the	smaller of zero or line 36			21	<b>38</b> 5	91,049	
Part I	V 1	ax Computation				1		
39		ations Taxable as Corporations. Multiply line 3	88 by 21% (0 21)	· Uo	<b>&gt;</b>	39 1	24,120	
40		axable at Trust Rates. See instructions for tax		n the			Ĭ	
	amount	on line 38 from Tax rate schedule or	Schedule D (Form 104	1) .	<b>&gt;</b>	40		
41	Proxy ta	x. See instructions .			▶ [	41		
42	Alternati	ve minimum tax (trusts only)				42		
43	Tax on I	Ioncompliant Facility Income. See instructions	3		11-	43		
44	Total. A	ld lines 41, 42, and 43 to line 39 or 40, whichever	er applies		<u>49</u>	44 1:	24,120	
Part	V 1	ax and Payments				1		
45 a	Foreign	ax credit (corporations attach Form 1118, trusts	attach Form 1116) 45a					
b	Other cr	edits (see instructions)	4\$b				:	
С	General	business credit Attach Form 3800 (see instruct	ons) 45c					
d	Credit fo	r prior year minimum tax (attach Form 8801 or 8	. <b>45</b> d			<b>.</b>		
e	Total cr	edits. Add lines 45a through 45d	•		<u> </u>	45e	0	
46		line 45e from line 44	·				24,120	
47	Other taxe	s. Check if from Form 4255 Form 8611 Fo	rm 8697 Form 8866	Other (attach sched	1 % 64	47		
48		Add lines 46 and 47 (see instructions) .	•		49[		24,120	
49		965 tax liability paid from Form 965-A or Form	965-B, Part II, column (k), I			49		
50 a	-	s A 2017 overpayment credited to 2018 .	∑\4 50a			- 4		
þ		imated tax payments .	S/P 201			199		
C		osited with Form 8868	SIC 500			355		
d	-	organizations Tax paid or withheld at source (se				20		
e		withholding (see instructions)	50e		—— <b>і</b>			
f		r small employer health insurance premiums (at		<del> </del>	8			
g	_	edits, adjustments, and payments						
		4136 X Other	45,053 Total ► 50g	45,053				
51		yments. Add lines 50a through 50g	•	į	<b></b> ,  -		50,828	
52		d tax penalty (see instructions) Check if Form 2		. ▶	<b>ب</b> لِـــا	52		
53		If line 51 is less than the total of lines 48, 49, a			. 🏲 📙	53	0	
54		ment. If line 51 is larger than the total of lines 4			≥°.		26,708	
55		amount of line 54 you want Credited to 2019 estin		Refunded	100	55 1	26,708	
Part	VI St	atements Regarding Certain Activities	and Other Information	(see instructions)				
56	At any ti	ne during the 2018 calendar year, did the organ	ization have an interest in	or a signature or o	other au	uthority	Yes	No
		nancial account (bank, securities, or other) in a f						*
	FinCEN	Form 114, Report of Foreign Bank and Financia	I Accounts If "Yes," enter t	the name of the fo	reign c	country	2	
	here <b>&gt;</b>						$\vdash$	Х
57	-	e tax year, did the organization receive a distribution		if, or transferor to, a	a foreigr	n trust?		X
		see instructions for other forms the organization	=	_			3	ida.
58		amount of tax-exempt interest received or acci						
_	and	penalties of penury, I declare that I have examined this return includiomplete Declaration of prepayன் (other than taxpayer) is based on all	ng accompanying schedules and stater information of which preparer has any b	nents, and to the best of n mowledge	ny knowled	age and belief, it is tr	ue, correct,	
Sign		1. r (1)	-1-		Γ,	May the IRS discuss	this return	with
Here	-	pa 13/1	フレマ TAX DIREC	CTOR	l t	the preparer shown I	oelow (see	
	Sıg	nature of officer Date	Title		Ľ	instructions)?	Yes	No
D-11		Print/Type preparer's name Prepar	er's signature	Date	Check	IT PTIN		-
Paid						nployed		
Prep		Firm's name		•	Firm's E	in 🟲		
Use	Only	Firm's address		· · ·	Phone n	•		7

