ď	3	,	I								10		
	~ (990-T	Ex	cempt Organi	ization Busi	nes	s Ind	come	e Tax R	etu	ırn	OM	//B No 1545-0047
	Form '	フフリー!		•	xy tax unde							6	004 0
			For cales	ndar year 2019 or other t	•			, and				[2	SWIY
	Donad-	and of the Treesure:		Go to www.irs.gov/	Form990T for instr	uction	ns and	the late	est informa	ion.	··		Out lie leaves
		nent of the Treasury Revenue Service		ot enter SSN numbers or							(c)(3)		o Public Inspection for_ (3) Organizations Only
•	ΑX	Check box if		Name of organization (Check box if na	ame cha	anged an	nd see ins	tructions)			oyer ider	ntification number
-		address changed empt under section		MAYO CLINIC ARI			-		•		(Eutbic	yees uus	t, see instructions)
		501 (C ()(3)	٠ ا	Number, street, and roo		oox, see	e instruct	tions				86-08	800150
		408(e) 220(e)	Print	200 FIRST STREE								ated bus	iness activity code
		408A 530(a)	or Type	City or town	Sta		/\		ZIP code		(See in	structions)
		529(a)	.,,,,	ROCHESTER	МІ	N			55905				
		, 423(2)		Foreign country name			ce/state/		oreign postal c	ode			
_													62
		ok value of all assets at		ip exemption numbe		3)	> 598	33					
_	en	d of yea, 055,470,657	G Chec	ck organization type	► X 501(c) c	orpora	ation	<u> </u>	1(c) trust		401(a) t	rust [Other trust
• -		nter the number of t				es	_		2 D	escri	be the or	ily (or fi	irst) unrelated
		rade or business her											e, describe the
		irst in the blank spac rade or business, the			sentence, complete	s rant	o i diiQ	iii, com	ihiere a oci	ieuu	IC IN IDI 6	auii au	uniUriai
-		Dunng the tax year, wa			n an affiliated group	0137	arent c	suberdia	ny controller	laro	ın?		X Yes No
		"Yes," enter the name									ΔÞ	٠ – ا	Ŭ 1e2 ∏ 140
-		he books are in care		MAYO CORPORA		- 14174			hone numb		► (507) 538-1	297
ı	Pari			Business Incom					Income	Ť	(B) Expen		(C) Net
•		Gross receipts or sa		2,454,16									
		Less returns and allo			c Balance	▶	1c		2,454,16	5		اسر	
	2	Cost of goods sold	(Schedule	e A, line 7)	-	1	2				مرر		
	3	Gross profit. Subtra					3		2,454,16	5,24			2,454,165
	4 a	Capital gain net ince	ome (atta	ich Schedule D)		[4a		• /			• •	
	b	Net gain (loss) (For	m 4797, I	Part II, line 17) (atta	ch Form 4797) .		4b					1,100	
	C	Capital loss deducti					4c						
	5	Income (loss) from	a partner	ship or an S corpora	ition			$ec{} ec{} ec{$	RF	(CF	IVE)	
	_	(attach statement)		•		ļ	5/					S	
	6	Rent income (Scher	•	ana (Calcedel e E)	•	<i>\</i>	6	$\vdash \vdash \vdash$	S KIN	/ 10	3 2020		
	7 8	Unrelated debt-final Interest, annuities, roya			raanization (Cohodiila)	<u>/</u>	7 8	\vdash	S NO	" "	ט בטבט	33	
	9	Investment income of a					9						•
	10	Exploited exempt a			inzation (outeone G)	<u> </u>	10		OG	ФE	N, U	F	
	11	Advertising income	-			}	11	<u> </u>	-	T			<u> </u>
	12	Other income (See				}	12						
	13	Total. Combine line				f	13		2,454,16	5		0	2,454,165
	Part	Deductions	Not Ta	ken Elsewhere	See instructions	for lir		ns on			Deducti	ons m	
•				ith the unrelated						_ ` `	- 		
-	14	Compensation of of										14	
	15	Salaries and wages						•	•		•	15	683,527
	16	Repairs and mainte				•						16	
	17	Bad debts	٠								•	17	
	18	Interest (attach scho		e instructions)	•							18	
	19	Taxes and licenses										19	100,519
	20	Depreciation (attach							20				
	21	Less depreciation c	jaimed or	n Schedule A and el	sewhere on return			٠	21a			21b	
	22	Depletion Contributions to def		, managation ::!		\			•	٠	•	22	····
	23	Contributions to def										23	202 602
	24 25	Employee benefit po Excess exempt exp				٠						25	292,693
	26	Excess readership			<u></u>)				•	26	
	27	Other deductions (a			(1) MM.1.	. 1.	/		•		•	27	4,826
	28	Total deductions.			IN MIT	\nearrow				• •		28	1,081,565
	29	Unrelated business			peration loss dedu	ction	Subtra	ct line	28 from line	13		29	1,372,600
	30	Deduction for net of										ПП	
		instructions).			- -			•		.(f_{1}	30	
_	31/	Unrelated business	taxable i	ncome Subtract line	30 from line 29				<u>.</u>	<u>· </u>		31	1,372,600
-	For Pa	perwork Reduction	Act Notice	e, see instructions.								F	orm 990-T (2019)

