

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

Form **990-T**

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

OMB No 1545-0687

**2018**

Department of the Treasury  
Internal Revenue Service

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

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

A <input type="checkbox"/> Check box if address changed B Exempt under section <input checked="" type="checkbox"/> 501 (C) (3) <input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e) <input type="checkbox"/> 408A <input type="checkbox"/> 530(a) <input type="checkbox"/> 529(a)	Print or Type Name of organization ( <input type="checkbox"/> Check box if name changed and see instructions ) <b>MAYO CLINIC JACKSONVILLE</b> Number, street, and room or suite no. If a P O box, see instructions <b>4500 SAN PABLO ROAD</b> City or town State ZIP code <b>JACKSONVILLE FL 32224</b> Foreign country name Foreign province/state/county Foreign postal code _____	D Employer identification number (Employees' trust, see instructions) <b>59-3337028</b>
		E Unrelated business activity code (See instructions) <b>621500</b>

C Book value of all assets at end of year **206,143,603**

F Group exemption number (See instructions) ▶ **5983**

G Check organization type ▶  501(c) corporation  501(c) trust  401(a) trust  Other trust

H Enter the number of the organization's unrelated trades or businesses ▶ **3** Describe the only (or first) unrelated trade or business here ▶ **Medical and diagnostic laboratories** If only one, complete Parts I-V. If more than one, describe the first in the blank space at the end of the previous sentence, complete Parts I and II, complete a Schedule M for each additional trade or business, then complete Parts III-V

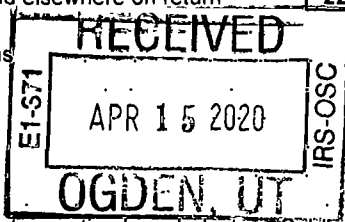
I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? . . . ▶  Yes  No  
 If "Yes," enter the name and identifying number of the parent corporation ▶ **MAYO CLINIC 41-6011702**

The books are in care of ▶ **MAYO CORPORATE TAX UNIT** Telephone number ▶ **507-538-1297**

Part I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
a	Gross receipts or sales	4,100,123		
b	Less returns and allowances			
	c Balance ▶	1c 4,100,123		
	Cost of goods sold (Schedule A, line 7)	2		
	Gross profit Subtract line 2 from line 1c	3 4,100,123		4,100,123
a	Capital gain net income (attach Schedule D)	4a		
b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4b		
c	Capital loss deduction for trusts	4c		
	Income (loss) from a partnership or an S corporation (attach statement)	5		
	Rent income (Schedule C)	6		
	Unrelated debt-financed income (Schedule E)	7		
	Interest, annuities, royalties, and rents from a controlled organization (Schedule F)	8		
	Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)	9		
	Exploited exempt activity income (Schedule I)	10		
	Advertising income (Schedule J)	11		
	Other income (See instructions, attach schedule)	12		
	13 Total. Combine lines 3 through 12	13 4,100,123	0	4,100,123

**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	1,428,416
16	Repairs and maintenance	16	
17	Bad debts	17	
18	Interest (attach schedule) (see instructions)	18	
19	Taxes and licenses	19	66,054
20	Charitable contributions (See instructions for limitation rules)	20	
21	Depreciation (attach Form 4562)	21	
22	Less depreciation claimed on Schedule A and elsewhere on return	22a	
23	Depletion	22b	
24	Contributions to deferred compensation plans	23	
25	Employee benefit programs	24	
26	Excess exempt expenses (Schedule I)	25	252,586
27	Excess readership costs (Schedule J)	26	
28	Other deductions (attach schedule)	27	
29	28 Total deductions. Add lines 14 through 28	28	1,802,939
30	Unrelated business taxable income before net operating loss deduction Subtract line 29 from line 13	29	3,549,995
31	Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions)	30	550,128
32	Unrelated business taxable income Subtract line 31 from line 30	31	
		32	550,128



For Paperwork Reduction Act Notice, see instructions.

Form **990-T** (2018)

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Part III Total Unrelated Business Taxable Income

Table with 3 columns: Line number, Description, and Amount. Includes lines 33-38.