Form 990-T (2018) MA	AYO CLINIC JA	CKSONVILL	<u>E</u>				59-	3337028	Page 3	
Schedule A-Cost of Goo	ds Sold. Ente	r method o	finventor	y valuati	ion	<b>&gt;</b>				
1 Inventory at beginning of	year	1		6	Inve	entory at en	d of year .	6		
2 Purchases		2		7	Cos	st of goods	sold. Subtract			
3 `Cost of labor .		3			line	6 from line	5 Enter here			
4 a Additional section 263A of	osts			_	and	l in Part I, lir	ne 2	7	o	
(attach schedule) .	4	la	ŀ	8	Do	the rules of	section 263A (with	th respect to	Yes No	
<b>b</b> Other costs (attach sched	dule) 4	lb		_			ced or acquired fo			
5 Total. Add lines 1 through		5	0			oly to the org		•		
Schedule C—Rent Income		Property a	nd Perso					operty)		
(see instructions)										
Description of property										
(1) N/A						· · · · · · · · · · · · · · · · · · ·				
(2)										
(3)										
(4)								<del> </del>		
	2. Rent receiv	ed or accrued								
for personal property is more than 10% but not percentage				ersonal prop personal prop ased on prof	perty	exceeds	3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)			
(1)										
(2)		<u> </u>								
(3)		<u> </u>								
(4)					•					
Total	0	Total				0				
(c) Total income. Add totals of col here and on page 1, Part I, line 6, o	column (A)	<u> </u>				. 0	(b) Total deduction Enter here and column Part I, line 6, column	n page 1,	0	
Schedule E—Unrelated De	ebt-Financed	Income (se	e instructi	ions)						
1. Description of debt-	financed property			ncome from o	to dept-infatioed prope				cable	
	, , , , , , , , , , , , , , , , , , ,			operty		(a) Straight line depreciation (attach schedule)		(b) Other deductions (attach schedule)		
(1) N/A										
(2)										
(3)										
(4)										
Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5. Average adj of or alloc debt-finance (attach sci	able to d property	4 d	Column Ivided Olumn 5			come reportable 2 × column 6)	8. Allocable (column 6 × tol 3(a) and	tal of columns	
(1)					%		0		0	
(2)					%		0		0	
(3)					%		0		0	
(4)					%		0		0	
	·					Enter here	and on page 1,	Enter here an		
							7, column (A)	Part I, line 7,		
Totals .					lacksquare		0	,	0	
Total dividends-received deduc	tions included in	column 8	•		L	<del></del>	▶		<u> </u>	
		•			_					

Form **990-T** (2018)

59-3337028

Schedule F-Interest, Annuiti	es, Royalties,	and Rer	ts From C	Controlled Orga	anizations (se	e instruc	ctions)	
				Organizations				
Name of controlled organization	2. Employer identification number	3. Net un	related income e instructions)	4. Total of specific payments made		controllin	g conn	eductions directly ected with income in column 5
(1) N/A								
(2)								
(3)								
(4)			•					
Nonexempt Controlled Organization	s							
7. Taxable Income	8. Net unrelated (loss) (see instru	income 9 Total of specified included in the controlling connecting connecting included in the controlling connecting connecting connecting included in the controlling connecting included in the controlling connecting connecting connecting included in the controlling connecting connecti		Deductions directly ected with income in column 10				
(1)	· · · · · · · · · · · · · · · ·							
(2)				., .				
(3)							1	<u>_</u>
(4)						,	_	
Totals .				•	Add columns Enter here and Part I, line 8, o	l on page	1, Enter I	columns 6 and 11 here and on page 1, , line 8, column (B)
Schedule G—Investment Inco	me of a Section	on 501/c	)(7), (9), o	r (17) Organiza	tion (see instru	ctions)	<u>*1</u>	
Description of income	2 Amount of s		3. direc	Deductions tity connected ach schedule)	4. Set-asides 5. To		otal deductions et-asides (col 3 plus col 4)	
(1) N/A	<del>-  </del>		(and	ion soriedale)		-	<u> </u>	nus coi +)
(2)	<del>                                     </del>		<del> </del>	······································				
(3)	+		<del> </del>		<u> </u>	- +		
(4)			<del>                                     </del>		-			
(4)	Enter here and o	n nage 1					Enter her	re and on page 1,
Totals .	Part I, line 9, cot							e 9, column (B).
Schedule I—Exploited Exemp	t Activity Inco			dvertising Inco	ma (coo inctrii	otions)		
Schedule I—Exploited Exemp	ACTIVITY INCO	me, Om	er illan A	avertising inco	The (see instruc	T		<u>,</u>
1. Description of exploited activity	2 Gross unrelated business incon from trade or business	ne conn prod ur	expenses lirectly ected with duction of irelated ess 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	penses utable to umn 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1) N/A				0				C
(2)		T I		0		ĺ		C
(3)		<u> </u>	<u> </u>	0				C
(4)		1	1	0			•	C
Totals .	Enter here and page 1, Part I line 10, col (A	, page	nere and on e 1, Part I, 0, col (B)					Enter here and on page 1, Part II, line 26
Schedule J—Advertising Inco	mo /ana material		0]					I
			2	4I Di-				
Part I Income From Perio	dicais Report	ed on a c	onsolida	ted Basis	T	,		T
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	6. Circulation income		adership osts	7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1) N/A			3					
(2)		1						
(3)		1						
(4)						<b>—</b>		
		<del>-  </del>				<del></del>		
Totals (carry to Part II, line (5))	<b>▶</b> [	n l	ol	Λ	n		n	۸ ا