romis	90-y (2019)	MAYO CLINIC ARIZONA			86-080	<i>ו</i> עדטע		Page Z
Part	HI T	Total Unrelated Business Taxable	e Income					
32	Total of	unrelated business taxable income con	puted from all unrelated trades or b	usipesses (see		8		
	instructi			1	11	32	1	,482,731
33	Amount	s paid for disallowed fringes	\ h\v\	.1	J, L	33		0
34		ole contributions (see instructions for lim	itation rules)	٠. بر ل ر	91	34		148,273
35		related business taxable income before	, , ,	tion. Subtract	7			
					51	35	1	,334,458
36		on for net operating loss arising in tax ye		18 (see	9 F	7	i	100 11 100
	instructi					36		
37		unrelated business taxable income before			·∽⊦	第十	••••••	224 450
38		deduction (Generally \$1,000, but see li		SO FORE IN SS .		38	1	,334,458
					- € }-	10		1,000
39		ed business taxable income. Subtract	line 38 from line 37. If line 38 is gre	ater than line 37,	\)			
<u> </u>			`` 	```	ין ע	39	1	<u>,333,458</u>
Part		Tax Computation						
40 "		ations Taxable as Corporations. Multi			> L	40		280,026
41	Trusts 7	Faxable at Trust Rates. See instruction			9			
			ule or Schedule D (Form 104)	1)	>	41		
42	Proxy to	x. See instructions	· · · · · · · · · · · · · · · · · · ·		▶ □	42		
43	Alternati	ve minimum tex (trusts only)	Y CT Z	, , , ,	Γ	43		
44	Tax on	Noncompliant Facility Income. See in	structions		٦٦	44		***************************************
45		dd lines 42, 43, and 44 to line 40 or 41,				45		280,026
Part		ax and Payments						
		tax credit (corporations attach Form 11	18; trusts attach Form 1116) 46a	1		T		
b		***	46b			- 1		
		edits (see instructions) . business credit. Attach Form 3800 (see				- 1		
Ç						- 1		
đ		r prior year minimum tax (attach Form t	3801 or 8827) 46d	J	~~	1		
		edits. Add lines 46a through 46d	· · · · · · · · · · · · · · · · · · ·		1e	46e		0
47		line 46e from line 45	· • • • • • • • • • • • • • • • • • • •		, , <u>L</u>	47		280,026
48		ss. Check if from. Form 4255 Form 86		Other (attach sched	tule)	43		
49		x. Add lines 47 and 48 (see instructions)			HL	49		280,026
50		t 965 tax liability paid from Form 965-A		ine 3	. 1	50		
51 a	Paymen	ts. A 2018 overpayment credited to 201	9	9	6,007			
b	2019 es	limated tax payments		33	0,000	١		
C	Tax dep	osited with Form 8868	Stc			- 1		
đ	Foreign	organizations. Tax paid or withheld at s	ource (see instructions) . 51d			1		
•			Ste					
f		r small employer health insurance prem				- 1		
g		edits, adjustments, and payments		1				
•		1 4136 Other	- TCC/		ا			
63			Total 5tg	<u> </u>		4		
52		yments. Add lines 51a through 51g			∸ ⊢)		426,007
53		d tax penalty (see instructions). Check		· · · · · · •		<u> </u>		
54		. If line 52 is less than the total of lines 4				54		0
55		ment. If line 52 is larger than the total of			()	55		145 981
60	Enter the	amount of line 55 you want: Credited to 2	020 estimated tax 🕨 14	5,981 Refunded	111	56		0
Part	VI St	atements Regarding Certain Act	vities and Other Information	(see instructions)	1		
57	At any tii	me during the 2019 calendar year, did t	ne organization have an interest in o	or a signature or	other au	thority	,	es No
		nancial account (bank, securities, or oth					<u> </u>	
		Form 114, Report of Foreign Bank and					1	ı
	here >	Total Control of Contr	t the test to test of the t	no name or tre re	neign o	Jona y	ł	\ \ \
58		e tax year, did the organization receive a d	etribution from or was it the granter of	l or transforms to	a famian	thurst 2		-
••	is "Voc "	see instructions for other forms the orga		i, di Balisieldi (d,	a ioreign	: trupts		<u> </u>
£0				•				
59		amount of tax-exempt interest received						
	(Space	r penalties of periory, I declare that I have exergined this re ompleto. Declaration of preparer (other than tappayer) is t	meti skuludsig eccompanying schedules and slaten Jased on all information of which moreover has seen	eras and to the best of r	ny Knowled	39 euro pene	r il istrue, c	ortect,
Sign			I so to m to			lav the IRS	discuss this	CONTRACTOR SANTON
Here			11/43/23 TAX DIREC	TOR	*	se brebeter	snowr below	
		nature of officer	Date Title		la.	retructions)?	Yes	No
		Print/Typs preparer's name	Preparer's signature	Date	-	— .	PTIN	
Paid	l	• •	* ***		Check self-em	rimer		
Prep	arer	Plude action the	<u> </u>	L			L	***************************************
Use		Firm's name			Fam's El	NP		
	~7	Firm's andress -		j	Shoot	•		

