

Part IV

Checklist of Required Schedules

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A 	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I 		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II 	Yes	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III 		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I 		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II 		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 	Yes	
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV 		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 	Yes	
11	If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI. 	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII. 	Yes	
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII. 		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX. 	Yes	
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X. 	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X. 	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII 		No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional 	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 	Yes	
14a	Did the organization maintain an office, employees, or agents outside of the United States?	Yes	
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Part I 	Yes	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S ? If "Yes," complete Schedule F, Part II and IV 	Yes	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the U S ? If "Yes," complete Schedule F, Part III and IV 		No
17	Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I 	Yes	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II 		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III 		No
20a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H 	Yes	
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? Note. All Form 990 filers that operated one or more hospitals must attach audited financial statements 	Yes	

Part IV

Checklist of Required Schedules (continued)

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

Part V Statements Regarding Other IRS Filings and Tax Compliance			
Check if Schedule O contains a response to any question in this Part V ☐			
		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.	1a0	
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	1b0	
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements filed for the calendar year ending with or within the year covered by this return	2a19,515	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).	2bYes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3aYes	
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3bYes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account or securities account)?	4aYes	
b	If "Yes," enter the name of the foreign country: <u>GM, CA, MP</u> See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . .	5a	No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	No
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c	
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a	No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7cYes	
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d5	
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . .	7f	No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8	
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the organization make any taxable distributions under section 4966?	9a	
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b	
10	Section 501(c)(7) organizations. Enter		
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11	Section 501(c)(12) organizations. Enter		
a	Gross income from members or shareholders	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? Note. All 501(c)(29) organizations must list in Schedule O each state in which they are licensed to issue qualified health plans, the amount of reserves required by each state, and the amount of reserves the organization allocated to each state.	13a	
b	Enter the aggregate amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b	
c	Enter the aggregate amount of reserves on hand	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	No
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O . . .	14b	

Part VI

Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.
Check if Schedule O contains a response to any question in this Part VI ☒

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year		
1a	29		
b	Enter the number of voting members included in line 1a, above, who are independent	1b	11
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	Yes
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3	Yes
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5	No
6	Did the organization have members or stockholders?	6	No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
a	The governing body?	8a	Yes
b	Each committee with authority to act on behalf of the governing body?	8b	Yes
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	No

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

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

Section C. Disclosure

17	List the States with which a copy of this Form 990 is required to be filed▶AL , AK , AR , AZ , CA , CO , CT , FL , GA , HI , IL , KS , KY , ME , MD , MA , MI , MN , MS , NH , NJ , NM , NY , ND , OH , OK , OR , PA , RI , SC , TN , UT , VA , WA , WV , WI , NC
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply. ☐ Own website ☐ Another's website ☒ Upon request
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table.
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization. ▶ CORPORATE TAX 200 FIRST STREET SW ROCHESTER, MN 55905 (507) 538-1297

Check if Schedule O contains a response to any question in this Part VII

☐ Check this box if neither the organization nor any related organizations compensated any current or former officer, director, or trustee

Form **990** (2011)

Part VIII

Statement of Revenue

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns . . .	1a67,319	834,802,485			
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations	1d187,488,297				
	e	Government grants (contributions)	1e267,019,520				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f380,227,349				
	g	Noncash contributions included in lines 1a-1f \$ 20,733,359					
	h	Total. Add lines 1a-1f					
Program Service Revenue			Business Code	2,705,225,032			
	2a	PATIENT CARE REVENUE	6200002,135,208,369				
	b	SHARED SERVICE REVENUE	561000515,911,272				
	c	EDUCATION REVENUE	61160038,764,264				
	d	MEDICAL PRODUCT SALES	4461999,300,326				
	e	RESEARCH REVENUE	5417003,514,169				
	f	All other program service revenue					
	g	Total. Add lines 2a-2f					
Other Revenue	3	Investment income (including dividends, interest and other similar amounts)		99,297,681		-5,323,356	104,621,037
	4	Income from investment of tax-exempt bond proceeds . . .					
	5	Royalties		867,178	486,850	380,328	
	6a	Gross rents	(i) Real				
			1,834,212				
			2,555,689				
			-721,477				
	b	Less rental expenses		-721,477		-448,595	-272,882
	c	Rental income or (loss)					
	d	Net rental income or (loss)					
	7a	Gross amount from sales of assets other than inventory	(i) Securities	78,385,969			78,385,969
			1,158,274,766				
			1,076,349,246				
			81,925,520				
	b	Less cost or other basis and sales expenses					
	c	Gain or (loss)					
	d	Net gain or (loss)					
	8a	Gross income from fundraising events (not including \$ of contributions reported on line 1c) See Part IV, line 18	a				
	b	Less direct expenses	b				
	c	Net income or (loss) from fundraising events . . .					
	9a	Gross income from gaming activities See Part IV, line 19	a				
	b	Less direct expenses	b				
	c	Net income or (loss) from gaming activities . . .					
	10a	Gross sales of inventory, less returns and allowances	a				
	b	Less cost of goods sold	b				
	c	Net income or (loss) from sales of inventory . . .					
	Miscellaneous Revenue		Business Code	10,205,555	10,205,555		
	11a	CAFETERIA/VENDING	722210				
	b	PARKING	8129304,487,634				
	c	MANAGEMENT FEE REVENUE	5416103,176,759				
	d	All other revenue					
	e	Total. Add lines 11a-11d					
	12	Total revenue. See Instructions		3,738,795,160	2,446,987,193	262,185,137	194,820,345

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns
All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D)
Check if Schedule O contains a response to any question in this Part IX

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States See Part IV, line 21	119,198,497	119,198,497		
2	Grants and other assistance to individuals in the United States See Part IV, line 22	4,271,189	4,271,189		
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16	2,034,278	2,034,278		
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	19,849,577	13,219,534	5,637,828	992,215
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	8,103,374	6,978,678	1,102,559	22,137
7	Other salaries and wages	1,525,184,141	1,477,423,808	31,734,906	16,025,427
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	112,524,151	108,373,117	2,876,917	1,274,117
9	Other employee benefits	-4,678,621	-7,260,291	1,789,253	792,417
10	Payroll taxes	87,610,357	84,378,397	2,239,943	992,017
11	Fees for services (non-employees)				
a	Management	2,362,958	2,194,681	35,848	132,429
b	Legal	10,695,166	814,774	9,769,928	110,464
c	Accounting	217,450	116,235	101,215	
d	Lobbying	757,802		757,802	
e	Professional fundraising See Part IV, line 17	2,361,803			2,361,803
f	Investment management fees	4,392,102		4,392,102	
g	Other	506,850,578	138,135,870	364,679,851	4,034,857
12	Advertising and promotion	1,081,124	1,058,561	19,914	2,649
13	Office expenses	90,315,042	86,370,224	2,603,539	1,341,279
14	Information technology	117,561,019	6,422,568	111,042,272	96,179
15	Royalties				
16	Occupancy	268,362,539	256,452,199	10,458,159	1,452,181
17	Travel	33,547,847	31,672,052	683,329	1,192,466
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	5,339,322	5,022,971	167,277	149,074
20	Interest	22,612,289	5,144,382	17,467,907	
21	Payments to affiliates	17,187,623	17,187,623		
22	Depreciation, depletion, and amortization	122,915,800	121,522,936	1,335,030	57,834
23	Insurance	9,868,710	9,867,110	1,600	
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				
a	MEDICAL SUPPLIES	244,060,483	244,060,483		
b	UNRELATED BUSINESS INCO	7,065,787		7,065,787	
c	MN CARE TAX	33,839,717	33,839,717		
d	BAD DEBT EXPENSE	23,714,414	23,714,414		
e					
f	All other expenses	14,388,861	12,291,969	1,887,922	208,970
25	Total functional expenses. Add lines 1 through 24f	3,413,595,379	2,804,505,976	577,850,888	31,238,515
26	Joint costs. Check here ☐ if following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X

Balance Sheet

					(A)		(B)
					Beginning of year		End of year
Assets	1	Cash—non-interest-bearing			59,460	1	2,017,475
	2	Savings and temporary cash investments			3,947,589	2	9,329,102
	3	Pledges and grants receivable, net			207,705,478	3	200,837,962
	4	Accounts receivable, net			421,434,900	4	382,468,264
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L				5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L				6	
	7	Notes and loans receivable, net			47,392,176	7	48,400,118
	8	Inventories for sale or use			4,361,895	8	3,298,091
	9	Prepaid expenses and deferred charges			14,772,881	9	15,089,234
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	2,276,211,700			
	b	Less accumulated depreciation	10b	1,133,324,012	1,164,379,284	10c	1,142,887,688
	11	Investments—publicly traded securities			92,743,018	11	96,582,824
	12	Investments—other securities See Part IV, line 11			3,515,983,277	12	3,773,173,428
	13	Investments—program-related See Part IV, line 11				13	
	14	Intangible assets				14	
	15	Other assets See Part IV, line 11			1,474,055,541	15	1,896,643,363
	16	Total assets. Add lines 1 through 15 (must equal line 34)			6,946,835,499	16	7,570,727,549
Liabilities	17	Accounts payable and accrued expenses			1,577,704,695	17	1,867,748,412
	18	Grants payable				18	
	19	Deferred revenue			51,572,770	19	50,271,287
	20	Tax-exempt bond liabilities			1,115,632,710	20	1,405,803,416
	21	Escrow or custodial account liability Complete Part IV of Schedule D			65,453	21	0
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L				22	
	23	Secured mortgages and notes payable to unrelated third parties			68,024,336	23	295,720,065
	24	Unsecured notes and loans payable to unrelated third parties				24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D			1,951,492,504	25	2,164,396,146
	26	Total liabilities. Add lines 17 through 25			4,764,492,468	26	5,783,939,326
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here ☒ and complete lines 27 through 29, and lines 33 and 34.						
	27	Unrestricted net assets			843,985,684	27	394,471,388
	28	Temporarily restricted net assets			717,483,227	28	725,544,506
	29	Permanently restricted net assets			620,874,120	29	666,772,329
	Organizations that do not follow SFAS 117, check here ☐ and complete lines 30 through 34.						
	30	Capital stock or trust principal, or current funds				30	
	31	Paid-in or capital surplus, or land, building or equipment fund				31	
	32	Retained earnings, endowment, accumulated income, or other funds				32	
	33	Total net assets or fund balances			2,182,343,031	33	1,786,788,223
	34	Total liabilities and net assets/fund balances			6,946,835,499	34	7,570,727,549

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	3,738,795,160
2	Total expenses (must equal Part IX, column (A), line 25)	2	3,413,595,379
3	Revenue less expenses Subtract line 2 from line 1	3	325,199,781
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	2,182,343,031
5	Other changes in net assets or fund balances (explain in Schedule O)	5	-720,754,589
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	1,786,788,223

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII

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

SCHEDULE A
(Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047

2011

Open to Public
Inspection

Name of the organization MAYO CLINIC	Employer identification number 41-6011702
---	--

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

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

- 1

☐

A church, convention of churches, or association of churches **section 170(b)(1)(A)(i).**
- 2

☐

A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E)
- 3

☐

A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4

☐

A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state
- 5

☐

An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II)
- 6

☐

A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7

☐

An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)** (Complete Part II)
- 8

☐

A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)
- 9

☒

An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)
- 10

☐

An organization organized and operated exclusively to test for public safety Se**section 509(a)(4).**
- 11

☐

An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h

a

☐

Type I

b

☐

Type II

c

☐

Type III - Functionally integrated

d

☐

Type III - Other

e

☐

By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)

f

☐

If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box

g

☐

Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

(i)

a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization?

(ii)

a family member of a person described in (i) above?

(iii)

a 35% controlled entity of a person described in (i) or (ii) above?

h

☐

Provide the following information about the supported organization(s)

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of support?
			Yes	No	Yes	No	Yes	No	
Total									

Part II

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

Section A. Public Support						
Calendar year	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public Support. Subtract line 5 from line 4						

Section B. Total Support						
Calendar year	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income (Explain in Part IV) Do not include gain or loss from the sale of capital assets						
11 Total support (Add lines 7 through 10)						
12 Gross receipts from related activities, etc (See instructions)					12	
13 First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here						

Section C. Computation of Public Support Percentage						
14 Public Support Percentage for 2011 (line 6 column (f) divided by line 11 column (f))		14				
15 Public Support Percentage for 2010 Schedule A, Part II, line 14		15				
16a 33 1/3% support test—2011. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization						
b 33 1/3% support test—2010. If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization						
17a 10%-facts-and-circumstances test—2011. If the organization did not check a box on line 13, 16a, or 16b and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization						
b 10%-facts-and-circumstances test—2010. If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization						
18 Private Foundation If the organization did not check a box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions						

Part IIISupport Schedule for Organizations Described in IRC 509(a)(2)

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

Section A. Public Support						
Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	643,269,354	537,306,055	286,081,699	546,721,460	834,802,485	2,848,181,053
2Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	1,928,396,804	1,941,912,542	2,045,718,507	2,175,100,797	2,446,070,773	10,537,199,423
3Gross receipts from activities that are not an unrelated trade or business under section 513	15,846,575	15,395,969	4,360,503	4,263,677	4,487,634	44,354,358
4Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5The value of services or facilities furnished by a governmental unit to the organization without charge						
6Total. Add lines 1 through 5	2,587,512,733	2,494,614,566	2,336,160,709	2,726,085,934	3,285,360,892	13,429,734,834
7aAmounts included on lines 1, 2, and 3 received from disqualified persons						0
bAmounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						0
cAdd lines 7a and 7b						0
8Public Support (Subtract line 7c from line 6.)						13,429,734,834

Section B. Total Support						
Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9Amounts from line 6	2,587,512,733	2,494,614,566	2,336,160,709	2,726,085,934	3,285,360,892	13,429,734,834
10aGross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	7,263,647	-13,096,658	8,240,020	88,918,239	99,682,684	191,007,932
bUnrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975			3,757,095	4,963,818	20,061,164	28,782,077
cAdd lines 10a and 10b	7,263,647	-13,096,658	11,997,115	93,882,057	119,743,848	219,790,009
11Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	1,565,261	935,926	1,814,220	2,874,530	52,209	7,242,146
13Total support (Add lines 9, 10c, 11 and 12.)	2,596,341,641	2,482,453,834	2,349,972,044	2,822,842,521	3,405,156,949	13,656,766,989
14First Five Years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here ☐						

Section C. Computation of Public Support Percentage			
15Public Support Percentage for 2011 (line 8 column (f) divided by line 13 column (f))	15	98.340 %	
16Public support percentage from 2010 Schedule A, Part III, line 15	16	99.070 %	

Section D. Computation of Investment Income Percentage			
17	Investment income percentage for 2011 (line 10c column (f) divided by line 13 column (f))	17	1 610 %
18	Investment income percentage from 2010 Schedule A, Part III, line 17	18	0 870 %
19a	33 1/3% support tests—2011. If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not more than 33 1/3%, check this box and stop here . The organization qualifies as a publicly supported organization ☒		
b	33 1/3% support tests—2010. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here . The organization qualifies as a publicly supported organization ☐		
20	Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions ☐		

Part IV **Supplemental Information.** Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Explanation
SCHEDULE A, PART II, LINE 12, EXPLANATION OF OTHER INCOME MISCELLANEOUS RECYCLING BOOKSTORE SALES
SCHEDULE A, PART IV, SUPPLEMENTAL INFORMATION WHILE THE IRS DETERMINED THAT MAYO CLINIC QUALIFIES UNDER LINE 9, AN ORGANIZATION THAT NORMALLY RECEIVES (1) MORE THAN 33 1/3% OF ITS SUPPORT FROM CONTRIBUTIONS, MEMBERSHIP FEES, AND GROSS RECEIPTS FROM ACTIVITIES RELATED TO ITS EXEMPT FUNCTIONS, AND (2) NO MORE THAN 33 1/3% OF ITS SUPPORT FROM GROSS INVESTMENT INCOME AND UNRELATED BUSINESS TAXABLE INCOME, WE BELIEVE THAT IT ALSO QUALIFIES UNDER THE CLASSIFICATION OF LINE 2 - A SCHOOL DESCRIBED IN SECTION 170(B)(1)(A)(II), LINE 3 - A HOSPITAL OR A COOPERATIVE HOSPITAL SERVICE ORGANIZATION DESCRIBED IN SECTION 170(B)(1)(A)(III), AND LINE 7, AN ORGANIZATION THAT NORMALLY RECEIVES A SUBSTANTIAL PART OF ITS SUPPORT FROM A GOVERNMENTAL UNIT OR FROM THE GENERAL PUBLIC DESCRIBED IN SECTION 170(B)(1)(A)(VI)

SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

▶ Complete if the organization is described below.