0

0

Enter here and

on page 1, Part II, line 27

Form 990-T		INIC JACKSONV		- <u></u> -		59-3337028						
Part II	Income From Periodi	•	-	Basis (For each	periodical list	ed in Part II, til	ı ın					
	columns 2 through 7 on a line-by-line basis.)											
	1 Name of periodical	2 Gross advertising income	3 Direct advertising costs	4. Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4)					
(1) N/A				0			0					
(2)				0			0					
(3)				0			0					
(4)				0			0					

(3)

Totals from Part I

▶

Enter here and on

page 1, Part I, line 11, col (A)

Totals, Part II (lines 1-5) . Schedule K—Compensation of Officers, Directors, and Trustees (see instructions 3. Percent of 4. Compensation attributable to 2 Title 1. Name time devoted to business unrelated business (1) % (2) % (3) % (4) % ▶ Total. Enter here and on page 1, Part II, line 14 0

Enter here and on

page 1, Part I, line 11, col (B)

Form 990-T (2018)

# SCHEDULE M (Form 990-T)

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

OMB No 1545-0687

Department of the Treasury Internal Rèvenue Service

For calendar year 2018 or other tax year beginning

, 2018, and ending ► Go to www.irs.gov/Form990T for instructions and the latest information.

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

Name of the organization MAYO CLINIC JACKSONVILLE

**Employer identification number** 59-3337028

Unrelated business activity code (see instructions) ▶ 541610

Describe the unrelated trade or business ▶ MANAGEMENT CONSULTING SERVICES

Par	t I	Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net	
1	a b	Gross receipts or sales 279,219 Less returns and allowances c Balance ▶	1c	279,219			
2		Cost of goods sold (Schedule A, line 7)	2				X
3		Gross profit Subtract line 2 from line 1c	3_	279,219		279,219	
4	а	Capital gain net income (attach Schedule D)	4a			0	
	b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4b			0	
	C	Capital loss deduction for trusts	4c			0	
5		Income (loss) from a partnership or an S corporation (attach statement)	5			0	
6		Rent income (Schedule C)	6			0	
7		Unrelated debt-financed income (Schedule E)	7			0	
8		Interest, annuities, royalties, and rents from a controlled organization (Schedule F)	8			0	
9		Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)	9			0	
10	)	Exploited exempt activity income (Schedule I) .	10			0	
11		Advertising income (Schedule J)	11			0	
12	2	Other income (See instructions, attach schedule) .	12			0	
13	3	Total. Combine lines 3 through 12	13	279,219	0	279,219	
Pari	III	Deductions Not Taken Elsewhere (See instruction deductions must be directly connected with the un				or contributions,	

	,,,		
14	Compensation of officers, directors, and trustees (Schedule K)	14	
15	Salaries and wages	15	109,036
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 22a	22b	
23	Depletion	23	
24	Contributions to deferred compensation plans	24	
25	Employee benefit programs	25	51,614
26	Excess exempt expenses (Schedule I)	26	
27	Excess readership costs (Schedule J)	27	
28	Other deductions (attach schedule)	28	86,308
29	Total deductions. Add lines 14 through 28	29	246,958
30	Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13	30	32,261
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	32,261
or Pane	rwork Reduction Act Notice see instructions	Sche	dule M (Form 990-T) 2018