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MAYO CLINIC ARIZONA

86-0800150

Page 3

Schedule A—Cost of Goo	ds Sold. Ente	r method o	f inventory valuat	ion	>				
1 Inventory at beginning of		1			entory at en	d of year .	6		
2 Purchases	_	2				sold. Subtract			
3 Cost of labor .		3			_	5 Enter here			
4 a Additional section 263A	costs				d in Part I. lii		7		0
(attach schedule)		la	8	Dο	the rules of	section 263A (wit	h respec	t to Ye	s No
b Other costs (attach sched		lb				ced or acquired for			
5 Total. Add lines 1 through		5			oly to the org		, , , , , , , , , , , , , , , , , , , ,	1883	
Schedule C—Rent Income							perty)	<u> </u>	
(see instructions)	(оро. су ч		PU.	i, Loudou		, рес. су	•	
Description of property									
(1) N/A									
(2)									
(3)			·						
(4)									
	2 Rent recen	red or accrued					_		
(a) From personal property (if the pe for personal property is more than more than 50%)		percentag	om real and personal prop le of rent for personal pro f the rent is based on prof	perty	exceeds	3(a) Deductions di in columns 2(a		ected with the in- attach schedule	
(1)									
(2)									
(3)						-			
(4)			"						
Total	0	Total			0		_		
(c) Total income. Add totals of co here and on page 1, Part I, line 6,	column (A) .	` . ▶			0	(b) Total deduc Enter here and o Part I, line 6, coli	n page 1,		0
Schedule E—Unrelated De	ebt-Financed	Income (se	ee instructions)						
Description of debt	-financed property		2. Gross income from allocable to debt-finance			Deductions directly con to debt-finance	ed property		
·			property		(a) Straight line depreciation (attach schedule)		(b) Other deductions (attach schedule)		S
(1) N/A			-			i			
(2)									
(3)									,
(4)									
Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5. Average ad of or alloc debt-finance (attach sc	able to d property	6. Column 4 divided by column 5			come reportable 2 × column 6)	(column	ocable deduction 6 × total of colu 3(a) and 3(b))	
(1)				%		0			0
(2)				%		0			0
(3)				%		0			0
(4)				%		0			0
					Enter here	and on page 1,	Enter he	ere and on pa	ge 1,
					Part I, line	7, column (A).	Part I, I	ine 7, column	(B).
Totals	•		. (▶ [<u> </u>	0			0
Total dividends-received deduc	tions included in	column 8				▶			
								Form 990- 7	Г (2019)