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047

2011

Open to Public Inspection

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

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

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

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

If the organization answered “Yes,” to Form 990, Part IV, Line 5 (Proxy Tax) or Form 990-EZ, line 35c (Proxy Tax), then

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

Name of the organization MAYO CLINIC	Employer identification number 41-6011702
---	--

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

1	Provide a description of the organization's direct and indirect political campaign activities on behalf of or in opposition to candidates for public office in Part IV	
2	Political expenditures	▶ \$
3	Volunteer hours	

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

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

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

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

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-

Part II-A

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

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

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing Organization's Totals	(b) Affiliated Group Totals												
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)															
b Total lobbying expenditures to influence a legislative body (direct lobbying)															
c Total lobbying expenditures (add lines 1a and 1b)															
d Other exempt purpose expenditures															
e Total exempt purpose expenditures (add lines 1c and 1d)															
f Lobbying nontaxable amount Enter the amount from the following table in both columns															
<table><tr><td>If the amount on line 1e, column (a) or (b) is:</td><td>The lobbying nontaxable amount is:</td></tr><tr><td>Not over \$500,000</td><td>20% of the amount on line 1e</td></tr><tr><td>Over \$500,000 but not over \$1,000,000</td><td>\$100,000 plus 15% of the excess over \$500,000</td></tr><tr><td>Over \$1,000,000 but not over \$1,500,000</td><td>\$175,000 plus 10% of the excess over \$1,000,000</td></tr><tr><td>Over \$1,500,000 but not over \$17,000,000</td><td>\$225,000 plus 5% of the excess over \$1,500,000</td></tr><tr><td>Over \$17,000,000</td><td>\$1,000,000</td></tr></table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000	Over \$17,000,000	\$1,000,000		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000														
Over \$17,000,000	\$1,000,000														
g Grassroots nontaxable amount (enter 25% of line 1f)															
h Subtract line 1g from line 1a If zero or less, enter -0-															
i Subtract line 1f from line 1c If zero or less, enter -0-															
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		☐ Yes ☐ No													

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

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) Total
2a Lobbying non-taxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots non-taxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Part II-B

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

		(a)		(b)
		Yes	No	Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
	a Volunteers?		No	
	b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	Yes		
	c Media advertisements?		No	
	d Mailings to members, legislators, or the public?	Yes		
	e Publications, or published or broadcast statements?	Yes		
	f Grants to other organizations for lobbying purposes?		No	
	g Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes		
	h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
	i Other activities? If "Yes," describe in Part IV	Yes		757,802
	j Total lines 1c through 1i			757,802
	2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b If "Yes," enter the amount of any tax incurred under section 4912				
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				

Part III-A

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

			Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?	1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2		
3	Did the organization agree to carryover lobbying and political expenditures from the prior year?	3		

Part III-B

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

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

Part IV

Supplemental Information

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and Part II-B, line 1i
Also, complete this part for any additional information

Identifier	Return Reference	Explanation
EXPLANATION OF LOBBYING ACTIVITIES	PART II-B, LINE 1	DURING 2011, MAYO CLINIC (MAYO) OFFICIALS HAD MEETINGS AND CONTACTS WITH FEDERAL AND STATE GOVERNMENT OFFICIALS, INCLUDING MEMBERS OF CONGRESS, STATE LEGISLATURES, AND THEIR STAFF TO DISCUSS VARIOUS HEALTH CARE REFORM PROPOSALS AND PROPOSED MEDICARE LEGISLATION THESE DISCUSSIONS AND MEETINGS WERE HELD IN ROCHESTER, MN AS WELL AS WASHINGTON, D C , ST PAUL, MN AND OTHER LOCATIONS IN ADDITION, MAYO SENT CORRESPONDENCE TO MEMBERS, STAFF AND OTHER GOVERNMENT OFFICIALS OUTLINING MAYO'S CONCERNS AND RECOMMENDATIONS REGARDING HEALTHCARE REFORM THE PRIMARY FOCUS OF MOST OF THESE CONTACTS WAS TO DISCUSS PRINCIPLES FOR HEALTH CARE REFORM RATHER THAN TRY TO INFLUENCE THE PASSAGE OF ANY SPECIFIC PROPOSED LEGISLATION MAYO PROVIDES INFORMATION OR EXPRESSES ITS CONCERN TO LEGISLATIVE BODIES AND GOVERNMENT OFFICIALS ON MATTERS DIRECTLY RELATED TO HEALTH, THE DELIVERY OF HEALTH CARE AND MEDICAL EDUCATION AND/OR RESEARCH SUCH ACTIVITY IS NORMALLY AT THE REQUEST OF A LEGISLATIVE BODY, COMMITTEE OR MEMBER IN 2011, MAYO REPRESENTATIVES HAD SEVERAL MEETINGS WITH MEMBERS OF THE LEGISLATIVE AND EXECUTIVE BRANCHES OF GOVERNMENT TO DISCUSS ISSUES RELATING TO HEALTH CARE AND HEALTH CARE REFORM THE MAYO CLINIC HEALTH POLICY CENTER ADVOCATES LOCALLY, REGIONALLY, AND NATIONALLY FOR PATIENT-CENTERED, ACCESSIBLE, HIGH-QUALITY HEALTHCARE REFORM, SO THAT ALL PATIENTS CAN ACCESS AND BENEFIT FROM HIGH-QUALITY, AFFORDABLE MEDICAL CARE THROUGHOUT THEIR LIVES THE MAJORITY OF EXPENSES RELATED TO LOBBYING ARE INCURRED BY MAYO FOUNDATION FOR MEDICAL EDUCATION AND RESEARCH (MFMER), AN AFFILIATED SUPPORT ORGANIZATION OF MAYO CLINIC IN 2011, THE EXPENSES ASSOCIATED WITH THE ABOVE LOBBYING ACTIVITIES THAT ARE REPORTED ON MFMER'S 2011 FEDERAL FORM 990 TOTALED \$968,802
PART IV, SUPPLEMENTAL INFORMATION		THE AMOUNT IN "OTHER ACTIVITIES" REPRESENTS A PORTION OF PROFESSIONAL DUES ATTRIBUTABLE TO LOBBYING

SCHEDULE D
(Form 990)

Supplemental Financial Statements

OMB No 1545-0047

2011

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

Name of the organization MAYO CLINIC	Employer identification number 41-6011702
---	--

Part I

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

	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate contributions to (during year)	
3	Aggregate grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?	
	☐ Yes ☐ No	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit	
	☐ Yes ☐ No	

Part II

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

1

Purpose(s) of conservation easements held by the organization (check all that apply)
☐ Preservation of land for public use (e g , recreation or pleasure)
☐ Protection of natural habitat
☐ Preservation of open space
☐ Preservation of an historically importantly land area
☐ Preservation of a certified historic structure

2

Complete lines 2a–2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

	Held at the End of the Year
a	Total number of conservation easements
b	Total acreage restricted by conservation easements
c	Number of conservation easements on a certified historic structure included in (a)
d	Number of conservation easements included in (c) acquired after 8/17/06

3

Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year

4

Number of states where property subject to conservation easement is located

5

Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

6

Staff and volunteer hours devoted to monitoring, inspecting and enforcing conservation easements during the year

7

Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year

8

Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?

9

In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

Part III

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

1a

If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items

b

If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i)	Revenues included in Form 990, Part VIII, line 1	\$
(ii)	Assets included in Form 990, Part X	\$ 3,167,394

2

If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items

a	Revenues included in Form 990, Part VIII, line 1	\$
b	Assets included in Form 990, Part X	\$

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

3 Using the organization’s accession and other records, check any of the following that are a significant use of its collection items (check all that apply)

- a** ☒ Public exhibition

d ☐ Loan or exchange programs
- b** ☐ Scholarly research

e ☐ Other
- c** ☐ Preservation for future generations

4 Provide a description of the organization’s collections and explain how they further the organization’s exempt purpose in Part XIV

5 During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization’s collection? ☐ Yes ☒ No

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

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

b If "Yes," explain the arrangement in Part XIV and complete the following table

	Amount
1c	
1d	
1e	
1f	

2a Did the organization include an amount on Form 990, Part X, line 21? ☐ Yes ☒ No

b If "Yes," explain the arrangement in Part XIV

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

	(a)Current Year	(b)Prior Year	(c)Two Years Back	(d)Three Years Back	(e)Four Years Back
1a Beginning of year balance	1,371,788,199	18,928,464	12,902,219	9,408,019	
b Contributions	58,600,014	1,305,111,196	5,193,334	6,537,258	
c Investment earnings or losses	418,416,458	75,605,239	1,556,243	-2,690,556	
d Grants or scholarships					
e Other expenditures for facilities and programs	67,883,037	27,856,700	723,332	352,502	
f Administrative expenses					
g End of year balance	1,780,921,634	1,371,788,199	18,928,464	12,902,219	

2 Provide the estimated percentage of the year end balance held as

- a** Board designated or quasi-endowment ▶ 41 930 %
- b** Permanent endowment ▶ 37 810 %
- c** Term endowment ▶ 20 260 %

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

	Yes	No
(i) unrelated organizations	3a(i)	No
(ii) related organizations	3a(ii)	No
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	3b	

4 Describe in Part XIV the intended uses of the organization's endowment funds

Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b)Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land	8,476,351	47,150,794		55,627,145
b Buildings		1,476,734,860	627,330,753	849,404,107
c Leasehold improvements				
d Equipment		743,849,695	505,993,259	237,856,436
e Other				
Total. Add lines 1a-1e <i>(Column (d) should equal Form 990, Part X, column (B), line 10(c).)</i> ▶				1,142,887,688

Part XIReconciliation of Change in Net Assets from Form 990 to Financial Statements			
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 - 8	9	
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	

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

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

Part XIVSupplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

Identifier	Return Reference	Explanation
	PART III, LINE 1A	PART III LINE 1B (III) MAYO CLINIC PERIODICALLY RECEIVES WORKS OF ART FROM VARIOUS BENEFACTORS. THESE ITEMS ARE UNIQUE IN NATURE AND ARE HELD ON DISPLAY FOR THE BENEFIT AND ENJOYMENT OF MAYO'S PATIENTS. IT IS MAYO'S POLICY TO NEITHER CAPITALIZE CONTRIBUTED WORKS OF ART, NOR RECORD THE RELATED CONTRIBUTION REVENUE.
	PART III, LINE 4	THE PRIMARY MISSION OF MAYO CLINIC IS EXCELLENCE IN PATIENT CARE, YET ITS FOUNDERS RECOGNIZED THAT CARING FOR THE WHOLE PATIENT EXTENDS BEYOND TREATING PHYSICAL AILMENTS. SINCE ITS INCEPTION, MAYO HAS USED ART, ARCHITECTURE AND BEAUTY IN SURROUNDINGS TO ADDRESS THE "SPIRITUAL ASPECTS" OF MEDICAL CARE. BENEFACTOR GIFTS FROM PATIENTS, FRIENDS, EMPLOYEES OR ALUMNI HELP MAYO SUPPORT THE ACQUISITION OF ART USED TO HUMANIZE THE MEDICAL ENVIRONMENT AND COMPLIMENT THE BELIEF THAT RESTORING THE MIND AND SPIRIT IS AN IMPORTANT PART OF MAKING THE BODY WELL. WORKS OF ART DISPLAYED ACROSS THE MAYO CAMPUS PROVIDE BEAUTY, PRESERVATION OF HERITAGE AND RESPECT FOR THE DIVERSITY OF PATIENTS, VISITORS AND STAFF.
DESCRIPTION OF INTENDED USE OF ENDOWMENT FUNDS	PART V, LINE 4	THE ENDOWMENT FUNDS PROVIDE A STABLE FUNDING SOURCE FOR RESEARCH AND EDUCATION PROGRAMS.
DESCRIPTION OF UNCERTAIN TAX POSITIONS UNDER FIN 48	PART X	AT DECEMBER 31, 2011 AND 2010, THERE WAS NO SIGNIFICANT LIABILITY FOR UNRECOGNIZED TAX BENEFITS FOR THE FILING ORGANIZATION. PORTION OF INCOME TAX FOOTNOTE FROM MAYO CLINIC CONSOLIDATED AUDITED FINANCIALS STATEMENTS MOST OF THE INCOME RECEIVED BY THE CLINIC AND ITS SUBSIDIARIES IS EXEMPT FROM TAXATION UNDER SECTION 501(A) OF THE INTERNAL REVENUE CODE. SOME OF ITS SUBSIDIARIES ARE TAXABLE ENTITIES, AND SOME OF THE INCOME RECEIVED BY OTHERWISE EXEMPT ENTITIES IS SUBJECT TO TAXATION AS UNRELATED BUSINESS INCOME (UBI). THE CLINIC OR ITS SUBSIDIARIES FILE INCOME TAX RETURNS IN THE U.S., FEDERAL, VARIOUS STATE, AND FOREIGN JURISDICTIONS. THE STATUTES OF LIMITATIONS FOR TAX YEARS 2008 THROUGH 2010 REMAINS OPEN IN THE MAJOR U.S. TAXING JURISDICTIONS IN WHICH THE CLINIC AND SUBSIDIARIES ARE SUBJECT TO TAXATION. IN ADDITION, FOR ALL TAX YEARS PRIOR TO 2008 GENERATING OR UTILIZING A NET OPERATING LOSS (NOL), TAX AUTHORITIES CAN ADJUST THE AMOUNT OF NOL CARRYFORWARD TO SUBSEQUENT YEARS. THE INTERNAL REVENUE SERVICE (IRS) PERFORMED AN EXAMINATION OF THE TAX AND INFORMATION RETURNS OF THE CLINIC AND TWO SUBSIDIARIES FOR 2005 AND 2006. AS A RESULT OF THE AUDIT BY THE IRS, ONE REMAINING ENTITY HAS EXTENDED THE STATUTES OF LIMITATIONS FOR 2005 THROUGH 2008 UNTIL DECEMBER 31, 2012. AS OF DECEMBER 31, 2011, ONE AUDIT REMAINS OPEN, AND THE IRS HAS PROPOSED ONE ADJUSTMENT THAT MANAGEMENT HAS TAKEN INTO CONSIDERATION DURING ITS DETERMINATION OF UNRECOGNIZED TAX BENEFITS SINCE THE PROPOSED ISSUE HAS NOT BEEN SETTLED. AT DECEMBER 31, 2011 AND 2010, THE RESERVE FOR UNRECOGNIZED TAX BENEFITS WAS NOT SIGNIFICANT. THE CLINIC'S PRACTICE IS TO RECOGNIZE INTEREST AND/OR PENALTIES RELATED TO INCOME TAX MATTERS IN INCOME TAX EXPENSE.

SCHEDULE E

(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Schools

►Complete if the organization answered "Yes" to Form 990, Part IV, line 13,
or Form 990-EZ, Part VI, line 48.
► Attach to Form 990 or Form 990-EZ.

OMB No 1545-0047

2011

Open to Public
Inspection

Name of the organization
MAYO CLINIC

Employer identification number

41-6011702

Part I

- 1 Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?
- 2 Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?
- 3 Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe If "No," please explain If you need more space use Part II

- 4 Does the organization maintain the following?
- a Records indicating the racial composition of the student body, faculty, and administrative staff?
- b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?
- c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?
- d Copies of all material used by the organization or on its behalf to solicit contributions?
- If you answered "No" to any of the above, please explain If you need more space, use Part II

- 5 Does the organization discriminate by race in any way with respect to
- a Students' rights or privileges?
- b Admissions policies?
- c Employment of faculty or administrative staff?
- d Scholarships or other financial assistance?
- e Educational policies?
- f Use of facilities?
- g Athletic programs?
- h Other extracurricular activities?
- If you answered "Yes" to any of the above, please explain If you need more space, use Part II

- 6a Does the organization receive any financial aid or assistance from a governmental agency?
- b Has the organization's right to such aid ever been revoked or suspended?
- If you answered "Yes" to either line 6a or line 6b, explain on Part II
- 7 Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," explain on Part II

	YES	NO
1	Yes	
2	Yes	
3		No
4a	Yes	
4b	Yes	
4c	Yes	
4d	Yes	
5a		No
5b		No
5c		No
5d		No
5e		No
5f		No
5g		No
5h		No
6a	Yes	
6b		No
7	Yes	

Part III Supplemental Information

Complete this part to provide the explanations required by Part I, lines 3, 4d, 5h, 6b, and 7, as applicable. Also complete this part to provide any other additional information (see instructions).

Identifier	Return Reference	Explanation
EXPLANATION OF NONDISCRIMINATORY POLICY PUBLICATION	SCHEDULE E, PART I, LINE 3	THE RACIALLY NONDISCRIMINATORY POLICY OF THE MAYO COLLEGE OF MEDICINE, WHICH DRAWS STUDENTS FROM ACROSS THE UNITED STATES AND AROUND THE WORLD, IS MADE AVAILABLE IN ALL OF ITS PUBLISHED DOCUMENTS AND WEBSITE TO ANY INTERESTED APPLICANTS
EXPLANATION OF GOVERNMENT FINANCIAL ASSISTANCE	SCHEDULE E, PART I, LINE 6	MAYO CLINIC'S MEDICAL SCHOOLS RECEIVE CAPITATION GRANTS FROM THE STATE OF MINNESOTA FOR STUDENTS WHO ARE MINNESOTA RESIDENTS. MANY OF MAYO CLINIC'S STUDENTS PARTICIPATE IN FEDERAL GOVERNMENT LOAN PROGRAMS SUCH AS STAFFORD, HEAL, SLS, AND HPSL.