For Paperwork Reduction Act Notice, see Instructions

MAYO CLINIC JACKSONVILLE 59-3337028 TAX YEAR ENDED DECEMBER 31, 2018 UNRELATED BUSINESS INCOME - SCHEDULE M RECONCILIATION

# SCH M - MANAGEMENT CONSULTING SERVICES

LINE 28

EXPENSE	AMOUNT
TRAVEL	59,099
MEALS	1,666
ADMIN & GENERAL	25,543

TOTAL 86,308

# SCHEDULE M (Form 990-T)

# Unrelated Business Taxable Income for Unrelated Trade or Business

20**18** 

Department of the Treasury Internal Révenue Service

For calendar year 2018 or other tax year beginning

, 2018, and ending

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

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

Open to Public Inspection for

Name of the organization
MAYO CLINIC JACKSONVILLE

Employer identification number 59-3337028

Unrelated business activity code (see instructions) ► 446120

Describe the unrelated trade or business ► COSMETIC CARE PRODUCTS

Par	Part I Unrelated Trade or Business Income			(A) Income	(B) Expenses	(C) Net	(C) Net	
1	a b	Gross receipts or sales 616,524 Less returns and allowances c Balance ►	1c	616,524				
2		Cost of goods sold (Schedule A, line 7)	2					
3		Gross profit Subtract line 2 from line 1c	3	616,524		616,52	4	
4	а	Capital gain net income (attach Schedule D)	4a				<u> </u>	
	b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4b			XI.		
	C	Capital loss deduction for trusts .	4c				<u> </u>	
5		Income (loss) from a partnership or an S corporation (attach statement) .	5					
6		Rent income (Schedule C)	6	]			וכ	
7		Unrelated debt-financed income (Schedule E)	7				ו	
8		Interest, annuities, royalties, and rents from a controlled organization (Schedule F)	8					
9		Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)	9			(		
10	)	Exploited exempt activity income (Schedule I) .	10					
11		Advertising income (Schedule J)	11				וכ	
12	2	Other income (See instructions, attach schedule)	12					
13		Total. Combine lines 3 through 12	13	616,524	0	616,52	4	

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

14	Compensation of officers, directors, and trustees (Schedule K)	14		
15	Salaries and wages .	15	83,844	
16	Repairs and maintenance	16		
17	Bad debts	17		
18	Interest (attach schedule) (see instructions)	18		
19	Taxes and licenses	19		
20	Chantable contributions (See instructions for limitation rules)	20		
21	Depreciation (attach Form 4562)			
22	Less depreciation claimed on Schedule A and elsewhere on return 22a	22b		
23	Depletion	23		
24	Contributions to deferred compensation plans	24		
25	Employee benefit programs	25	23,407	
26	Excess exempt expenses (Schedule I)	26		
27	Excess readership costs (Schedule J)	27		
28	Other deductions (attach schedule)	28	433,830	
29	Total deductions. Add lines 14 through 28	29	541,081	
30	Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13	30	75,443	
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	75,443	

For Paperwork Reduction Act Notice, see instructions.

MAYO CLINIC JACKSONVILLE 59-3337028 TAX YEAR ENDED DECEMBER 31, 2018 UNRELATED BUSINESS INCOME - SCHEDULE M OTHER DEDUCTIONS