Part IV Tax Computation

Table with 3 columns: Line number, Description, and Amount. Includes lines 39-44.

Part V Tax and Payments

Table with 3 columns: Line number, Description, and Amount. Includes lines 45-55.

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

Table with 3 columns: Line number, Description, and Yes/No checkboxes. Includes lines 56-58.

Under penalties of perjury, I declare that I have examined this return including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Signature and Preparer Information section including fields for Signature of officer, Date, Title, Preparer's name, Date, Firm's name, Firm's address, Firm's EIN, and Phone no.

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

<b>1</b> Inventory at beginning of year	<b>1</b>		<b>6</b> Inventory at end of year	<b>6</b>	
<b>2</b> Purchases	<b>2</b>		<b>7</b> <b>Cost of goods sold.</b> Subtract line 6 from line 5. Enter here and in Part I, line 2	<b>7</b>	0
<b>3</b> Cost of labor	<b>3</b>		<b>8</b> Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?	<b>Yes</b>	<b>No</b>
<b>4 a</b> Additional section 263A costs (attach schedule)	<b>4a</b>				
<b>b</b> Other costs (attach schedule)	<b>4b</b>				
<b>5</b> <b>Total.</b> Add lines 1 through 4b	<b>5</b>	0			

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

(see instructions)

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

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

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

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

1. Name of controlled organization	2. Employer identification number	Exempt Controlled Organizations			
		3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income	6. Deductions directly connected with income in column 5
(1) N/A					
(2)					
(3)					
(4)					
Nonexempt Controlled Organizations					
7. Taxable income	8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10	
(1)					
(2)					
(3)					
(4)					
			Add columns 5 and 10 Enter here and on page 1, Part I, line 8, column (A)	Add columns 6 and 11 Enter here and on page 1, Part I, line 8, column (B)	
<b>Totals</b>			0	0	

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

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

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

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

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

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

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

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

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

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

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

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

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

OMB No 1545-0687

**2018**

Department of the Treasury  
Internal Revenue Service

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

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

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

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

Name of the organization **MAYO CLINIC JACKSONVILLE** Employer identification number **59-3337028**

Unrelated business activity code (see instructions) ▶ **541610**

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

<b>Part I Unrelated Trade or Business Income</b>				(A) Income	(B) Expenses	(C) Net			
<b>1 a</b>	Gross receipts or sales	<u>279,219</u>		<b>1c</b>					
<b>b</b>	Less returns and allowances						<b>279,219</b>		
	<b>c Balance</b> ▶								
<b>2</b>	Cost of goods sold (Schedule A, line 7)								
<b>3</b>	Gross profit Subtract line 2 from line 1c						<b>279,219</b>		<b>279,219</b>
<b>4 a</b>	Capital gain net income (attach Schedule D)								<b>0</b>
<b>b</b>	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)								<b>0</b>
<b>c</b>	Capital loss deduction for trusts								<b>0</b>
<b>5</b>	Income (loss) from a partnership or an S corporation (attach statement)								<b>0</b>
<b>6</b>	Rent income (Schedule C)								<b>0</b>
<b>7</b>	Unrelated debt-financed income (Schedule E)								<b>0</b>
<b>8</b>	Interest, annuities, royalties, and rents from a controlled organization (Schedule F)								<b>0</b>
<b>9</b>	Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)								<b>0</b>
<b>10</b>	Exploited exempt activity income (Schedule I)					<b>0</b>			
<b>11</b>	Advertising income (Schedule J)					<b>0</b>			
<b>12</b>	Other income (See instructions, attach schedule)					<b>0</b>			
<b>13</b>	<b>Total.</b> Combine lines 3 through 12			<b>279,219</b>	<b>0</b>	<b>279,219</b>			