Employer identification number
41-6011702

3 Activites per Region (Use Part V if additional space is needed)

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat No 50082W **Schedule F (Form 990) 2011**

[illegible]**Schedule F (Form 990) 2011**

Part III

[illegible]

Part IV Foreign Forms

- 1

Was the organization a U S transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926 (see instructions for Form 926)*

☒ Yes ☐ No
- 2

Did the organization have an interest in a foreign trust during the tax year? *If " Yes," the organization may be required to file Form 3520 and/or Form 3520-A. (see instructions for Forms 3520 and 3520-A)*

☒ Yes ☐ No
- 3

Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with respect to Certain Foreign Corporations. (see instructions for Form 5471)*

☒ Yes ☐ No
- 4

Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see instructions for Form 8621)*

☒ Yes ☐ No
- 5

Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with respect to Certain Foreign Partnerships. (see instructions for Form 8865)*

☒ Yes ☐ No
- 6

Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to file Form 5713, International Boycott Report (see instructions for Form 5713).*

☒ Yes ☐ No

Complete this part to provide the information (see instructions) required in Part I, line 2, and any additional information.

Schedule F (Form 990) 2011

Additional Data

Software ID:
Software Version:
EIN: 41-6011702
Name: MAYO CLINIC

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
CENTRAL AMERICA AND THE CARIBBEAN	0	180	TRAVEL-INTERNATIONAL CONFERENCE		238,471
EAST ASIA AND THE PACIFIC	0	466	TRAVEL-INTERNATIONAL CONFERENCE		713,399
EUROPE (INCLUDING ICELAND & GREENLAND)	0	1,424	TRAVEL-INTERNATIONAL CONFERENCE		2,727,657
MIDDLE EAST AND NORTH AFRICA	0	136	TRAVEL-INTERNATIONAL CONFERENCE		149,281
NORTH AMERICA	0	706	TRAVEL-INTERNATIONAL CONFERENCE		1,365,283
RUSSIA & THE NEWLY INDEPENDENT STATES	0	19	TRAVEL-INTERNATIONAL CONFERENCE		31,487
SOUTH AMERICA	0	228	TRAVEL-INTERNATIONAL CONFERENCE		342,526
SOUTH ASIA	0	129	TRAVEL-INTERNATIONAL CONFERENCE		131,245
SUB-SAHARAN AFRICA	0	59	TRAVEL-INTERNATIONAL CONFERENCE		114,526
MIDDLE EAST AND NORTH AFRICA	0	45	PROGRAM SERVICES	PATIENT CARE	1,546,627
EUROPE (INCLUDING ICELAND & GREENLAND)	0	1	PROGRAM SERVICES	PATIENT CARE	60,937
EAST ASIA AND THE PACIFIC	0	1	PROGRAM SERVICES	MANAGEMENT CONSULTING	134,741
EAST ASIA AND THE PACIFIC	0	1	PROGRAM SERVICES	MANAGEMENT CONSULTING	5,965
EAST ASIA AND THE PACIFIC	0	11	PROGRAM SERVICES	MANAGEMENT CONSULTING	34,465
EUROPE (INCLUDING ICELAND & GREENLAND)	0	1	PROGRAM SERVICES	MANAGEMENT CONSULTING	
CENTRAL AMERICA AND THE CARIBBEAN	0	0	PROGRAM SERVICES	EDUCATION CONFERENCE COORDINATED BY MAYO	195,288
CENTRAL AMERICA AND THE CARIBBEAN	0	0	PROGRAM SERVICES	EDUCATION - PROGRAM IN UNDERSERVED GLOBAL HEALTH	29,175
EAST ASIA AND THE PACIFIC	0	0	PROGRAM SERVICES	EDUCATION CONFERENCE COORDINATED BY MAYO	25,243
EAST ASIA AND THE PACIFIC	0	0	PROGRAM SERVICES	SALE OF EDUCATION MATERIALS	
EAST ASIA AND THE PACIFIC	0	1	PROGRAM SERVICES	EDUCATION SEMINAR SPEAKING ENGAGEMENT	311
EUROPE (INCLUDING ICELAND & GREENLAND)	0	1	PROGRAM SERVICES	EDUCATION CONFERENCE JOINT SPONSORED BY MAYO	278,305
EUROPE (INCLUDING ICELAND & GREENLAND)	0	0	PROGRAM SERVICES	SALE OF EDUCATION MATERIALS	
EUROPE (INCLUDING ICELAND & GREENLAND)	0	0	PROGRAM SERVICES	EDUCATION CONFERENCE COORDINATED BY MAYO	84,881
EUROPE (INCLUDING ICELAND & GREENLAND)	0	0	PROGRAM SERVICES	EDUCATION CONFERENCE COORDINATED BY MAYO	90,675
NORTH AMERICA	0	0	PROGRAM SERVICES	SALE OF EDUCATION MATERIALS	149,677
NORTH AMERICA	0	2	PROGRAM SERVICES	EDUCATION CONFERENCE COORDINATED BY MAYO	117,568
NORTH AMERICA	0	2	PROGRAM SERVICES	EDUCATION CONFERENCE COORDINATED BY MAYO	144,912
CENTRAL AMERICA AND THE CARIBBEAN	0	0	INVESTMENTS		1,352,711
EAST ASIA AND THE PACIFIC	0	0	INVESTMENTS		172,525,032
EUROPE (INCLUDING ICELAND & GREENLAND)	0	0	INVESTMENTS		136,747,637
NORTH AMERICA	0	0	INVESTMENTS		27,271,165
SOUTH AMERICA	0	0	INVESTMENTS		5,289,237
SOUTH ASIA	0	0	INVESTMENTS		19,584,593
EUROPE (INCLUDING ICELAND & GREENLAND)	0	0	INVESTMENTS		4,269,722

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA - ANGOLA,	RESEARCH SUBAWARD	7,950	CHECK, ELECTRONIC FUND, OR WIRE TRANSFER			
		MIDDLE EAST AND NORTH AFRICA -	RESEARCH SUBAWARD	36,641	CHECK, ELECTRONIC FUND, OR WIRE TRANSFER			
		NORTH AMERICA - CANADA AND MEXICO, BUT	RESEARCH SUBAWARD	284,204	CHECK, ELECTRONIC FUND, OR WIRE TRANSFER			

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		NORTH AMERICA	RESEARCH SUBAWARD	11,472	CHECK, ELECTRONIC FUND, OR WIRE TRANSFER			
		NORTH AMERICA - CANADA AND MEXICO, BUT	RESEARCH SUBAWARD	45,939	CHECK, ELECTRONIC FUND, OR WIRE TRANSFER			
		NORTH AMERICA - CANADA AND MEXICO, BUT	RESEARCH SUBAWARD	18,000	CHECK, ELECTRONIC FUND, OR WIRE TRANSFER			

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		EUROPE (INCLUDING ICELAND & GREENLAND) -	RESEARCH SUBAWARD	37,136	CHECK, ELECTRONIC FUND, OR WIRE TRANSFER			
		EUROPE (INCLUDING ICELAND & GREENLAND) -	RESEARCH SUBAWARD	238,466	CHECK, ELECTRONIC FUND, OR WIRE TRANSFER			
		MIDDLE EAST AND NORTH AFRICA -	RESEARCH SUBAWARD	125,000	CHECK, ELECTRONIC FUND, OR WIRE TRANSFER			

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		EUROPE (INCLUDING ICELAND & GREENLAND) -	RESEARCH SUBAWARD	124,931	CHECK, ELECTRONIC FUND, OR WIRE TRANSFER			
		NORTH AMERICA - CANADA AND MEXICO, BUT	RESEARCH SUBAWARD	17,708	CHECK, ELECTRONIC FUND, OR WIRE TRANSFER			
		NORTH AMERICA - CANADA AND MEXICO, BUT	RESEARCH SUBAWARD	70,064	CHECK, ELECTRONIC FUND, OR WIRE TRANSFER			

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		EAST ASIA AND THE PACIFIC -	RESEARCH SUBAWARD	113,400	CHECK, ELECTRONIC FUND, OR WIRE TRANSFER			
		EUROPE (INCLUDING ICELAND & GREENLAND) -	RESEARCH SUBAWARD	45,500	CHECK, ELECTRONIC FUND, OR WIRE TRANSFER			
		NORTH AMERICA - CANADA AND MEXICO, BUT	RESEARCH SUBAWARD	10,800	CHECK, ELECTRONIC FUND, OR WIRE TRANSFER			

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		NORTH AMERICA - CANADA AND MEXICO, BUT	RESEARCH SUBAWARD	13,412	CHECK, ELECTRONIC FUND, OR WIRE TRANSFER			
		NORTH AMERICA - CANADA AND MEXICO, BUT	RESEARCH SUBAWARD	14,143	CHECK, ELECTRONIC FUND, OR WIRE TRANSFER			
		NORTH AMERICA - CANADA AND MEXICO, BUT	RESEARCH SUBAWARD	37,041	CHECK, ELECTRONIC FUND, OR WIRE TRANSFER			

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		NORTH AMERICA - CANADA AND MEXICO, BUT	RESEARCH SUBAWARD	11,905	CHECK, ELECTRONIC FUND, OR WIRE TRANSFER			
		EUROPE (INCLUDING ICELAND & GREENLAND) -	RESEARCH SUBAWARD	67,028	CHECK, ELECTRONIC FUND, OR WIRE TRANSFER			
		EUROPE (INCLUDING ICELAND & GREENLAND) -	RESEARCH SUBAWARD	176,564	CHECK, ELECTRONIC FUND, OR WIRE TRANSFER			

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		NORTH AMERICA - CANADA AND MEXICO, BUT	RESEARCH SUBAWARD	27,810	CHECK, ELECTRONIC FUND, OR WIRE TRANSFER			
		NORTH AMERICA - CANADA AND MEXICO, BUT	RESEARCH SUBAWARD	15,120	CHECK, ELECTRONIC FUND, OR WIRE TRANSFER			
		NORTH AMERICA - CANADA AND MEXICO, BUT	RESEARCH SUBAWARD	54,000	CHECK, ELECTRONIC FUND, OR WIRE TRANSFER			

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		NORTH AMERICA - CANADA AND MEXICO, BUT	RESEARCH SUBAWARD	11,143	CHECK, ELECTRONIC FUND, OR WIRE TRANSFER			
		EUROPE (INCLUDING ICELAND & GREENLAND) -	RESEARCH SUBAWARD	116,629	CHECK, ELECTRONIC FUND, OR WIRE TRANSFER			
		EUROPE (INCLUDING ICELAND & GREENLAND) -	RESEARCH SUBAWARD	12,263	CHECK, ELECTRONIC FUND, OR WIRE TRANSFER			

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		EUROPE (INCLUDING ICELAND & GREENLAND) -	RESEARCH SUBAWARD	71,986	CHECK, ELECTRONIC FUND, OR WIRE TRANSFER			
		EUROPE (INCLUDING ICELAND & GREENLAND) -	RESEARCH SUBAWARD	33,000	CHECK, ELECTRONIC FUND, OR WIRE TRANSFER			
		SUB-SAHARAN AFRICA - ANGOLA,	RESEARCH SUBAWARD	125,000	CHECK, ELECTRONIC FUND, OR WIRE TRANSFER			

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		EUROPE (INCLUDING ICELAND & GREENLAND) -	RESEARCH SUBAWARD	19,414	CHECK, ELECTRONIC FUND, OR WIRE TRANSFER			
		NORTH AMERICA	RESEARCH SUBAWARD	40,610	CHECK, ELECTRONIC FUND, OR WIRE TRANSFER			

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding
Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19,
or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047

2011

Open to Public
Inspection

Name of the organization
MAYO CLINIC

Employer identification number
41-6011702

Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17.

1

Indicate whether the organization raised funds through any of the following activities. Check all that apply.

a

☒

Mail solicitations

b

☒

Internet and e-mail solicitations

c

☐

Phone solicitations

d

☒

In-person solicitations

e

☒

Solicitation of non-government grants

f

☒

Solicitation of government grants

g

☐

Special fundraising events

2a

Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?

☒ Yes ☐ No

b

If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. Form 990-EZ filers are not required to complete this table.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
MOORE WALLACERR DONNELLY 111 SOUTH WACKER DRIVE CHICAGO, IL 606064301	DIRECT MAIL SERVICES		No	0	1,948,041	0
GRAY PLANT MOOTY 500 IDS CENTER 80 SOUTH 80TH ST MINNEAPOLIS, MN 55402	CONSULTS ON LEGAL ISSUES		No	0	84,324	0
GRENZEBACH GILER & ASSOCIATES 401 N MICHIGAN AVE SUITE 2800 CHICAGO, IL 46268	CONSULTS ON FUNDRAISING		No	0	296,074	0
LISA SELLNER 31 JUNCTION OVERLOOK STRASBURG, VA 22657	WRITER ON DIRECT MAIL PIECES		No	0	9,100	0
MAUREEN OTIS 4850 WRIGHT RD STE 168 STAFFORD, TX 77477	CONSULTS ON LEGAL ISSUES		No	0	14,124	0
PENTERA 8650 COMMERCE PARK PLACE SUITE G INDIANAPOLIS, IN 46268	CONSULTS ON DIRECT MAILING & WEB ACTIVITIES		No	0	3,140	0
PRUDENCE BOVEE COPYWRITING 5604 TILIA COURT BURKE, VA 220152033	WRITER ON DIRECT MAIL PIECES		No	0	7,000	0
Total ▶					2,361,803	

3

List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing.

AL, AK, AZ, AR, CA, CO, CT, DE, FL, GA, HI, ID, IL, IN, IA, KS, KY, LA, ME, MD, MA, MI, MN, MS, MO, MT, NE, NV, NH, NJ, NM, NY, NC, ND, OH, OK, OR, PA, RI, SC, SD, TN, TX, UT, VT, VA, WA, WV, WI, WY

Part II

Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events
		(event type)	(event type)	(total number)	(Add col (a) through col (c))
Revenue	1	Gross receipts			
	2	Less Charitable contributions			
	3	Gross income (line 1 minus line 2)			
Direct Expenses	4	Cash prizes			
	5	Non-cash prizes			
	6	Rent/facility costs			
	7	Food and beverages			
	8	Entertainment			
	9	Other direct expenses			
	10	Direct expense summary Add lines 4 through 9 in column (d) ▶			
	11	Net income summary Combine lines 3 and 10 in column (d). ▶			

Part III

Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming
					(Add col (a) through col (c))
Revenue	1	Gross revenue			
	2	Cash prizes			
Direct Expenses	3	Non-cash prizes			
	4	Rent/facility costs			
	5	Other direct expenses			
	6	Volunteer labor	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	7	Direct expense summary Add lines 2 through 5 in column (d) ▶			
	8	Net gaming income summary Combine lines 1 and 7 in column (d) ▶			

9 Enter the state(s) in which the organization operates gaming activities _____

a Is the organization licensed to operate gaming activities in each of these states? ☐ Yes ☐ No

b If "No," Explain _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? ☐ Yes ☐ No

b If "Yes," Explain _____

- 11

Does the organization operate gaming activities with nonmembers?

Yes

No
- 12

Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?

Yes

No

13

Indicate the percentage of gaming activity operated in

a	The organization's facility	13a
b	An outside facility	13b

14

Provide the name and address of the person who prepares the organization's gaming/special events books and records

Name

Address

15a

Does the organization have a contract with a third party from whom the organization receives gaming revenue?

Yes

No

b

If "Yes," enter the amount of gaming revenue received by the organization \$ and the amount of gaming revenue retained by the third party \$

c

If "Yes," enter name and address

Name

Address

16

Gaming manager information

Name

Gaming manager compensation

\$

Description of services provided

Director/officer

Employee

Independent contractor

17

Mandatory distributions

a

Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?

Yes

No

b

Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year \$

Part IV

Complete this part to provide additional information for responses to question on Schedule G (see instructions.)