86-0800150

Schedule F—Interest, Annuitie	es, Royalties,			Controlled Org Organizations	aniz	zations (see	<u>instru</u>	ctions)	
Name of controlled organization	2. Employer dentification number	3. Net uni	related incomi	e 4. Total of speci		5. Part of colur included in the organization's g	controlla	ng conn	reductions directly sected with income in column 5
(1) N/A									
(2)				İ		<u> </u>			
(3)									
(4)									
Nonexempt Controlled Organizations	5								
7. Taxable Income	8. Net unrelated (loss) (see instru			Total of specified payments made		10. Part of colu- included in the organization's g	ne controlling connec		Deductions directly ected with income in column 10
(1)									
(2)									
(3)						ļ			
(4)						ļ			
						Add columns Enter here and Part I, line 8, c	on page	1. Enter l	columns 6 and 11 here and on page 1, , line 8, column (B)
Totals					<u> </u>	L.,		이	0
Schedule G—Investment Inco	me of a Section	on 501(c			<u>atio</u>	n (see instru	ctions)		
1. Description of income	2. Amount of (income	dire	l. Deductions ectly connected tach schedule)		4. Set-asides (attach schedu			et-asides (col 3
(1) N/A			ļ		\perp				0
(2)	ļ <u> </u>	 			+				0
(3)					+				0
(4)			ແຂນແຕ່ຕົນແດ້ນຂອນທີ		manan	un al easen east and an a	anammunam	r	0
Totals	Enter here and of Part I, line 9, col	umn (A)							re and on page 1, e 9, column (B). 0
Schedule I—Exploited Exemp	t Activity Inco	me, Oth	er Than /	Advertising Inc	ome	e (see instruc	tions)		
1 Description of exploited activity	2. Gross unrelated business incon from trade of business	me conn r prod un	expenses irrectly ected with duction of irrelated 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. fro	. Gross income om activity that is not unrelated usiness income	attrib	xpenses utable to lumn 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1) N/A					0				, 0
(2)					0				Ö
(3)					0				0
(4)					0				0
Totals .	Enter here and page 1, Part 1 line 10, col. (A	l, page	nere and on a 1, Part I, 0, col (R)	grand and higher patients and deather				000 000 000 000 000 000 000 000 000 00	Entor hero and on page 1, Part II, line 75
Schedule J-Advertising Inco	me (see instruct	tions)			*****				
Part I Income From Perio			Consolid	ated Basis					· · · · · · · · · · · · · · · · · · ·
111001101101110	The state of the s	1			1				
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 costs	7. Excess readership costs (column 6 minus column 5 but not more than column 4)
(1) N/A									
(2)									
(3)									
(4)									
Totale (access to the control of the					_ ا	_		_	_
Totals (carry to Part II, line (5))	<u> </u>	0]	0]		0	0		0	<u> </u>

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MAYO CLINIC ARIZONA

86-0800150

Page 5

Part II Income From Pe		•	•	Basis (For each	periodical list	ed in Part II, fil	l in
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
Totals from Part I	•	O	0				0
Totale Port II (lines 1 - 5)		Fnter 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 26

Schedule K—Compensation of Officers, Dire	ctors, and Irustees (see instructions		
1. Name	2 Title	3. Percent of time devoted to business	Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
Total. Enter here and on page 1, Part II, line 14	•	. >	0

Form **990-T** (2019)

SCHEDULE M (Form 990-T)

Unrelated Business Taxable Income from an Unrelated Trade or Business

OMB No 1545-0047

Department of the Treasury

ar year 2019 or other tax year beginning , 2019, and ending
Go to www.irs.gov/Form990T for instructions and the latest information. For calendar year 2019 or other tax year beginning

Name of	the organization	o made p	aone ii year ergar	1	Employer ic		ation number	Olly
	CLINIC ARIZONA			8	<u>6-0800150</u>			
	ated Business Activity Code (see instructions) 54							
Desc	ribe the unrelated trade or business ► PROFESSIONAL SCIENT	IFIC AN	D TECHNICAL	SERVICE	ES			_
Part I	Unrelated Trade or Business Income		(A) Income		(B) Expense	s	(C) Net	
1 a	Gross receipts or sales 253,271							
b	Less returns and allowancesc Balance ▶	1c	253,271	\$ 90.0				
2	Cost of goods sold (Schedule A, line 7)	2						
3	Gross profit Subtract line 2 from line 1c .	3	253,271				253,271	
4 a	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					o	Ĺ
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	253,271		0		253,271	
Part II	Deductions Not Taken Elsewhere (See instructions for I connected with the unrelated business income)	imitation	s on deduction	s) (Deduc	ctions must	be dire	ctly	
14	Compensation of officers, directors, and trustees (Schedule K)		•			14		
15	Salaries and wages			•		15	86,795	<u> </u>
16	Repairs and maintenance			•		16		
17	Bad debts					17		
18	Interest (attach schedule) (see instructions)	•				18		ļ
19	Taxes and licenses			•	ı	19		
20	Depreciation (attach Form 4562) .	•	20				į	1
21	Less depreciation claimed on Schedule A and elsewhere on return		21a			21b		,
22	Depletion	•				22		
23	Contributions to deferred compensation plans					23		
24	Employee benefit programs					24	19,018	
25	Excess exempt expenses (Schedule I)					25		
26	Excess readership costs (Schedule J)					26		
27	Other deductions (attach schedule)					27	37,327	