<b>Part II Deductions Not Taken Elsewhere</b> (See instructions for limitations on deductions.) (Except for contributions, deductions must be directly connected with the unrelated business income.)			
<b>14</b>	Compensation of officers, directors, and trustees (Schedule K)		<b>14</b>
<b>15</b>	Salaries and wages		<b>15</b> 109,036
<b>16</b>	Repairs and maintenance		<b>16</b>
<b>17</b>	Bad debts		<b>17</b>
<b>18</b>	Interest (attach schedule) (see instructions)		<b>18</b>
<b>19</b>	Taxes and licenses		<b>19</b>
<b>20</b>	Charitable contributions (See instructions for limitation rules)		<b>20</b>
<b>21</b>	Depreciation (attach Form 4562)		<b>21</b>
<b>22</b>	Less depreciation claimed on Schedule A and elsewhere on return		<b>22a</b>
<b>23</b>	Depletion		<b>23</b>
<b>24</b>	Contributions to deferred compensation plans		<b>24</b>
<b>25</b>	Employee benefit programs		<b>25</b> 51,614
<b>26</b>	Excess exempt expenses (Schedule I)		<b>26</b>
<b>27</b>	Excess readership costs (Schedule J)		<b>27</b>
<b>28</b>	Other deductions (attach schedule)		<b>28</b> 86,308
<b>29</b>	<b>Total deductions.</b> Add lines 14 through 28		<b>29</b> 246,958
<b>30</b>	Unrelated business taxable income before net operating loss deduction Subtract line 29 from line 13		<b>30</b> 32,261
<b>31</b>	Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions)		<b>31</b>
<b>32</b>	Unrelated business taxable income Subtract line 31 from line 30		<b>32</b> 32,261

For Paperwork Reduction Act Notice, see instructions

Schedule M (Form 990-T) 2018

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

**SCH M - MANAGEMENT CONSULTING SERVICES**

**LINE 28**

<b><u>EXPENSE</u></b>	<b><u>AMOUNT</u></b>
TRAVEL	59,099
MEALS	1,666
ADMIN & GENERAL	<u>25,543</u>
<b>TOTAL</b>	<b><u><u>86,308</u></u></b>

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

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

OMB No 1545-0687

**2018**

Department of the Treasury  
Internal Revenue Service

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

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

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

Name of the organization **MAYO CLINIC JACKSONVILLE** Employer identification number **59-3337028**

Unrelated business activity code (see instructions) ▶ **446120**

Describe the unrelated trade or business ▶ **COSMETIC CARE PRODUCTS**

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

<b>Part II Deductions Not Taken Elsewhere</b> (See instructions for limitations on deductions ) (Except for contributions, deductions must be directly connected with the unrelated business income.)				
<b>14</b>	Compensation of officers, directors, and trustees (Schedule K)		<b>14</b>	
<b>15</b>	Salaries and wages		<b>15</b>	83,844
<b>16</b>	Repairs and maintenance		<b>16</b>	
<b>17</b>	Bad debts		<b>17</b>	
<b>18</b>	Interest (attach schedule) (see instructions)		<b>18</b>	
<b>19</b>	Taxes and licenses		<b>19</b>	
<b>20</b>	Charitable contributions (See instructions for limitation rules)		<b>20</b>	
<b>21</b>	Depreciation (attach Form 4562)		<b>21</b>	
<b>22</b>	Less depreciation claimed on Schedule A and elsewhere on return		<b>22a</b>	
<b>23</b>	Depletion		<b>23</b>	
<b>24</b>	Contributions to deferred compensation plans		<b>24</b>	
<b>25</b>	Employee benefit programs		<b>25</b>	23,407
<b>26</b>	Excess exempt expenses (Schedule I)		<b>26</b>	
<b>27</b>	Excess readership costs (Schedule J)		<b>27</b>	
<b>28</b>	Other deductions (attach schedule)		<b>28</b>	433,830
<b>29</b>	<b>Total deductions.</b> Add lines 14 through 28		<b>29</b>	541,081
<b>30</b>	Unrelated business taxable income before net operating loss deduction Subtract line 29 from line 13		<b>30</b>	75,443
<b>31</b>	Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions)		<b>31</b>	
<b>32</b>	<b>Unrelated business taxable income</b> Subtract line 31 from line 30		<b>32</b>	75,443

For Paperwork Reduction Act Notice, see instructions.