Identifier	ReturnReference	Explanation
EXPLANATION OF FUNDRAISING PAYMENTS	SCHEDULE G, PART I, LINE 2B, COLUMN (V)	PAYMENTS MADE TO FUNDRAISERS WERE FOR SERVICES PROVIDED TO MAYO CLINIC IN RELATION TO FUNDRAISING CONDUCTED EXCLUSIVELY BY MAYO CLINIC

SCHEDULE H
(Form 990)

Department of the Treasury
Internal Revenue Service

Hospitals

▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 20.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
MAYO CLINIC

Employer identification number
41-6011702

Part I

Charity Care and Certain Other Community Benefits at Cost

		Yes	No	
1a	Did the organization have a charity care policy? If "No," skip to question 6a	1a	Yes	
b	If "Yes," is it a written policy?	1b	Yes	
2	If the organization had multiple hospitals, indicate which of the following best describes application of the charity care policy to the various hospitals ☐ Applied uniformly to all hospitals ☒ Applied uniformly to most hospitals ☐ Generally tailored to individual hospitals			
3	Answer the following based on the charity care eligibility criteria that applies to the largest number of the organization's patients during the tax year a Did the organization use Federal Poverty Guidelines (FPG) to determine eligibility for providing <i>free</i> care? If "Yes," indicate which of the following is the FPG family income limit for eligibility for free care ☐ 100%☐ 150%☒ 200%☐ Other _____% b Did the organization use FPG to determine eligibility for providing <i>discounted</i> care? If "Yes," indicate which of the following is the family income limit for eligibility for discounted care ☐ 200%☐ 250%☐ 300%☐ 350%☒ 400%☐ Other _____% c If the organization did not use FPG to determine eligibility, describe in Part VI the income based criteria for determining eligibility for free or discounted care Include in the description whether the organization uses an asset test or other threshold, regardless of income, to determine eligibility for free or discounted care 4 Did the organization's policy provide free or discounted care to the "medically indigent"?	3a	Yes	
5a	Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	3b	Yes	
b	If "Yes," did the organization's charity care expenses exceed the budgeted amount?	4	Yes	
c	If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?	5a	Yes	
6a	Did the organization prepare a community benefit report during the tax year?	5b	Yes	
6b	If "Yes," did the organization make it available to the public?	5c		No
	Complete the following table using the worksheets provided in the Schedule H instructions Do not submit these worksheets with the Schedule H	6a	Yes	
		6b	Yes	

7

Charity Care and Certain Other Community Benefits at Cost

Charity Care and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Charity care at cost (from Worksheet 1)			20,302,675		20,302,675	0 600 %
b Medicaid (from Worksheet 3, column a)			126,723,897	24,214,703	102,509,194	3 020 %
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d Total Charity Care and Means-Tested Government Programs			147,026,572	24,214,703	122,811,869	3 620 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			808,388		808,388	0 020 %
f Health professions education (from Worksheet 5)			186,442,536	38,764,264	147,678,272	4 360 %
g Subsidized health services (from Worksheet 6)			241,880,856	118,222,716	123,658,140	3 650 %
h Research (from Worksheet 7)			503,899,716	3,514,168	500,385,548	14 760 %
i Cash and in-kind contributions for community benefit (from Worksheet 8)			677,438		677,438	0 020 %
j Total Other Benefits			933,708,934	160,501,148	773,207,786	22 810 %
k Total. Add lines 7d and 7j			1,080,735,506	184,715,851	896,019,655	26 430 %

Part IICommunity Building Activities

Complete this table if the organization conducted any community building activities.

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1Physical improvements and housing			15,000		15,000	0 %
2Economic development			75,300		75,300	0 %
3Community support			966,458		966,458	0 030 %
4Environmental improvements						
5Leadership development and training for community members						
6Coalition building			426,732		426,732	0 010 %
7Community health improvement advocacy						
8Workforce development			20,000		20,000	0 %
9Other						
10Total			1,503,490		1,503,490	0 040 %

Part IIIBad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

		Yes	No
1Did the organization report bad debt expense in accordance with Heathcare Financial Management Association Statement No 15?	1		No
2Enter the amount of the organization's bad debt expense	2	23,714,414	
3Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's charity care policy	3		
4Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense. In addition, describe the costing methodology used in determining the amounts reported on lines 2 and 3, and rationale for including a portion of bad debt amounts as community benefit			

Section B. Medicare

5Enter total revenue received from Medicare (including DSH and IME)	5	
6Enter Medicare allowable costs of care relating to payments on line 5	6	
7Subtract line 6 from line 5. This is the surplus or (shortfall)	7	
8Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used: ☐ Cost accounting system ☒ Cost to charge ratio ☐ Other		

Section C. Collection Practices

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

Part IVManagement Companies and Joint Ventures (see instructions)

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

Section A. Hospital Facilities

How many hospital facilities did the organization operate during the tax year? 1

Name and address

[illegible]

Part V

Facility Information (continued)

Section B. Facility Policies and Practices.

(Complete a separate Section B for each of the hospital facilities listed in Part V, Section A)

MAYO CLINIC

Name of Hospital Facility:_____

Line Number of Hospital Facility (from Schedule H, Part V, Section A):_____1_____

		Yes	No
Community Health Needs Assessment (Lines 1 through 7 are optional for 2011)			
1 During the tax year or any prior tax year, did the hospital facility conduct a community health needs assessment ("Needs Assessment")? If "No," skip to question 8 If "Yes," indicate what the Needs Assessment describes (check all that apply) a ☐ A definition of the community served by the hospital facility b ☐ Demographics of the community c ☐ Existing health care facilities and resources within the community that are available to respond to the health needs of the community d ☐ How data was obtained e ☐ The health needs of the community f ☐ Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups g ☐ The process for identifying and prioritizing community health needs and services to meet those needs h ☐ The process for consulting with persons representing the community's interests i ☐ Information gaps that limit the hospital facility's ability to assess the community's health needs j ☐ Other (describe in Part VI)		1	
2 Indicate the tax year the hospital facility last conducted a Needs Assessment 20 ____			
3 In conducting its most recent Needs Assessment, did the hospital facility take into account input from persons who represent the community served by the hospital facility? If "Yes," describe in Part VI how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted		3	
4 Was the hospital facility's Needs Assessment conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Part VI		4	
5 Did the hospital facility make its Needs Assessment widely available to the public? If "Yes," indicate how the Needs Assessment was made widely available (check all that apply) a ☐ Hospital facility's website b ☐ Available upon request from the hospital facility c ☐ Other (describe in Part VI)		5	
6 If the hospital facility addressed needs identified in its most recently conducted Needs Assessment, indicate how (check all that apply) a ☐ Adoption of an implementation strategy to address the health needs of the hospital facility's community b ☐ Execution of the implementation strategy c ☐ Development of a community-wide community benefit plan for the facility d ☐ Participation in community-wide community benefit plan e ☐ Inclusion of a community benefit section in operational plans f ☐ Adoption of a budget for provision of services that address the needs identified in the CHNA g ☐ Prioritization of health needs in the community h ☐ Prioritization of services that the hospital facility will undertake to meet health needs in its community i ☐ Other (describe in Part VI)			
7 Did the hospital facility address all of the needs identified in its most recently conducted Needs Assessment? If "No," explain in Part VI which needs it has not addressed together with the reasons why it has not addressed such needs		7	
Financial Assistance Policy			
Did the hospital facility have in place during the tax year a written financial assistance policy that			
8 Explains eligibility criteria for financial assistance, and whether such assistance includes free or discounted care?		8	Yes
9 Used federal poverty guidelines (FPG) to determine eligibility for providing free care? If "Yes," indicate the FPG family income limit for eligibility for free care <u>200 00000000000000</u> % If "No," explain in Part VI the criteria the hospital facility used		9	Yes

Part V

Facility Information (continued)

		Yes	No	
10	Used FPG to determine eligibility for providing discounted care? If "Yes," indicate the FPG family income limit for eligibility for discounted care <u>400 000000000000%</u> If "No," explain in Part VI the criteria the hospital facility used	10	Yes	
11	Explained the basis for calculating amounts charged to patients? If "Yes," indicate the factors used in determining such amounts (check all that apply) a ☒ Income level b ☒ Asset level c ☒ Medical indigency d ☒ Insurance status e ☒ Uninsured discount f ☒ Medicaid/Medicare g ☐ State regulation h ☐ Other (describe in Part VI)	11	Yes	
12	Explained the method for applying for financial assistance?	12	Yes	
13	Included measures to publicize the policy within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply) a ☒ The policy was posted at all times on the hospital facility's web site b ☐ The policy was attached to all billing invoices c ☒ The policy was posted in the hospital facility's emergency rooms or waiting rooms d ☒ The policy was posted in the hospital facility's admissions offices e ☐ The policy was provided, in writing, to patients upon admission to the hospital facility f ☒ The policy was available upon request g ☒ Other (describe in Part VI)	13	Yes	

Billing and Collections

14	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained actions the hospital facility may take upon non-payment?	14	Yes	
15	Check all of the following collection actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the patient's eligibility under the facility's FAP a ☐ Reporting to credit agency b ☐ Lawsuits c ☐ Liens on residences d ☐ Body attachments or arrests e ☐ Other similar actions (describe in Part VI)			
16	Did the hospital facility or an authorized third party perform any of the following actions during the tax year before making reasonable efforts to determine the patient's eligibility under the facility's FAP? If "Yes," check all actions in which the hospital facility or a third party engaged a ☐ Reporting to credit agency b ☐ Lawsuits c ☐ Liens on residences d ☐ Body attachments e ☐ Other similar actions (describe in Part VI)	16		No
17	Indicate which efforts the hospital facility made before initiating any of the actions checked in question 16 (check all that apply) a ☐ Notified patients of the financial assistance policy upon admission b ☐ Notified patients of the financial assistance policy prior to discharge c ☐ Notified patients of the financial assistance policy in communications with the patients regarding the patients' bills d ☐ Documented its determination of whether patients were eligible for financial assistance under the hospital facility's financial assistance policy e ☐ Other (describe in Part VI)			

Part V

Facility Information (continued)

Policy Relating to Emergency Medical Care

		Yes	No
18	Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that requires the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy? If "No," indicate why	Yes	
a	☐ The hospital facility did not provide care for any emergency medical conditions		
b	☐ The hospital facility's policy was not in writing		
c	☐ The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Part VI)		
d	☐ Other (describe in Part VI)		

Individuals Eligible for Financial Assistance

19	Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care		
a	☐ The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged		
b	☐ The hospital facility used the average of it's three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged		
c	☐ The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged		
d	☐ Other (describe in Part VI)		
20	Did the hospital facility charge any of its patients who were eligible for assistance under the hospital facility's financial assistance policy, and to whom the hospital facility provided emergency or other medically necessary services, more than the amounts generally billed to individuals who had insurance covering such care? If "Yes," explain in Part VI	20	No
21	Did the hospital facility charge any of its FAP-eligible patients an amount equal to the gross charge for services provided to that patient? If "Yes," explain in Part VI	21	No

Part V

Facility Information (continued)

Section C. Other Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

(list in order of size from largest to smallest)

How many non-hospital facilities did the organization operate during the tax year? 6

Name and address		Type of Facility (Describe)
1	MAYO FAMILY CLINIC NE 3041 STONEHEDGE DRIVE NE ROCHESTER, MN 55906	OUTPATIENT PHYSICIAN CLINIC
2	MAYO FAMILY CLINIC NW 4111 HIGHWAY 52 NORTH ROCHESTER, MN 55901	OUTPATIENT PHYSICIAN CLINIC
3	MAYO FAMILY CLINIC KASSON 411 WEST MAIN KASSON, MN 55944	OUTPATIENT PHYSICIAN CLINIC
4	NORTH MAYO EXPRESS CARE 3454 55TH ST NW SUITE 430 ROCHESTER, MN 55901	CLINIC
5	SOUTH MAYO EXPRESS CARE 500 CROSSROADS DRIVE SW ROCHESTER, MN 55902	CLINIC
6	MAYO CLINIC AT MALL OF AMERICA 120 SOUTH AVENUE BLOOMINGTON, MN 55425	OUTPATIENT PHYSICIAN CLINIC
7		
8		
9		
10		

Part VI

Supplemental Information

Complete this part to provide the following information

- 1
- Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7, Part II, Part III, lines 4, 8, and 9b, and Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 9, 10, 11h, 13g, 15e, 16e, 17e, 18d, 19d, 20, and 21
- 2
- Community health needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any community health needs assessments reported in Part V, Section B
- 3
- Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy
- 4
- Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves
- 5
- Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e g , open medical staff, community board, use of surplus funds, etc)
- 6
- Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served
- 7
- State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report

Identifier	ReturnReference	Explanation
		PART I, LINE 6A THE ANNUAL REPORT IS PART OF A CONSOLIDATED REPORT PREPARED BY MAYO CLINIC

Identifier	ReturnReference	Explanation
		PART I, LINE 7 A COST-TO-CHARGE RATIO (FROM WORKSHEET 2) IS USED TO CALCULATE THE AMOUNTS ON LINE 7A-7C (FINANCIAL ASSISTANCE, MEDICAID SHORTFALL, AND OTHER MEANS-TESTED GOVERNMENT PROGRAMS) THE AMOUNTS FOR LINES 7E-7I WOULD COME FROM THE BOOKS AND RECORDS OF SPECIFIC SEGMENTS OF THE ORGANIZATION AND ARE NOT BASED ON A COST-TO-CHARGE RATIO

Identifier	ReturnReference	Explanation
		PART I, LINE 7G THE FOLLOWING NET COMMUNITY BENEFIT COST ATTRIBUTED TO A PHYSICIAN CLINIC WAS INCLUDED AS SUBSIDIZED HEALTH SERVICES \$123,658,140

Identifier	ReturnReference	Explanation
		PART I, LINE 7, COLUMN (F) THE BAD DEBT EXPENSE INCLUDED ON FORM 990, PART IX, LINE 25, COLUMN (A), BUT SUBTRACTED FOR PURPOSES OF CALCULATING THE PERCENTAGE IN THIS COLUMN IS \$ 23714414

Identifier	ReturnReference	Explanation
		PART II MAYO CLINIC IS DEDICATED TO SUPPORTING THE HEALTH OF THE LOCAL COMMUNITIES NEAREST ITS FACILITIES AND TO POSITIVELY IMPACTING LOCAL, REGIONAL AND NATIONAL HEALTH FOR ALL PEOPLE THROUGH PROLIFERATION OF ITS ADVANCES IN MEDICAL PRACTICE, RESEARCH AND EDUCATION MAYO CLINIC'S COMMUNITY BUILDING ACTIVITIES REFLECT ITS BELIEF THAT IN ADDITION TO TRADITIONAL MEDICAL CARE, COMMUNITY HEALTH IS LARGELY IMPACTED BY MANY SOCIETAL INFLUENCES, SUCH AS SOCIAL, LIFESTYLE, EDUCATIONAL, ECONOMIC, AND ENVIRONMENTAL FACTORS THROUGH ITS OFFICE OF COMMUNITY RELATIONS, MAYO CLINIC INVESTS IN, AND PARTNERS WITH, HUNDREDS OF COMMUNITY GROUPS AND ORGANIZATIONS TO ENSURE ITS LOCAL COMMUNITY IS - A WELCOMING, HEALTHY ENVIRONMENT - AN ENVIRONMENT THAT ATTRACTS AND SUSTAINS A DIVERSE WORKFORCE TO DELIVER THE BEST PATIENT CARE, RESEARCH AND EDUCATION FOR THE PROMOTION OF THE HEALTH AND WELL BEING OF PATIENTS AND THE GENERAL PUBLIC AS PART OF ITS COMMUNITY CONTRIBUTIONS PROGRAM, MAYO CLINIC PROVIDES FUNDING AND IN-KIND SUPPORT FOR NEW AND ONGOING PROGRAMS THAT ULTIMATELY SUPPORT HEALTH, SUCH AS BASIC HUMAN SERVICES, EDUCATION AND WORKFORCE DEVELOPMENT, YOUTH AND ELDERLY ENRICHMENT OPPORTUNITIES, THE ARTS AND CULTURAL ENRICHMENT, DIVERSITY, AND OTHERS MAYO CLINIC GUIDELINES STATE THAT ITS PHILOTHROPIC SUPPORT AND COMMUNITY BUILDING ACTIVITIES SHOULD - ADDRESS SIGNIFICANT AND EMERGENT NEEDS WITHIN THE COMMUNITY (EDUCATION AND WORKFORCE DEVELOPMENT, AFFORDABLE AND ACCESSIBLE COMMUNITY RESOURCES, DIVERSITY) - ENHANCE MAYO'S CAPACITY TO MEET ITS MISSION - IMPROVE THE HEALTH OF INDIVIDUALS IN THE COMMUNITY - ENABLE LONG-TERM CAPACITY BUILDING AND SUSTAINABILITY FOR MEETING COMMUNITY NEEDS - DEMONSTRATE PARTNERSHIP BUILDING AND COLLABORATION WITH COMMUNITY PARTNERSIN ADDITION TO DIRECT AND INDIRECT MONETARY AND IN-KIND SUPPORT, MAYO CLINIC APPOINTS REPRESENTATIVES FROM ITS STAFF TO SERVE ON NUMEROUS NONPROFIT BOARDS AND COMMUNITY TASK FORCES TO ENHANCE THE CAPACITY OF LOCAL ORGANIZATIONS FOR SUSTAINABILITY, COMMUNITY COLLABORATION, EFFICIENCY AND IMPACT MAYO CLINIC REPRESENTATIVES WORK WITH COMMUNITY GROUPS TO DEVELOP AND NURTURE A SHARED VISION TO SOLVE COMPLEX AND SYSTEMIC COMMUNITY CHALLENGES SUCH AS HUNGER, GANG ACTIVITY AND YOUTH MENTORSHIP, EARLY CHILDHOOD DEVELOPMENT, DIVERSITY AND INCLUSIVENESS AND HEALTH CARE EDUCATION AND ACCESS