### SCH M - COSMETIC CARE PRODUCTS

#### LINE 28

EXPENSE		AMOUNT
TRAVEL		2,863
MEALS		68
SPACE ALLOCATION		48,763
ADMIN & GENERAL		382,136
	TOTAL	433,830

Line 20 (990-T) - Charitable Contributions							
	Check ("X") box	X Corporations	Cash		361,	754	
	, ,	Trusts 50%	Non Cas	sh under \$5000			
		=		sh over \$5000			
		Trusts (combined)	Non Ca	511 OVEL \$3000	Deduction		
					Deduction	Adjustment	<b>\$1</b>
7	Contributions for cui	=		A A	Allowed in Current Year	under Section 170(d)(2)(B)	New Carryover
	Enter the contribution		10% limitation	Amount 361,754	68,896	170(0)(2)(6)	292,858
	Trusts		50% limitation	301,734	00,000		0
			30% limitation		0		. 0
2	Carryover from:						
а	5th preceding period	<u>d</u>	2a				
	Corporations		10% limitation	218,892 0	0		218,892 0
	Trusts		50% limitation 30% limitation	0	0		<del></del>
b	4th preceding period		2b	-	-		<u>_</u>
_	Corporations		10% limitation	114,877	0		114,877
	Trusts		50% limitation	0	0		0
			30% limitation	0	0		<u> </u>
С	3rd preceding period		2c	204 204		İ	204 204
	Corporations Trusts		10% limitation 50% limitation	281,384 0	0		281,384
	TTUSIS		30% limitation	0	0		
d	2nd preceding perio		2d	,			<del></del>
	Corporations		10% limitation	140,942	0		140,942
	Trusts	170(b)(1)(A)	50% limitation	0	0		0
			30% limitation	0	0		0
е	1st preceding period Corporations		2e 10% limitation	205,376	o		205,376
	Trusts		50% limitation	203,370	0		203,370
	1145.6		30% limitation	0	0		0
3	Totals		3	1,323,225	68,896	0	1,254,329
4		next year due to 5 year limits	ation			4 _	218,892
5	Total contribution ca	arryover to next year		•		. 5	1,035,437
	C	omputation of Section 1	179 Doductio	on for Estimat	ed Charitable	Contribution	
	C.	Jinputation of Section	173 Deduction	JII IOI ESIIIIAL	eu Chantable	Contribution	
6	Taxable Income cor	mputed without contribution of	deduction or Se	ection 179		. <b>6</b>	688,955
7		on for purposes of contributi				7 _	0
8		s Section 179 deduction Su		om line 6		8 _	688,955
9		on limitation Enter 10 percei				. 9 -	68,896 68,896
10	Contribution deduct	ion considering Section 179	limitation Sm	aller of line 3, col	umn A or line 9	. 10_	08,890
		Computat	ion of Actua	ıl Charitable C	ontribution		
						44	0
	Actual Section 179	deduction s actual Section 179 deduction	on Subtract li	no 11 from line 6		11 <sub>-</sub>	0 688.955
		leductions limited by line 12	on Subtract ii	ne i i nom me o		13	000,333
		purposes of contribution ded	luction Subtra	act line 13 from lii	ne 12	14	688,955
		on limitation. Enter 10 percei			,	15 <u> </u>	68,896
16	Actual contribution of	deduction Smaller of line 3,	col A, or line 1	5.		. 16	68,896
	00 (000 T)	04h an Dadwa4!					
		Other Deductions					1 112 110
1 2	Admin and General Space Allocation						1,113,119 689,820
	Total other deduction	ins			***************************************	. 3 -	1,802,939
		s expenses for offsetting cre	dits			4	1,802,939

#### MAYO CLINIC JACKSONVILLE 59-3337028 TAX YEAR ENDED DECEMBER 31, 2018 UNRELATED BUSINESS INCOME - PAGE 2 LINE 33 RECONCILIATION

#### **STATEMENT 1**

#### 990-T PAGE 2 LINE 33

 990 PG 1 REFERENCE LAB LINE 32
 550,128

 SCH M CONSULTING LINE 32
 32,261

 SCH M COSMETIC CARE LINE 32
 75,443

657,832

ALLOWED CHARITABLE CONTRIBUTIONS

(65,783)

990-T PAGE 2 LINE 33 592,049

#### MAYO CLINIC JACKSONVILLE (EIN 59-3337028)

Attachment to Amended Return 12/31/2018

Due to the repeal of Section 512(a)(7) we are amending this return. Line 34 of the 990-T was updated to decrease the amounts paid for disallowed fringes on our originally filed return. The amount of charitable contributions allowed to be deducted decreased which caused an increase in Line 33. The net decrease, as a result of the changes in Line 33 and Line 34, caused the amount of unrelated business taxable income to decrease on Lines 36 and 38. The amount of tax reported on Lines 39, 44, 46, and 48 decreased. The amount on Line 50g and 51 increased because of the payment that was made with the originally filed return and the payment that was made because of the notice we received. The tax overpayment on Line 54 increased. Lastly the amount requested to be refunded on Line 55 increased while the amount of refund credited to 2019 estimated tax remains unchanged.

# Mayo Clinic Jacksonville Form 990-T Exempt Organization Business Income Tax Return FEIN 59-3337028 12/31/18

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

Mayo Clinic Jacksonville 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