Schedule M (Form 990-T) 2018



**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**

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

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

Check ("X") box  Corporations Cash 361,754  
 Trusts 50% Non Cash under \$5000 \_\_\_\_\_  
 Trusts (combined) Non Cash over \$5000 \_\_\_\_\_

1 Contributions for current year		Amount	Deduction Allowed in Current Year	Adjustment under Section 170(d)(2)(B)	New Carryover
Enter the contributions by type					
Corporations	10% limitation	361,754	68,896		292,858
Trusts	170(b)(1)(A) 50% limitation		0		0
	30% limitation		0		0
<b>2 Carryover from:</b>					
<b>a 5th preceding period 2a</b>					
Corporations	10% limitation	218,892	0		218,892
Trusts	170(b)(1)(A) 50% limitation	0	0		0
	30% limitation	0	0		0
<b>b 4th preceding period 2b</b>					
Corporations	10% limitation	114,877	0		114,877
Trusts	170(b)(1)(A) 50% limitation	0	0		0
	30% limitation	0	0		0
<b>c 3rd preceding period 2c</b>					
Corporations	10% limitation	281,384	0		281,384
Trusts	170(b)(1)(A) 50% limitation	0	0		0
	30% limitation	0	0		0
<b>d 2nd preceding period 2d</b>					
Corporations	10% limitation	140,942	0		140,942
Trusts	170(b)(1)(A) 50% limitation	0	0		0
	30% limitation	0	0		0
<b>e 1st preceding period 2e</b>					
Corporations	10% limitation	205,376	0		205,376
Trusts	170(b)(1)(A) 50% limitation	0	0		0
	30% limitation	0	0		0
<b>3 Totals</b>	<b>3</b>	<b>1,323,225</b>	<b>68,896</b>	<b>0</b>	<b>1,254,329</b>
<b>4 Carryover to expire next year due to 5 year limitation</b>				<b>4</b>	<b>218,892</b>
<b>5 Total contribution carryover to next year</b>				<b>5</b>	<b>1,035,437</b>

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

<b>6</b> Taxable Income computed without contribution deduction or Section 179	<b>6</b>	<b>688,955</b>
<b>7</b> Section 179 deduction for purposes of contribution limitation	<b>7</b>	<b>0</b>
<b>8</b> Taxable income less Section 179 deduction Subtract line 7 from line 6	<b>8</b>	<b>688,955</b>
<b>9</b> Maximum contribution limitation Enter 10 percent of line 8	<b>9</b>	<b>68,896</b>
<b>10</b> Contribution deduction considering Section 179 limitation Smaller of line 3, column A or line 9	<b>10</b>	<b>68,896</b>

**Computation of Actual Charitable Contribution**

<b>11</b> Actual Section 179 deduction	<b>11</b>	<b>0</b>
<b>12</b> Taxable income less actual Section 179 deduction Subtract line 11 from line 6	<b>12</b>	<b>688,955</b>
<b>13</b> Net operating loss deductions limited by line 12	<b>13</b>	<b>0</b>
<b>14</b> Taxable income for purposes of contribution deduction Subtract line 13 from line 12	<b>14</b>	<b>688,955</b>
<b>15</b> Maximum contribution limitation. Enter 10 percent of line 14	<b>15</b>	<b>68,896</b>
<b>16</b> Actual contribution deduction Smaller of line 3, col A, or line 15	<b>16</b>	<b>68,896</b>

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

<b>1</b> Admin and General	<b>1</b>	<b>1,113,119</b>
<b>2</b> Space Allocation	<b>2</b>	<b>689,820</b>
<b>3</b> Total other deductions	<b>3</b>	<b>1,802,939</b>
<b>4</b> Total deductions less expenses for offsetting credits	<b>4</b>	<b>1,802,939</b>

**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	<u>75,443</u>	
		657,832

ALLOWED CHARITABLE CONTRIBUTIONS	<u>(65,783)</u>	
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**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