Identifier	ReturnReference	Explanation
		PART III, LINE 4 FOOTNOTE FROM MAYO CLINIC 2011 CONSOLIDATED AUDITED FINANCIAL STATEMENTS ACCOUNTS RECEIVABLE FOR MEDICAL SERVICES - ACCOUNTS RECEIVABLE FOR MEDICAL SERVICES ARE STATED AT NET REALIZABLE VALUE THE CLINIC ESTIMATES THE ALLOWANCES FOR UNCOLLECTIBLE ACCOUNTS BASED ON HISTORIC WRITE-OFFS AND THE AGING OF THE ACCOUNTS ACCOUNTS ARE WRITTEN OFF WHEN COLLECTION EFFORTS HAVE BEEN EXHAUSTED METHODOLOGY FOR SCHEDULE H, PART III, LINE 2 BAD DEBT EXPENSE IS DETERMINED BASED ON GAAP AND IS EXPLAINED IN THE ACCOUNTS RECEIVABLE FOOTNOTE OF THE CONSOLIDATED AUDITED FINANCIAL STATEMENTS

Identifier	ReturnReference	Explanation
		PART III, LINE 8 MAYO IS NOT REQUIRED TO FILE THE SAME COST REPORT THAT IS REQUIRED OF HOSPITALS AND REFERRED TO IN THE INSTRUCTIONS FOR CALCULATING THE AMOUNT TO REPORT IN PART III, SECTION B, LINE 6, HOWEVER, USING A COST-TO-CHARGE RATIO, MAYO DID HAVE A MEDICARE SHORTFALL OF \$596,494,742 BASED ON MEDICARE REIMBURSEMENT OF \$333,739,381 AND COSTS OF \$904,467,571 BOTH REVENUE AND EXPENSE HAVE BEEN ADJUSTED TO ACCOUNT FOR MEDICARE REVENUE AND EXPENSES THAT ARE INCLUDED IN EDUCATION EXPENSES AND SUBSIDIZED HEALTH SERVICES THE MEDICARE SHORTFALL REPORTED IN THE CORE FORM, PART III, PROGRAM SERVICE ACCOMPLISHMENTS, REPORTS THE TOTAL MEDICARE SHORTFALL RELATED TO PATIENT CARE AND IS THEREFORE NOT ADJUSTED FOR EDUCATION EXPENSE AND SUBSIDIZED HEALTH SERVICES REASONS WHY MEDICARE SHORTFALL SHOULD BE TREATED AS COMMUNITY BENEFIT ARE (1) ABSENT THE MEDICARE PROGRAM, IT IS LIKELY MANY OF THE INDIVIDUALS WOULD QUALIFY FOR FINANCIAL ASSISTANCE OR OTHER NEEDS-BASED GOVERNMENT PROGRAMS, (2) BY ACCEPTING PAYMENT BELOW COST TO TREAT THESE INDIVIDUALS, THE BURDENS OF GOVERNMENT ARE RELIEVED WITH RESPECT TO THESE INDIVIDUALS, (3) THERE IS A SIGNIFICANT POSSIBILITY THAT CONTINUED REDUCTION IN REIMBURSEMENT MAY ACTUALLY CREATE DIFFICULTIES IN ACCESS FOR THESE INDIVIDUALS, AND (4) THE AMOUNT SPENT TO COVER THE MEDICARE SHORTFALL IS MONEY NOT AVAILABLE TO COVER FINANCIAL ASSISTANCE AND OTHER COMMUNITY BENEFIT NEEDS

Identifier	ReturnReference	Explanation
		PART III, LINE 9B MAYO CLINIC AND ITS AFFILIATES STRIVE TO ASSIST ALL PATIENTS IN MEETING THEIR FINANCIAL OBLIGATION PRIOR TO ENLISTING THE ASSISTANCE OF A COLLECTION AGENCY BY MAKING EVERY REASONABLE ATTEMPT TO COLLECT FROM INSURANCE COMPANIES AND OTHER THIRD-PARTY PAYORS IN ADDITION, MAYO CLINIC AND ITS AFFILIATES ACCEPT REASONABLE PAYMENT PLANS FROM PATIENTS WHEN AN ACCOUNT IS THE PATIENT'S RESPONSIBILITY AND TRY TO IDENTIFY THOSE PATIENTS WHO MAY BE ELIGIBLE FOR FINANCIAL ASSISTANCE IN THE EVENT THAT AN ACCOUNT IS REFERRED TO A COLLECTION AGENCY, GUIDELINES ARE FOLLOWED, INCLUDING SUSPENDING ALL COLLECTION ACTIVITY IF A FINANCIAL ASSISTANCE APPLICATION HAS BEEN SUBMITTED AFTER THE ACCOUNT HAS BEEN REFERRED FOR COLLECTION IF A COLLECTION AGENCY IDENTIFIES A PATIENT AS MEETING MAYO CLINIC'S FINANCIAL ASSISTANCE ELIGIBILTY CRITERIA OR THE PATIENT ASKS TO APPLY FOR FINANCIAL ASSISTANCE, COLLECTION ACTIVITY IS SUSPENDED UNTIL MAYO REVIEWS THE ACCOUNT FOR FINANCIAL ASSISTANCE ELIGIBILITY BASED ON SUBMISSION OF REQUESTED INFORMATION COLLECTION ACTIVITY WOULD ONLY RESUME IF MAYO WOULD TELL THE COLLECTION AGENCY TO PURSUE COLLECTIONS ON THE BALANCE OR PARTIAL BALANCE IF THERE WAS A CHARITY ADJUSTMENT

Identifier	ReturnReference	Explanation
MAYO CLINIC		PART V, SECTION B, LINE 13G WITH REGARD TO THE POSTINGS WITHIN THE HOSPITAL FACILITY, A BROCHURE IS MADE AVAILABLE IN NUMEROUS LOCATIONS THROUGHOUT THE FACILITY WHICH DESCRIBES THE FINANCIAL ASSISTANCE POLICY, HOW TO APPLY FOR FINANCIAL ASSISTANCE, AND GIVES THE INTERNET ADDRESS WHERE THE COMPLETE POLICY CAN BE OBTAINED

Identifier	ReturnReference	Explanation
MAYO CLINIC		PART V, SECTION B, LINE 19D OUR POLICY ALLOWS FOR A MINIMUM DISCOUNT OF 20% TO ELIGIBLE INDIVIDUALS WHICH RESULTS IN AN AMOUNT LESS THAN THE AVERAGE OF THE THREE BEST NEGOTIATED COMMERCIAL RATES OR THE BEST NEGOTIATED COMMERCIAL RATE

Identifier	ReturnReference	Explanation
		PART VI, LINE 2 MAYO CLINIC ATTRACTS PATIENTS FROM AREAS FAR BEYOND THE IMMEDIATE COMMUNITIES WHERE ITS FACILITIES ARE LOCATED, COMING FROM EVERY STATE AND NEARLY 135 FOREIGN COUNTRIES BESIDES ITS PRINCIPAL FACILITIES LOCATED IN ROCHESTER, MN, PHOENIX AND SCOTTSDALE, AZ AND JACKSONVILLE, FL, MAYO CLINIC HAS A NETWORK OF COMMUNITY BASED HEALTH CARE PROVIDERS IN MORE THAN 70 COMMUNITIES THROUGHOUT MINNESOTA, IOWA AND WISCONSIN MAYO CLINIC SUPPORTS AND COORDINATES EFFORTS TO IMPROVE THE HEALTH AND WELL BEING WITHIN EACH OF THE COMMUNITIES IT SERVES AND ALSO CONDUCTS MEDICAL EDUCATION AND RESEARCH ACTIVITIES TO ADVANCE THE SCIENCE OF MEDICINE TO BENEFIT REGIONAL, NATIONAL AND INTERNATIONAL COMMUNITIES IN ROCHESTER, MAYO CLINIC WORKS COLLABORATIVELY WITH ITS AFFILIATED ENTITIES (MAYO CLINIC - SAINT MARYS HOSPITAL AND MAYO CLINIC - METHODIST HOSPITAL), THROUGH COMMON GOVERNANCE AND SHARED SYSTEMS, POLICIES AND PROCEDURES TO MEET THE HEALTH CARE NEEDS OF THE LOCAL OLMSTED COUNTY COMMUNITY OF APPROXIMATELY 120,000 RESIDENTS THESE ENTITIES ARE COLLECTIVELY REFERRED TO AS "MAYO" FOR PURPOSES OF THIS DESCRIPTION MAYO'S EFFORTS TO ASSESS THE HEALTH CARE NEEDS OF THE OLMSTED COUNTY REST ON FOUR GUIDING PRINCIPLES DEVELOPED WITH COMMUNITY PARTNERS AND AFFIRMED BY MAYO LEADERSHIP 1 HEALTH IS VALUED BY BOTH THE COMMUNITY AND MAYO 2 "HEALTH" IS DETERMINED BY BOTH MEDICAL AND NON-MEDICAL (E G , SOCIAL AND BEHAVIORAL) FACTORS AND BOTH MUST BE ADDRESSED 3 MAYO IS COMMITTED TO PRODUCING MEASURABLE IMPROVEMENTS IN THE HEALTH OF ALL OLMSTED COUNTY RESIDENTS 4 STRATEGIES TO IMPROVE COMMUNITY HEALTH ARE BEST DETERMINED AND IMPLEMENTED THROUGH PARTNERSHIPS BETWEEN HEALTH CARE PROVIDERS AND COMMUNITY MEMBERS WITH THESE PRINCIPLES AS THE BASIS OF ITS DECISION MAKING, AND CONSISTENT WITH ITS PRIMARY VALUE OF "THE NEEDS OF THE PATIENT COME FIRST," MAYO REGULARLY SEEKS INPUT TO COORDINATE EFFORTS TO ADDRESS COMMUNITY NEEDS IN A TIMELY, EFFICIENT AND EFFECTIVE MANNER MAYO ANNUALLY REVIEWS COMMUNITY NEEDS ASSESSMENTS CONDUCTED BY THE PUBLIC HEALTH DEPARTMENT, SOCIAL SERVICES, AND OTHER COMMUNITY ORGANIZATIONS SUCH AS UNITED WAY AND THE SALVATION ARMY THAT SERVE BROAD COMMUNITY HEALTH NEEDS THESE ASSESSMENTS ARE USED TO DETERMINE SERVICES CURRENTLY AVAILABLE AND TO IDENTIFY GAPS THAT CAN BE ADDRESSED IN MAYO'S RESPONSE TO MEET THE COMMUNITY'S HEALTH CARE NEEDS MAYO ALSO PROVIDES SHARED LEADERSHIP FOR THE OLMSTED COUNTY COMMUNITY HEALTHCARE ACCESS COLLABORATIVE (CHAC) CHAC IS A MULTICULTURAL VOLUNTEER COALITION OF OVER 20 HEALTH CARE RELATED SERVICE PROVIDERS, PUBLIC HEALTH, SOCIAL SERVICE, AND OTHER ORGANIZATIONS FROM THE GOVERNMENT, PRIVATE AND NOT-FOR-PROFIT SECTORS CHAC WORKS TO ADDRESS HEALTH CARE NEEDS FOR ALL RESIDENTS OF OLMSTED COUNTY WITH SPECIAL EMPHASIS ON DIVERSE AND UNDER-RESOURCED POPULATIONS PRIORITIES ARE ESTABLISHED BASED ON THE REVIEW OF COMMUNITY-WIDE NEEDS, AN ANALYSIS OF EXISTING SERVICES AND BY IMPLEMENTING STRATEGIES TO CLOSE GAPS THE PLANNING PROCESS FOR CHAC ACTIVITY OCCURS THROUGH A COMMON COMMUNICATION PROCESS, INCLUDING MONTHLY MEETINGS AND A PUBLICLY ACCESSIBLE WEB SITE (WWW.CHACMN.ORG) SUPPLEMENTED BY INPUT FROM A COMMUNITY ADVISORY BOARD (CAB) THE CAB IS COMPRISED OF 25 MEMBERS DRAWN FROM DIVERSE REPRESENTATIVES OF RACIAL, ETHNIC, GENDER ORIENTATION, RELIGIOUS, GEOGRAPHIC, SOCIOECONOMIC AND OTHER GROUPS THAT MAKE UP THE COMMUNITY ACTIVITIES OF THE CAB INCLUDE SETTING PRIORITIES FOR HEALTH IMPROVEMENT PROJECTS, PROVIDING INPUT TO COLLABORATIVE PROJECTS AMONG SERVICE PROVIDERS AND FACILITATING DIALOG BETWEEN PROVIDERS AND THE COMMUNITY WITHIN MAYO, COMMUNITY HEALTH ASSESSMENT INITIATIVES ARE COORDINATED THROUGH THE COMMUNITY ENGAGEMENT COMMITTEE (CEC) CEC INCLUDES REPRESENTATIVES FROM PRACTICE, EDUCATION AND RESEARCH WITHIN MAYO AS WELL AS MEMBERS FROM THE COMMUNITY THE ROLES OF THE CEC ARE TO MONITOR IMPLEMENTATION OF OVERALL MAYO COMMUNITY ENGAGEMENT STRATEGIES AND TO FOSTER THE DEVELOPMENT OF LONG-TERM, MUTUALLY BENEFICIAL RELATIONSHIPS BETWEEN MAYO AND THE COMMUNITY CEC MEETS MONTHLY AND REPORTS REGULARLY TO THE MAYO PRESIDENT AND CEO AS WELL AS TO INSTITUTIONAL COMMITTEES WITHIN THE PRACTICE FUNCTION OF MAYO, A COMMUNITY HEALTH COUNCIL (CHC) FACILITATES COMMUNITY ACCESS TO AND PARTICIPATION IN PATIENT CARE AND COMMUNITY OUTREACH INITIATIVES CHC IS GUIDED BY CEC, WITH INPUT FROM COMMUNITY ADVISORY BOARDS (CAB) DESCRIBED ABOVE CHC IS PART OF AN INTEGRATED PRACTICE UNIT THAT FOCUSES ON PRIMARY CARE DELIVERY FOR THE LOCAL COMMUNITY WHICH REQUIRES DIFFERENT APPROACHES THAN THOSE PATIENTS WHO UTILIZE MAYO'S SPECIALTY CARE SERVICES CHC SERVES TO OVERSEE, COORDINATE AND LINK INITIATIVES IN PRACTICE AND EDUCATION THAT HAVE THE POTENTIAL TO IMPACT THE COMMUNITY OR LOCAL HEALTH-RELATED SERVICE PROVIDERS ALTHOUGH CHC IS PRIMARILY FOCUSED ON PRACTICE AND EDUCATION ACTIVITIES, IT HAS LINKS TO RESEARCH RESOURCES WHICH CAN BE DIRECTED TOWARDS COMMUNITY INITIATIVES THAT WOULD BENEFIT FROM A RESEARCH