Total deductions. Add lines 14 through 27

Unrelated business taxable income before net operating loss deduction. Subtract line 28 from line 13

Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see

143,140

110,131

28

29

30

28

29

30

MAYO CLINIC ARIZONA 86-0800150 TAX YEAR ENDED DECEMBER 31, 2019 UNRELATED BUSINESS INCOME - SCHEDULE M RECONCILIATION

SCH M - Professional, Scientific, and Technical Services

LINE 27		
EXPENSE		AMOUNT
OVERHEAD		4,657
ALLOCATED COST		32,670
	TOTAL	37,327

Mayo Clinic Arizona Form 990-T Exempt Organization Business Income Tax Return FEIN: 86-0800150 12/31/19

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

Mayo Clinic Arizona 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

Lii	ne 27 (990-T) - Other Deductions				
	Allocated Costs			1	4,826
	Total other deductions .			2 _	4,826
_3	Total deductions less expenses for offsetting credits		<u> </u>	3	4,826
Lii	ne 34 (990-T) - Charitable Contributions				
	Check ("X") box X Corporations Cash		179,	<u>750</u>	
	Trusts 50% Non Ca	sh under \$5000			
	Trusts (combined) Non Ca	sh over \$5000			
			Deduction	Adjustment	
1	Contributions for current year		Allowed in	under Section	New
	Enter the contributions by type	Amount	Current Year	170(d)(2)(B)	Carryover
	Corporations 10% limitation		148,273	- \-/\-/\-/	31,477
	Trusts 170(b)(1)(A) 50% limitation		0		0
_	30% limitation		0		0
	Carryover from:				
а	5th preceding period 2a Corporations 10% limitation	اه	0		0
	Trusts 170(b)(1)(A) 50% limitation		0		0
	30% limitation		0		0
b	4th preceding period 2b				
	Corporations 10% limitation		0		32,959
	Trusts 170(b)(1)(A) 50% limitation 30% limitation		0		0
c	30% irritation 30% control 30% irritation	<u> </u>	U		
Ĭ	Corporations 10% limitation	45,075	o	İ	45,075
	Trusts 170(b)(1)(A) 50% limitation		0		0
	30% limitation	0	0		0
d	2nd preceding period . 2d				
	Corporations 10% limitation Trusts 170(b)(1)(A) 50% limitation		0		144,978 0
	30% limitation		0		
е	1st preceding period 2e	Ĭ			
	Corporations 10% limitation		0		25,551
	Trusts 170(b)(1)(A) 50% limitation		0		0
•	30% limitation		0		0
3 4	Totals . 3 Carryover to expire next year due to 5 year limitation	428,313	148,273	0	280,040
-	Total contribution carryover to next year		• • •	. 4 _	280,040
	, , , , , , , , , , , , , , , , , , , ,	·		• •	
	Computation of Section 179 Deduction	on for Estimat	ed Charitable	Contribution	
_	Tarable la como como de diretto de contrato de de contrato de cont				4 400 700
	Taxable Income computed without contribution deduction or S Section 179 deduction for purposes of contribution limitation				1,482,728 0
8	Taxable income less Section 179 deduction Subtract line 7 fr	om line 6		, , , ,	1,482,728
9				· • -	148,273
10	Contribution deduction considering Section 179 limitation Sm	aller of line 3, col	umn A or line 9	10 _	148,273
	Computation of Actua	al Charitable C	ontribution	-	
44	Actual Section 170 dedication			4.0	^
	Actual Section 179 deduction Taxable income less actual Section 179 deduction Subtract II	ine 11 from line 6	• •	11 _ 12	1,482,728
	Net operating loss deductions limited by line 12	ine i i nom ime o	•	13	1,462,726
	Taxable income for purposes of contribution deduction Subtra	act line 13 from lir	ne 12	14	1,482,728
				15 _	148,273
16	Actual contribution deduction Smaller of line 3, col A, or line	15		16 -	148.273