Identifier	ReturnReference	Explanation
		H APPROACH OR TECHNICAL EXPERTISE AN 18 MEMBER CAB CHAIRED BY COMMUNITY MEMBERS HELPS CHC IDENTIFY AND PRIORITIZE NEEDS, CONNECTS THE COMMUNITY TO MAYO PERSONNEL, REVIEWS PROPOSAL S FOR MAYO OUTREACH ACTIVITIES, PROVIDES FEEDBACK ON THE RESULTS OF THESE ACTIVITIES AND GIVES INPUT FOR NEW PROGRAMS FROM A RESEARCH PERSPECTIVE, MAYO'S CENTER FOR TRANSLATIONAL S CIENCE ACTIVITY (CTSA, HTTP //CTSA MAYO EDU/COMMUNITY/INDEX HTML) PLANS INPUT SESSIONS WIT H REPRESENTATIVES OF LOCAL COMMUNITY GROUPS TO IDENTIFY, PLAN AND CARRY OUT COMMUNITY BASE D RESEARCH TO IMPROVE HEALTH OUTCOMES AMONG UNDERSERVED POPULATIONS CTSA SUPPORTS SIGNIFI CANT EFFORTS WITHIN THE CLINICAL RESEARCH UNIT AT MAYO TO INCREASE COMMUNITY INVOLVEMENT I N RESEARCH AND TO RECRUIT A DIVERSE POPULATION OF RESEARCH SUBJECTS IN PARTNERSHIP WITH C TSA EDUCATION RESOURCES, CTSA HAS DEVELOPED A SERIES OF COMMUNITY ENGAGEMENT EDUCATION MOD ULES FOR RESEARCH INVESTIGATORS THESE EFFORTS HAVE RESULTED IN A VARIETY OF RESEARCH ACTI VITIES THAT INVOLVE NOT ONLY THE OLMSTED COUNTY COMMUNITY BUT ALSO OTHER COMMUNITIES THROU GHOUT THE REGION EXAMPLES OF THESE ACTIVITIES INCLUDE COLLABORATIONS WITH OTHER PROVIDERS , PUBLIC HEALTH SERVICES, PUBLIC SCHOOLS AND UNIVERSITIES, CITY AND COUNTY GOVERNMENT AND COMMUNITY ORGANIZATIONS SUCH AS THE INTERCULTURAL MUTUAL ASSISTANCE ASSOCIATION, MIGRANT H EALTH SERVICES, OLMSTED COUNTY CHILD CARE RESOURCE AND REFERRAL, ELDER NETWORK, ROCHESTER SENIOR CENTER, IGLESIA DE DIOS EMMANUEL DE ROCHESTER, THE RED CROSS, ASIAN HEALTHCARE LEAD ERS ASSOCIATION, INDIAN HEALTH SERVICES AND MANY OTHERS ONE CRITICAL COMPONENT OF MEETING THE NEEDS OF THE COMMUNITY IS THE ROCHESTER EPIDEMIOLOGY PROJECT (REP, HTTP //WWW ROCHESTE RPROJECT ORG/), A COLLABORATION OF MAYO WITH OLMSTED MEDICAL CENTER AND ROCHESTER FAMILY M EDICINE CLINIC REP LINKS TOGETHER NEARLY ALL THE MEDICAL RECORDS OF THE RESIDENTS OF OLMS TED COUNTY, MAKING IT POSSIBLE TO CONDUCT POPULATION-BASED RESEARCH OF MOST MEDICAL CONDIT IONS THIS UNIQUE RESEARCH INFRASTRUCTURE PROVIDES AN EXTENSIVE DATA REPOSITORY OF CARE DE LIVERED TO COMMUNITY RESIDENTS FOR ALMOST HALF A CENTURY AND IS VIRTUALLY UNPARALLELED IN THE UNITED STATES REP HAS BEEN USED BY HUNDREDS OF INVESTIGATORS TO DEVELOP STUDIES ON A WIDE RANGE OF MEDICAL CONDITIONS AND HAS RESULTED IN OVER 2,000 PUBLICATIONS SINCE 1966 AN OTHER COMPONENT OF ASSESSING COMMUNITY HEALTH NEEDS IS THE COMMUNITY CONTRIBUTIONS PROGRAM FACILITATED BY A COMMUNITY CONTRIBUTIONS COMMITTEE (CCC) WITHIN MAYO'S OFFICE OF COMMUNIT Y RELATIONS THIS PROGRAM CONSIDERS MONETARY AND IN-KIND REQUESTS FROM COMMUNITY ORGANIZAT IONS THAT ALIGN WITH MAYO'S EFFORTS TO DIRECTLY OR INDIRECTLY PROMOTE HEALTH AND WELLNESS SUCH REQUESTS FOR PHILANTHROPIC SUPPORT ARE CONSIDERED AND RESPONDED TO BASED ON PUBLISHE D GUIDELINES AND PRIORITIES BY MONITORING REQUESTS WITHIN SPECIFIC FOCUS AREAS, CCC IDENT IFIES NEEDS WITHIN VARIOUS SECTORS WITHIN THE COMMUNITY REVIEW OF REQUESTS ALSO PROVIDES AN OPPORTUNITY FOR MAYO STAFF TO MEET WITH INDIVIDUAL ORGANIZATIONS TO BETTER UNDERSTAND N EEDS AND OPPORTUNITIES FOR COLLABORATION MAYO PROVIDES CONSIDERABLE IN- KIND SUPPORT TO LO CAL ORGANIZATIONS IN THE FORM OF LEGAL, ADMINISTRATIVE, FACILITIES, FINANCIAL ANALYSIS, PR INTING, MARKETING AND OTHER AREAS OF EXPERTISE TO HELP BUILD THE CAPACITY OF COMMUNITY ORG ANIZATIONS TO BE SUSTAINABLE AND EFFECTIVE IN SERVING THE NEEDS OF THE COMMUNITY

Identifier	ReturnReference	Explanation
		PART VI, LINE 3 MEASURES TO PUBLICIZE FINANCIAL ASSISTANCE POLICY MAYO CLINIC IS COMMITTED TO OFFERING FINANCIAL ASSISTANCE TO ELIGIBLE PATIENTS WHO DO NOT HAVE THE ABILITY TO PAY FOR THEIR MEDICAL SERVICES IN WHOLE OR IN PART IN ORDER TO ACCOMPLISH THIS CHARITABLE GOAL, MAYO CLINIC AND MAYO CLINIC HEALTH SYSTEM SITES WILL WIDELY PUBLICIZE THIS POLICY IN THE COMMUNITIES THAT THE INDIVIDUAL MAYO CLINIC AFFILIATED SITES SERVE MAYO CLINIC AFFILIATED SITES WILL MAKE A COPY OF THIS POLICY AVAILABLE BY POSTING IT ON THEIR WEBPAGE INCLUDING THE ABILITY TO DOWNLOAD A COPY OF THE POLICY FREE OF CHARGE INDIVIDUALS IN THE COMMUNITY SERVED WILL BE ABLE TO OBTAIN A COPY OF THE POLICY IN LOCATIONS THROUGHOUT EACH MAYO CLINIC AFFILIATED SITE OR UPON REQUEST THE POLICY EXPLAINS THE FINANCIAL ASSISTANCE PROGRAM AND FACTORS AFFECTING ELIGIBILITY WITHIN THE HOSPITAL FACILITY, A BROCHURE IS MADE AVAILABLE IN NUMEROUS LOCATIONS THROUGHOUT THE FACILITY WHICH DESCRIBES THE FINANCIAL ASSISTANCE POLICY, HOW TO APPLY FOR FINANCIAL ASSISTANCE, AND GIVES THE INTERNET ADDRESS WHERE THE COMPLETE POLICY CAN BE OBTAINED

Identifier	ReturnReference	Explanation
		PART VI, LINE 4 MAYO CLINIC SERVES THE POPULATION OF OLMSTED COUNTY IN MINNESOTA AS WELL AS A WIDER REGIONAL, NATIONAL, AND EVEN INTERNATIONAL POPULATION OLMSTED COUNTY HAS A POPULATION OF 144,248 RESIDENTS IN 60,495 HOUSING UNITS ACCORDING TO THE 2010 CENSUS FOURTEEN PERCENT OF THESE RESIDENTS ARE NONWHITE AND 74% LIVE WITHIN THE CITY OF ROCHESTER THE MAJORITY OF MAYO CLINIC PATIENTS COME FROM A 150 MILE RADIUS OF ROCHESTER MINNESOTA HOWEVER OVER 50% OF MAYO CLINIC PATIENTS COME FROM OUTSIDE THE STATE OF MINNESOTA, COMING FROM ALL 50 STATES AND NEARLY 135 FOREIGN COUNTRIES ALTHOUGH IT SERVES A WIDE RANGE OF HEALTH CARE NEEDS INCLUDING PRIMARY AND COMMUNITY CARE, MAYO CLINIC IS ESPECIALLY FOCUSED IN PROVIDING TERTIARY CARE AND SPECIALTY TREATMENT OF THE MORE UNUSUAL AND DIFFICULT MEDICAL CASES

Identifier	ReturnReference	Explanation
		PART VI, LINE 5 MAYO CLINIC AND ITS AFFILIATES ARE LARGE, MULTI-FACETED, INTEGRATED, NOT-FOR-PROFIT GROUP PRACTICES AND HEALTH SYSTEMS AT MAYO CLINIC, DOCTORS FROM EVERY MEDICAL SPECIALTY WORK TOGETHER TO CARE FOR PATIENTS, JOINED BY COMMON SYSTEMS AND A PHILOSOPHY OF "THE NEEDS OF THE PATIENT COME FIRST " THE ORGANIZATIONS (INCLUDING HOSPITAL AND NON-HOSPITAL ENTITIES) WORK TOGETHER TO SERVE THEIR COMMUNITIES AT THE LOCAL, REGIONAL, NATIONAL, AND GLOBAL LEVELS THIS COMMUNITY BENEFIT HAPPENS THROUGH ITS FOCUS ON PATIENT CARE, EDUCATION, AND RESEARCH SPECIFICALLY, THE TAX-EXEMPT PURPOSE OF MAYO CLINIC AND ITS AFFILIATES IS THREE-FOLD PRACTICE - PRACTICE MEDICINE AS AN INTEGRATED TEAM OF COMPASSIONATE, MULTI-DISCIPLINARY PHYSICIANS, SCIENTISTS AND ALLIED HEALTH PROFESSIONALS WHO ARE FOCUSED ON THE NEEDS OF PATIENTS FROM OUR COMMUNITIES, REGIONS, THE NATION AND THE WORLD EDUCATION - EDUCATE PHYSICIANS, SCIENTISTS AND ALLIED HEALTH PROFESSIONALS AND BE A DEPENDABLE SOURCE OF HEALTH INFORMATION FOR OUR PATIENTS AND THE PUBLIC RESEARCH - CONDUCT BASIC AND CLINICAL RESEARCH PROGRAMS TO IMPROVE PATIENT CARE AND TO BENEFIT SOCIETY, INCLUDING PARTNERING WITH MAYO CLINIC HEALTH SYSTEM PRACTICES TO PERFORM PRACTICE-BASED RESEARCH DESIGNED TO IMPROVE PATIENT CARE THROUGH ITS MISSION, MAYO CLINIC AND ITS AFFILIATES ENRICH THE COMMUNITIES IN WHICH THEY OPERATE AS WELL AS THE BROADER COMMUNITY - IMPROVING MEDICINE THROUGH RESEARCH, EDUCATING PHYSICIANS AND OTHER HEALTH CARE PROVIDERS, AND PROVIDING CARE AND SUPPORT TO PEOPLE IN NEED PLEASE REFER TO THE PROGRAM SERVICE ACCOMPLISHMENTS ON FORM 990, PART III, FOR FURTHER DESCRIPTION OF THE FILING ORGANIZATION'S ACTIVITIES SURPLUS FUNDS MAYO CLINIC AND ITS AFFILIATES REINVEST THEIR NET OPERATING INCOME TO ADVANCE MEDICAL RESEARCH AND TEACH THE NEXT GENERATION OF HEALTH CARE PROFESSIONALS, AS WELL AS TO ALLOW THE INDIVIDUAL ENTITY TO SUSTAIN ITS MISSION AND PREPARE FOR THE FUTURE COMMUNITY REPRESENTATION ON GOVERNING BODYTHE BOARD OF TRUSTEES IS THE GOVERNING BODY OF MAYO CLINIC A MAJORITY OF ITS MEMBERS ARE EXTERNAL, INDEPENDENT TRUSTEES IT HAS OVERALL RESPONSIBILITY FOR THE CHARITABLE, CLINICAL PRACTICE, SCIENTIFIC AND EDUCATIONAL MISSION AND PURPOSES OF MAYO CLINIC AND ITS AFFILIATES AS SET FORTH IN ITS ARTICLES OF INCORPORATION AND BYLAWS BECAUSE OF MAYO CLINIC'S NATIONAL PRESENCE, THESE TRUSTEES ARE SELECTED BASED ON THEIR AREAS OF EXPERTISE, WHETHER IN HEALTH CARE POLICY, BUSINESS, GOVERNMENT OR ANOTHER FIELD THE PATIENTS OF THE FILING ORGANIZATION HAVE ACCESS TO AN EMERGENCY ROOM OPERATED BY A RELATED ENTITY ADJACENT TO OR IN CLOSE PROXIMITY TO THE FILING ORGANIZATION

Identifier	ReturnReference	Explanation
		PART VI, LINE 6 MAYO CLINIC IS THE FIRST AND LARGEST INTEGRATED, NOT-FOR-PROFIT MEDICAL GROUP PRACTICE IN THE WORLD, BRINGING TOGETHER TEAMS OF EXPERTS TO PROVIDE HIGH-QUALITY, AFFORDABLE AND COMPASSIONATE CARE TO EACH PATIENT CONSISTENT WITH ITS PRIMARY VALUE - "THE NEEDS OF THE PATIENT COME FIRST" MAYO CLINIC'S MISSION IS "TO INSPIRE HOPE AND CONTRIBUTE TO HEALTH AND WELL-BEING BY PROVIDING THE BEST CARE TO EVERY PATIENT THROUGH INTEGRATED CLINICAL PRACTICE, EDUCATION AND RESEARCH" TO ACCOMPLISH ITS MISSION, MAYO CLINIC IS PART OF A MULTI-ENTITY ORGANIZATIONAL STRUCTURE CONSISTING OF HOSPITALS, CLINICS, HEALTH CARE PROVIDERS AND OTHER ENTITIES PROVIDING HEALTH CARE RELATED SERVICES AND KNOWLEDGE DELIVERY TO THE PUBLIC THROUGHOUT THE WORLD MAYO CLINIC WORKS COLLABORATIVELY WITH ITS AFFILIATED HOSPITALS (MAYO CLINIC - SAINT MARYS HOSPITAL AND MAYO CLINIC - METHODIST HOSPITAL) IN ROCHESTER, MN TO FORM AN INTEGRATED MEDICAL CENTER DEDICATED TO PROVIDING COMPREHENSIVE DIAGNOSIS AND TREATMENT IN VIRTUALLY EVERY MEDICAL AND SURGICAL SPECIALTY MAYO CLINIC IS ALSO THE SOLE MEMBER OF MAYO CLINIC ARIZONA AND MAYO CLINIC JACKSONVILLE WHICH PROVIDE SERVICES TO PATIENTS IN THE SOUTHWEST AND SOUTHEAST REGIONS OF THE US IN THE MIDWEST, MAYO CLINIC HEALTH SYSTEM SERVES OVER 70 COMMUNITIES IN MINNESOTA, WISCONSIN AND IOWA THROUGH A NETWORK OF COMMUNITY-BASED PHYSICIANS TO PROVIDE QUALITY HEALTH CARE CLOSE TO HOME BUT SUPPORTED BY THE HIGHLY SPECIALIZED EXPERTISE AND RESOURCES OF MAYO CLINIC UTILIZING COMMON GOVERNANCE AND SHARED SYSTEMS, POLICIES AND PROCEDURES WHENEVER POSSIBLE, MAYO CLINIC STRIVES TO PROVIDE CONSISTENT, HIGH QUALITY HEALTH CARE SERVICES AND KNOWLEDGE DELIVERY REGARDLESS OF WHERE AND HOW THESE ARE PROVIDED A 31-MEMBER BOARD OF TRUSTEES COMPOSED OF A MAJORITY OF PUBLIC MEMBERS ALONG WITH MAYO CLINIC PHYSICIANS AND ADMINISTRATORS ENSURE THE ENTIRE ORGANIZATION REMAINS TRUE TO ITS MISSION AND CULTURE OF PROMOTING THE COMMON GOOD BY PROVIDING FOR THE HEALTH CARE NEEDS OF THE PUBLIC RATHER THAN FOR PRIVATE BENEFIT IN 2011, MORE THAN 58,000 PHYSICIANS, SCIENTISTS AND RESEARCHERS, RESIDENTS, FELLOWS, STUDENTS AND ALLIED HEALTH STAFF PROVIDED CARE TO OVER ONE MILLION PATIENTS IN ADDITION TO PROVIDING HEALTH CARE SERVICES TO PATIENTS LOCALLY, REGIONALLY, NATIONALLY AND INTERNATIONALLY, ALL MAYO CLINIC LOCATIONS ENGAGE IN COMMUNITY OUTREACH ACTIVITIES TO IMPROVE COMMUNITY HEALTH AND RESPOND TO LOCAL COMMUNITY NEEDS FOR MORE SPECIFIC DESCRIPTION, SEE THE RESPONSE TO CORE FORM, PART III, STATEMENT OF PROGRAM ACCOMPLISHMENTS, LINE 4B (REPORTED IN SCHEDULE O)

Identifier	ReturnReference	Explanation
	PART VI, LINE 7	NEITHER THE FILING ORGANIZATION, NOR ANY RELATED ORGANIZATION, FILES A COMMUNITY BENEFIT REPORT WITH ANY STATE OTHER THAN THE EXTENT TO WHICH COMMUNITY BENEFIT INFORMATION IS INCLUDED IN OTHER REPORTING REQUIREMENTS SUCH AS INFORMATION PROVIDED ON THE MINNESOTA HOSPITAL ANNUAL REPORT OR TO THE WISCONSIN HOSPITAL ASSOCIATION

Schedule I
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization
MAYO CLINIC

Grants and Other Assistance to Organizations,
Governments and Individuals in the United States

Complete if the organization answered "Yes," to Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990

OMB No 1545-0047

2011

Open to Public
Inspection

Employer identification number
41-6011702

Part I

General Information on Grants and Assistance

- 1

Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

☒ Yes ☐ No
- 2

Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II

Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed ☐

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
See Additional Data Table							

2

Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

220

3

Enter total number of other organizations listed in the line 1 table

73

Part III

Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.
Use Schedule I-1 (Form 990) if additional space is needed.

(a)Type of grant or assistance	(b)Number of recipients	(c)Amount of cash grant	(d)Amount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
(1) MAYO COLLEGE OF MEDICINE SCHOLARSHIPS	445	3,760,613	0		
(2) RESEARCH GRANTS	3	403,057	0		
(3) FINANCIAL HARDSHIP	45	107,519	0		

Part IV

Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

Identifier	Return Reference	Explanation
PROCEDURE FOR MONITORING GRANTS IN THE U S	PART I, LINE 2	SCHEDULE I, PART I, LINE 2 AS A PRIVATE TRUST FOR THE PUBLIC GOOD, MAYO IS DEDICATED TO GIVING BACK TO THE COMMUNITIES IN WHICH ITS EMPLOYEES LIVE AND WORK MAYO INVESTS RESOURCES RESPONSIBLY TO PRODUCE THE BEST OUTCOMES FOR PATIENT CARE, EDUCATION, RESEARCH, COMMUNITY ENRICHMENT AND SUSTAINABILITY GRANT APPLICATIONS ARE REVIEWED AND PRIORITIZED IN HOW THEY - ADDRESS SIGNIFICANT AND EMERGENT COMMUNITY NEEDS - ALIGN WITH MAYO'S MISSION - IMPROVE HEALTH OF INDIVIDUALS IN THE COMMUNITY - DEMONSTRATE PARTNERSHIP AND COLLABORATION BUILDING - ENABLE LONG TERM CAPACITY BUILDING AND SUSTAINABILITY MONITORING OF GRANTS GIVEN IS DEPENDENT ON TYPE LARGER MULTI-YEAR AND CAPITAL GRANTS ARE MONITORED FOR ACHIEVEMENT OF STATED GOALS WITHIN THE GRANT AGREEMENT SINGLE-YEAR OPERATIONAL AND PROGRAMMATIC GRANTS ARE NOT MONITORED AFTER THE FUNDS HAVE BEEN DISBURSED, HOWEVER, ADDITIONAL FUNDING REQUESTS ARE CONSIDERED BASED ON USE AND OUTCOMES OF PREVIOUSLY AWARDED GRANTS MAYO CLINIC'S SCHOOLS OFFER BOTH MERIT-BASED AND NEEDS-BASED SCHOLARSHIPS AND GRANTS THAT ARE CONTINGENT UPON ON-GOING SATISFACTORY ACADEMIC PROGRESS TRANSFERS OR GRANTS TO AFFILIATED TAX-EXEMPT ORGANIZATIONS WILL BE USED PURSUANT TO THE POLICIES AND PROCEDURES OF THE GRANTEE ORGANIZATIONS AND TO FURTHER THE EXEMPT PURPOSES OF THE GRANTEE ORGANIZATIONS BOTH THE FILING ORGANIZATION AND THE GRANTEE ORGANIZATION MAINTAIN ADEQUATE BOOKS AND RECORDS OF SUCH TRANSFERS OR GRANTS CAPITAL CONTRIBUTIONS TO AFFILIATED TAX EXEMPT ORGANIZATIONS WILL ALSO BE APPROVED BY THE GOVERNING BODY AND NOTED IN BOARD MINUTES FEDERAL AWARDS THAT ARE SUBCONTRACTED TO OTHER ORGANIZATIONS ARE MONITORED BY MAYO AS PRESCRIBED IN OMB CIRCULAR A-133 MAYO PROVIDES SHORT-TERM FINANCIAL ASSISTANCE TO EMPLOYEES EXPERIENCING TEMPORARY HARDSHIPS GRANTS ARE PROVIDED BASED ON A PROVEN NEED AND ARE NOT MONITORED

Software ID:
Software Version:
EIN: 41-6011702
Name: MAYO CLINIC

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ABINGTON MEMORIAL HOSPITAL1200 OLD YORK RD ABINGTON,PA 19001	23-1352152	501(C)(3)	6,000				SUPPORT RESEARCH PROGRAM
ADVENTIST HEALTH SYSTEM-SUNBELT INC601 E ROLLINS ST ORLANDO,FL 32803	59-0724459	501(C)(3)	9,576				SUPPORT RESEARCH PROGRAM

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AGILEX TECHNOLOGIES INC 5155 PARKSTONE DR CHANTILLY, VA 201513812	20-5967657		138,718				SUPPORT RESEARCH PROGRAM
AGNESIAN HEALTHCARE INC 430 E DIVISION ST FOND DU LAC, WI 54935	39-0807236	501(C)(3)	8,900				SUPPORT RESEARCH PROGRAM

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ALASKA NATIVE TRIBAL HEALTH CONSORTIUM4000 AMBASSADOR DRIVE ANCHORAGE, AK 99508	92-0162721	501(C)(3)	147,265				SUPPORT RESEARCH PROGRAM
ALTRU CANCER CENTERPO BOX 6002 GRAND FORKS, ND 58206	45-0368330	501(C)(3)	108,350				SUPPORT RESEARCH PROGRAM

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ALTRU HEALTH SYSTEMPO BOX 6002 GRAND FORKS,ND 58206	45-0310462	501(C)(3)	19,400				SUPPORT RESEARCH PROGRAM
AMERICAN ACADEMY OF ORTHOPEDIC SURGEONS6300 NORTH RIVER ROAD ROSEMONT,IL 600184262	36-2110592	501(C)(3)	20,000				SUPPORT CHARITABLE PROGRAMS

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AMERICAN CANCER SOCIETY MIDWEST DIVISION INC (HOPE LODGE) 2520 PILOT KNOB ROAD MENDOTA HEIGHTS, MN 55120	41- 0724036	501(C)(3)	27,000				SUPPORT CHARITABLE PROGRAMS
AMERICAN RED CROSS - SOUTHEAST MINNESOTA CHAPTER310 14TH STREET SE ROCHESTER, MN 55904	03- 0585610	501(C)(3)	50,000				SUPPORT CHARITABLE PROGRAMS

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ANDERSON FORSCHUNG GROUP LLC1759 WILLARD ST NW WASHINGTON,DC 200091718	45-2942855		5,300				SUPPORT RESEARCH PROGRAM
APPLE TREE DENTAL INC8960 SPRINGBROOK DR NW MINNEAPOLIS,MN 55433	36-3411437	501(C)(3)	25,000				SUPPORT CHARITABLE PROGRAMS

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ARIZONA STATE UNIVERSITYPO BOX 870502 TEMPE, AZ 85287	86-0196696	STATE OF AZ	138,225				SUPPORT RESEARCH PROGRAM
BASSETT MEDICAL CENTERONE ATWELL ROAD COOPERSTOWN, NY 13326	13-5596796	501(C)(3)	5,000				SUPPORT RESEARCH PROGRAM

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BAYHEALTH MEDICAL CENTER INC640 SOUTH STATE STREET DOVER,DE 19901	51-0064318	501(C)(3)	14,500				SUPPORT RESEARCH PROGRAM
BAYLOR COLLEGE OF MEDICINEONE BAYLOR PLAZA NO T100 HOUSTON,TX 77030	74-1613878	501(C)(3)	300,908				SUPPORT RESEARCH PROGRAM

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BAYLOR RESEARCH INSTITUTE2001 BRYAN ST STE 2300 DALLAS,TX 75201	75-1921898	501(C)(3)	497,181				SUPPORT RESEARCH PROGRAM
BAYLOR UNIVERSITYONE BEAR PLACE 97043 WACO,TX 76798	74-1159753	501(C)(3)	26,778				SUPPORT RESEARCH PROGRAM

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BEAUFORT COUNTY HOSPITAL ASSOCIATION INC 628 E 12TH ST WASHINGTON, NC 27889	56-0675676	501(C)(3)	13,950				SUPPORT RESEARCH PROGRAM
BENAROYA RESEARCH INSTITUTE AT VIRGINIA MASON 1201 NINTH AVENUE SEATTLE, WA 98101	91-0653422	501(C)(3)	415,248				SUPPORT RESEARCH PROGRAM

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BILLINGS CLINIC 2800 10TH AVE N BILLINGS, MT 59101	81- 0231784	501(C)(3)	8,400				SUPPORT RESEARCH PROGRAM
BIOLOGICS INC 9024 EUCLID AVE STE H MANASSAS, VA 20110	56- 1861614		9,500				SUPPORT RESEARCH PROGRAM

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BIOMEDICAL RESEARCH INSTITUTE OF NEW MEXICO1501 SAN PEDRO SE BLDG14 151 ALBUQUERQUE, NM 87108	85-0374063	501(C)(3)	7,057				SUPPORT RESEARCH PROGRAM
BLACK DATA PROCESSING ASSOCIATION SE MN CHAPTER423 MANOR BROOK LANE NW ROCHESTER, MN 55901	41-1929150	501(C)(3)	20,000				SUPPORT CHARITABLE PROGRAMS

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BOARD OF TRUSTEES OF THE UNIVERSITY OF ILLINOIS506 S WRIGHT ST URBANA,IL 61801	37-6000511	501(C)(3)	111,971				SUPPORT RESEARCH PROGRAM
BOLDER OPTIONS 2100 STEVENS AVE S MINNEAPOLIS, MN 55404	41-1909480	501(C)(3)	15,000				SUPPORT CHARITABLE PROGRAMS

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BOYS AND GIRLS CLUB OF ROCHESTER1026 EAST CENTER STREET ROCHESTER, MN 55904	41-1945875	501(C)(3)	63,500				SUPPORT CHARITABLE PROGRAMS
BRIGHAM & WOMENS HOSPITAL INC75 FRANCIS STREET BOSTON, MA 02115	04-2312909	501(C)(3)	110,447				SUPPORT RESEARCH PROGRAM

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CANCER CARE ASSOCIATES4110 S 100TH EAST AVE SUITE 201 TULSA,OK 74146	73-1469927		14,400				SUPPORT RESEARCH PROGRAM
CANCER CARE ASSOCIATES OF FRESNO MEDICAL GROUP3577 W THIRTEEN MILE ROAD ROYAL OAK,MI 48073	77-0324589		11,350				SUPPORT RESEARCH PROGRAM

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CANCER CENTER OF KANSAS PA818 N EMPORIA 403 WICHITA, KS 67214	48-1181579		153,123				SUPPORT RESEARCH PROGRAM
CANCER RESEARCH FOR THE OZARKS 1730 E REPUBLIC RD SUITE V SPRINGFIELD, MO 65804	43-1908796		10,100				SUPPORT RESEARCH PROGRAM

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CAPE COD HEALTHCARE INC25 COMMUNICATION WAY HYANNIS,MA 02601	04-2103600	501(C)(3)	7,200				SUPPORT RESEARCH PROGRAM
CARLE CANCER CENTER602 W UNIVERSITY URBANA,IL 61801	37-1188284		26,855				SUPPORT RESEARCH PROGRAM

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CARNEGIE INSTITUTE OF WASHINGTON1530 P ST NW WASHINGTON,DC 20005	53-0196523	501(C)(3)	18,820				SUPPORT RESEARCH PROGRAM
CASE WESTERN RESERVE UNIVERSITY10900 EUCLID AVENUE CLEVELAND,OH 44106	34-1018992	501(C)(3)	136,683				SUPPORT RESEARCH PROGRAM

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CEDAR RAPIDS ONCOLOGY PROJECT525 10TH STREET SE CEDAR RAPIDS,IA 52403	42-1280144	501(C)(3)	15,718				SUPPORT RESEARCH PROGRAM
CELEBRATION OF A CITY INCPO BOX 007 ROCHESTER,MN 559030007	41-1479891	501(C)(3)	6,000				SUPPORT CHARITABLE PROGRAMS

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CENTER OF HOPE AT WASHOE77 PRINGLE WAY RENO, NV 89502	36- 4572218	501(C)(3)	27,914				SUPPORT RESEARCH PROGRAM
CENTERPHASE SOLUTIONS INC600 EAST CRESCENT RD UPPER SADDLE RIVER, NJ 07458	27- 1102680		42,587				SUPPORT RESEARCH PROGRAM

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CH NASH MUSEUM AT CHUCALISSA 1987 INDIAN VILLAGE DR MEMPHIS,TN 38109	62- 0648618		15,035				SUPPORT RESEARCH PROGRAM
CHARTERHOUSE INC 211 SECOND STREET NW ROCHESTER, MN 55901	41- 1405254	501(C)(3)	5,322				SUPPORT CHARITABLE PROGRAMS

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHICAGO ASSOCIATION FOR RESEARCH AND EDUCATION IN SCIENCEPO BOX 250 HINES,IL 60141	36-3334177	501(C)(3)	14,705				SUPPORT RESEARCH PROGRAM
CHILDREN'S HOSPITAL BOSTON 300 LONGWOOD AVE BOSTON,MA 02115	04-2774441	501(C)(3)	341,219				SUPPORT RESEARCH PROGRAM

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHILDREN'S MEMORIAL HOSPITAL2300 CHILDRENS PLAZA BOX 268 CHICAGO,IL 60614	36-2170833	501(C)(3)	101,619				SUPPORT RESEARCH PROGRAM
CHILDRENS HOSPITAL MEDICAL CENTER 3333 BURNET AVENUE MI 4900 CINCINNATI,OH 45229	31-0833936	501(C)(3)	23,341				SUPPORT RESEARCH PROGRAM

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHORAL ARTS ENSEMBLE OF ROCHESTER1001 14TH STREET NW ROOM/STE 900 ROCHESTER, MN 55901	36-3465792	501(C)(3)	13,750				SUPPORT CHARITABLE PROGRAMS
CITY OF ROCHESTER201 4TH STREET SE ROCHESTER, MN 55904	41-6005494	CITY OF ROCHESTER, M	23,600	35,528	COST	LAND	SUPPORT COMMUNITY PROGRAMS

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CLEVELAND CLINIC FOUNDATION9500 EUCLID AVENUE NO H-18 CLEVELAND, OH 44195	34-0714585	501(C)(3)	135,543				SUPPORT RESEARCH PROGRAM
CLINICAL DATA INTERCHANGE STANDARDS CONSORTIUM INC 15907 TWO RIVERS CV AUSTIN, TX 78717	04-3503931	501(C)(3)	52,374				SUPPORT RESEARCH PROGRAM

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COLORADO CANCER RESEARCH PROGRAM2253 S ONEIDA ST THIRD FLOOR DENVER, CO 80224	84- 1090476	501(C)(3)	37,156				SUPPORT RESEARCH PROGRAM
COLUMBUS COMMUNITY CLINICAL ONCOLOGY PROGRAM1335 DUBLIN ROAD NO 124-A COLUMBUS, OH 43215	31- 1290751	501(C)(3)	76,791				SUPPORT RESEARCH PROGRAM

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COMMUNITY FOOD RESPONSE810 3RD AVE SE ROCHESTER, MN 55904	41-1757102	501(C)(3)	6,000				SUPPORT CHARITABLE PROGRAMS
CONSULTING RADIOLOGISTS LTD 1221 NICOLLET MALL SUITE 600 MINNEAPOLIS, MN 55403	41-0974675		9,150				SUPPORT RESEARCH PROGRAM

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CORAM CLINICAL TRIALS1471 BUSINESS CENTER DRIVE 500 MOUNT PROSPECT,IL 600566082	58-2160656		84,403				SUPPORT RESEARCH PROGRAM
CORNELL UNIVERSITY341 PINE TREE ROAD ITHACA,NY 14850	15-0532082	501(C)(3)	281,629				SUPPORT RESEARCH PROGRAM

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COTTON ONEIL CLINIC1500 SW 10TH AVE TOPEKA, KS 66604	48-6341644		19,000				SUPPORT RESEARCH PROGRAM
DANA-FARBER CANCER INSTITUTE INC44 BINNEY STREET BP376 BOSTON, MA 02115	04-2263040	501(C)(3)	288,195				SUPPORT RESEARCH PROGRAM

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DAYTON CLINICAL ONCOLOGY PROGRAM3525 SOUTHERN BOULEVARD KETTERING, OH 45429	31-1100389	501(C)(3)	56,720				SUPPORT RESEARCH PROGRAM
DELOITTE CONSULTING LLP50 SOUTH SIXTH STREET MINNEAPOLIS, MN 554021538	06-1454513		77,933				SUPPORT RESEARCH PROGRAM

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DINE COLLEGEPO BOX 435 TSAILE,AZ 86556	86-0215931		11,964				SUPPORT RESEARCH PROGRAM
DIVERSITY COUNCIL1130 1/1 7TH ST NW ROCHESTER,MN 55901	41-1709139	501(C)(3)	60,000				SUPPORT CHARITABLE PROGRAMS

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DONALD GUTHRIE FOUNDATION SOUTH WILBUR AVE SAYRE, PA 18840	24-6022957	501(C)(3)	9,100				SUPPORT RESEARCH PROGRAM
DOUGLAS C PAFFEL DBA TREEJERKS CONSULTING 35287 160TH AVENUE STANLEY, WI 547685509	38-7467602		101,115				SUPPORT RESEARCH PROGRAM

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DUKE UNIVERSITY 324 BLACKWELL STREET DURHAM, NC 27701	56-0532129	501(C)(3)	4,456,399				SUPPORT RESEARCH PROGRAM
DULUTH CLINIC 400 EAST THIRD STREET DULUTH, MN 55085	41-0883623	501(C)(3)	35,743				SUPPORT RESEARCH PROGRAM

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DYSLEXIA INSTITUTE OF MINNESOTA INC 847 5TH ST NW ROCHESTER, MN 55901	41-1633734	501(C)(3)	15,000				SUPPORT CHARITABLE PROGRAMS
ELDER NETWORK 1130 1/2 7TH ST NW SUITE 205 ROCHESTER, MN 55901	41-1704390	501(C)(3)	12,000				SUPPORT CHARITABLE PROGRAMS

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
EMORY UNIVERSITY1762 CLIFTON RD SUITE 1400 ATLANTA,GA 30322	58-0566256	501(C)(3)	352,000				SUPPORT RESEARCH PROGRAM
ESSENTIA HEALTH 502 E 2ND ST DULUTH,MN 55805	20-0360007	501(C)(3)	15,681				SUPPORT RESEARCH PROGRAM

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ESSENTIA INSTITUTE OF RURAL HEALTH502 E 2ND ST DULUTH, MN 55805	27- 1291124	501(C)(3)	16,593				SUPPORT RESEARCH PROGRAM
FAMILY SERVICE ROCHESTER INC 1110 SIXTH STREET NW ROCHESTER, MN 559011839	41- 0883453	501(C)(3)	7,500				SUPPORT CHARITABLE PROGRAMS

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FINISAR CORPORATION1389 MOFFETT PARK DRIVE SUNNYVALE, CA 94089	94-3038428		50,952				SUPPORT RESEARCH PROGRAM
FLORIDA STATE UNIVERSITYA2201 UNIVERSITY CENTER TALLAHASSEE, FL 32306	59-1961248	501(C)(3)	60,048				SUPPORT RESEARCH PROGRAM

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FOX CHASE CANCER CENTER333 COTTMAN AVE PHILADELPHIA, PA 191112497	23-2003072	501(C)(3)	14,608				SUPPORT RESEARCH PROGRAM
FOX VALLEY HEMATOLOGY & ONCOLOGY SC200 THEDA CLARK MDCL PLAZA 430 NEENAH, WI 549562783	39-1682233		19,200				SUPPORT RESEARCH PROGRAM

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FRANCISCAN SKEMP FOUNDATION OF ARCADIA INC 27980 SOUTH ST JOSEPHS AVE ARCADIA, WI 54612	39-1322480	501(C)(3)	10,245				SUPPORT CHARITABLE PROGRAMS
FRED HUTCHINSON CANCER RESEARCH CENTER 1100 FAIRVIEW AVE NORTH SEATTLE, WA 98109	23-7156071	501(C)(3)	85,367				SUPPORT RESEARCH PROGRAM

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FREDERICK MEMORIAL HOSPITAL INC400 W 7TH ST FREDERICK, MD 21701	52-0591612	501(C)(3)	16,730				SUPPORT RESEARCH PROGRAM
FRESNO COMMUNITY HOSPITAL & MEDICAL CENTER 1925 E DAKOTA AVE STE 206 FRESNO, CA 93726	94-1156276	501(C)(3)	6,300				SUPPORT RESEARCH PROGRAM

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FRIENDS OF QUARRY HILL NATURE CENTER INC701 SILVER CREEK RD NE ROCHESTER, MN 55906	36-3416399	501(C)(3)	14,100				SUPPORT CHARITABLE PROGRAMS
GEISINGER MEDICAL CENTER 100 NORTH ACADEMY AVENUE MC30-50 DANVILLE, PA 17822	24-0795959	501(C)(3)	9,791				SUPPORT RESEARCH PROGRAM

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GENESYS HURLEY CANCER INSTITUTE302 KENSINGTON AVE FLINT,MI 48503	38- 3545312	501(C)(3)	5,885				SUPPORT RESEARCH PROGRAM
GENEVA FOUNDATION 04- 15-93917 PACIFIC AVE STE 600 TACOMA, WA 98402	91- 1593913	501(C)(3)	194,284				SUPPORT RESEARCH PROGRAM

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GIFT OF LIFE INC 705 2ND STREET SW ROCHESTER, MN 55901	41-1495845	501(C)(3)	25,360				SUPPORT CHARITABLE PROGRAMS
GIRL SCOUTS OF MINNESOTA AND WISCONSIN RIVER VALLEYS INC400 ROBERT STREET SOUTH ST PAUL, MN 55107	41-0693910	501(C)(3)	25,750				SUPPORT CHARITABLE PROGRAMS

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GREATER ROCHESTER ADVOCATES FOR UNIVERSITIES AND COLLEGES310 S BROADWAY STE 300 ROCHESTER, MN 55904	36-3517407	501(C)(3)	7,500				SUPPORT CHARITABLE PROGRAMS
GROUP HEALTH COOPERATIVE320 WESTLAKE AVE N SEATTLE, WA 98109	91-0511770	501(C)(3)	155,181				SUPPORT RESEARCH PROGRAM

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GUTHRIE CLINIC LTD1 GUTHRIE SQUARE SAYRE, PA 18840	25-0815795	501(C)(3)	11,500				SUPPORT RESEARCH PROGRAM
H LEE MOFFITT CANCER CENTER & RESEARCH INSTITUTE HOSPITAL INC 12902 MAGNOLIA DRIVE TAMPA, FL 33612	59-3238634	501(C)(3)	76,378				SUPPORT RESEARCH PROGRAM

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
H LEE MOFFITT CANCER CENTER & RESEARCH INSTITUTE INC 12902 MAGNOLIA DRIVE TAMPA, FL 33612	59- 2451713	501(C)(3)	239,860				SUPPORT RESEARCH PROGRAM
HAWAII MINORITY 1236 LAUHALA STREET ROOM 402 HONOLULU, HI 96813	99- 0115254		6,176				SUPPORT RESEARCH PROGRAM

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HEALTH RESEARCH INCORPORATED150 BROADWAY STE 560 MENANDS, NY 12204	14-1402155	501(C)(3)	53,620				SUPPORT RESEARCH PROGRAM
HEALTHPARTNERS RESEARCH FOUNDATION8170 33RD AVE SOUTH MINNEAPOLIS, MN 55440	41-1670163	501(C)(3)	133,807				SUPPORT RESEARCH PROGRAM

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HEMATOLOGYONCOLOGY ASSOCIATES OF CENTRAL NEW YORK5008 BRITTONFIELD PARKWAY EAST SYRACUSE, NY 13057	16-1184100		15,000				SUPPORT RESEARCH PROGRAM
HEMOPHILIA FOUNDATION OF MINNESOTA DAKOTAS INC750 S PLAZA DR STE 207 MENDOTA HEIGHTS, MN 55120	41-6032276	501(C)(3)	15,000				SUPPORT CHARITABLE PROGRAMS

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HONORS CHOIRS OF SOUTHEAST MINNESOTA1001 14TH STREET NW ROCHESTER, MN 559012534	41-1747145	501(C)(3)	15,000				SUPPORT CHARITABLE PROGRAMS
IHC HEALTH SERVICES INC36 S STATE ST STE 1000 SALT LAKE CITY, UT 84111	94-2854057	501(C)(3)	577,007				SUPPORT RESEARCH PROGRAM

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
INDIANA UNIVERSITY400 E 7TH ST BLOOMINGTON, IN 47405	35-6001673	STATE OF IN	157,954				SUPPORT RESEARCH PROGRAM
INDIANA UNIVERSITY HEALTH INC950 N MERIDIAN ST STE 1200 INDIANAPOLIS, IN 46204	35-1955872	501(C)(3)	49,998				SUPPORT RESEARCH PROGRAM

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
INTERAMERICAN HEART FOUNDATION INC7272 GREENVILLE AVE DALLAS,TX 75231	75-2605363	501(C)(3)	125,000				SUPPORT RESEARCH PROGRAM
INTERCULTURAL MUTUAL ASSISTANCE ASSOCIATION OF SE MINNESOTA2500 VALLEYHIGH DR NW ROCHESTER, MN 55901	41-1497753	501(C)(3)	120,522				SUPPORT CHARITABLE PROGRAMS

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
INTERCULTURAL MUTUAL ASSISTANCE ASSOCIATION OF SE MINNESOTA INC 2500 VALLEYHIGH DR NW ROCHESTER, MN 55901	41- 1497753	501(C)(3)	60,023				SUPPORT RESEARCH PROGRAM
INTERFAITH HOSPITALITY NETWORK OF GREATER ROCHESTER811 7TH ST NW ROCHESTER, MN 55901	41- 1953191	501(C)(3)	15,000				SUPPORT CHARITABLE PROGRAMS

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
INTERNATIONAL BUSINESS MACHINES CORP NEW ORCHARD ROAD ARMONK,NY 10504	13-0871985		349,175				SUPPORT RESEARCH PROGRAM
IOWA BLOOD & CANCER CARE PLC 855 A AVENUE NE 420 CEDAR RAPIDS,IA 524025064	75-3068715		7,200				SUPPORT RESEARCH PROGRAM

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
IOWA ONCOLOGY RESEARCH ASSOCIATION300 EAST LOCUST SUITE 350 DES MOINES, IA 50309	42-1104334	501(C)(3)	53,237				SUPPORT RESEARCH PROGRAM
IOWA STATE UNIVERSITYISU AMES,IA 50011	42-6004224	STATE OF IA	115,736				SUPPORT RESEARCH PROGRAM

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
JAMES L ROGERS DBA ADVANCE MANAGEMENT GROUP4447 MANCHESTER LANE NW ROCHESTER, MN 55901	14- 1902357		71,322				SUPPORT RESEARCH PROGRAM
JOHNS HOPKINS UNIVERSITY1101 EAST 33RD STREET NO D200 BALTIMORE, MD 21218	52- 0595110	501(C)(3)	511,699				SUPPORT RESEARCH PROGRAM

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
KAISER FOUNDATION RESEARCH INSTITUTEONE KAISER PLAZA SUITE 1550L OAKLAND, CA 94612	94-1105628	501(C)(3)	9,978				SUPPORT RESEARCH PROGRAM
KENNEDY KRIEGER CHILDRENS HOSPITAL INC707 N BROADWAY BALTIMORE, MD 212051832	52-0607971		40,000				SUPPORT RESEARCH PROGRAM

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LEGAL ASSISTANCE OF OLMSTED COUNTY 1136 7TH ST NW ROCHESTER, MN 55901	41-0992471	501(C)(3)	15,000				SUPPORT CHARITABLE PROGRAMS
LEHIGH VALLEY HOSPITAL-LEHIGH VALLEY HEALTH NETWORK1249 SOUTH CEDAR CREST BLVD ALLENTOWN, PA 18103	23-1689692	501(C)(3)	55,909				SUPPORT RESEARCH PROGRAM

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LINCOLN MEDICAL EDUCATION PARTNERSHIP4600 VALLEY RD LINCOLN, NE 68510	47-0553011	501(C)(3)	7,543				SUPPORT RESEARCH PROGRAM
MAINE CENTER FOR CANCER MED26 W COLE ROAD BIDDEFORD, ME 040059407	01-0357684		6,000				SUPPORT RESEARCH PROGRAM

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MARSHALL UNIVERSITY RESEARCH CORPORATION401 11TH ST STE 1400 HUNTINGTON, WV 25701	55-0683361	501(C)(3)	25,000				SUPPORT RESEARCH PROGRAM
MARSHFIELD CLINIC1000 N OAK AVE MARSHFIELD, WI 54449	39-0452970	501(C)(3)	13,704				SUPPORT RESEARCH PROGRAM

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MASSACHUSETTS GENERAL PHYSICIANS ORGANIZATION INC 55 FRUIT STREET BOSTON,MA 02114	04-2807148	501(C)(3)	19,939				SUPPORT RESEARCH PROGRAM
MASSACHUSETTS INSTITUTE OF TECHNOLOGY77 MASSACHUSETTS AVE NE CAMBRIDGE,MA 02139	04-2103594	501(C)(3)	190,984				SUPPORT RESEARCH PROGRAM

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MAYO CLINIC - METHODIST HOSPITAL201 WEST CENTER STREET ROCHESTER, MN 55902	41-0739106	501(C)(3)	69,034				SUPPORT CHARITABLE PROGRAMS
MAYO CLINIC - SAINT MARYS HOSPITAL1216 SECOND STREET SW ROCHESTER, MN 55902	41-0944601	501(C)(3)	873,565				SUPPORT CHARITABLE PROGRAMS

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MAYO CLINIC ARIZONA13400 EAST SHEA BOULEVARD SCOTTSDALE,AZ 85259	86- 0800150	501(C)(3)	30,322,097				SUPPORT CHARITABLE PROGRAMS
MAYO CLINIC FLORIDA4201 BELFORT ROAD JACKSONVILLE,FL 32216	59- 0714831	501(C)(3)	3,120,205				SUPPORT CHARITABLE PROGRAMS

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MAYO CLINIC HEALTH SYSTEM-- ALBERT LEA404 WEST FOUNTAIN STREET ALBERT LEA, MN 56007	41-1404075	501(C)(3)	468,337				SUPPORT CHARITABLE PROGRAMS
MAYO CLINIC HEALTH SYSTEM-- AUSTIN FOUNDATION300 EIGHTH AVE NW AUSTIN, MN 55912	30-0107471	501(C)(3)	1,971,168				SUPPORT CHARITABLE PROGRAMS

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MAYO CLINIC HEALTH SYSTEM-- CHIPPEWA VALLEY INC1501 THOMPSON STREET BLOOMER, WI 54724	39- 0980343	501(C)(3)	66,912				SUPPORT CHARITABLE PROGRAMS
MAYO CLINIC HEALTH SYSTEM-- EAU CLAIRE CLINIC INCPO BOX 1510 EAU CLAIRE, WI 54702	39- 1735831	501(C)(3)	15,350				RESEARCH

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MAYO CLINIC HEALTH SYSTEM- -EAU CLAIRE HOSPITAL INC 1221 WHIPPLE STREET EAU CLAIRE,WI 54702	39- 0813418	501(C)(3)	2,442,764				SUPPORT CHARITABLE PROGRAMS
MAYO CLINIC HEALTH SYSTEM- -FAIRMONT800 CLINIC CIRCLE FAIRMONT,MN 56031	41- 0760836	501(C)(3)	345,313				SUPPORT CHARITABLE PROGRAMS

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MAYO CLINIC HEALTH SYSTEM-- FRANCISCAN HEALTHCARE FOUNDATION INC 700 WEST AVE SOUTH LA CROSSE, MN 54601	39-1186647	501(C)(3)	1,608,070				SUPPORT CHARITABLE PROGRAMS
MAYO CLINIC HEALTH SYSTEM-- FRANCISCAN HEALTHCARE FOUNDATION- SPARTA INCWEST MAIN AND K STREET SPARTA, WI 54656	39-1423234	501(C)(3)	114,860				SUPPORT CHARITABLE PROGRAMS

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MAYO CLINIC HEALTH SYSTEM-- FRANCISCAN HEALTHCARE INC 700 WEST AVE SOUTH LA CROSSE, MN 54601	39- 1411999	501(C)(3)	23,152				SUPPORT CHARITABLE PROGRAMS
MAYO CLINIC HEALTH SYSTEM-- FRANCISCAN MEDICAL CENTER INC700 WEST AVE SOUTH LA CROSSE, MN 54601	39- 0806374	501(C)(3)	79,718				SUPPORT CHARITABLE PROGRAMS

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MAYO CLINIC HEALTH SYSTEM--HOME HEALTH & HOSPICE INC 2620 STEIN BLVD EAU CLAIRE, WI 54701	39-1491516	501(C)(3)	73,194				SUPPORT CHARITABLE PROGRAMS
MAYO CLINIC HEALTH SYSTEM--LAKE CITY904 LAKESHORE DRIVE SOUTH LAKE CITY, MN 55041	41-1906820	501(C)(3)	187,631				SUPPORT CHARITABLE PROGRAMS

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MAYO CLINIC HEALTH SYSTEM-- MANKATO1025 MARSH STREET MANKATO,MN 56002	41-1236756	501(C)(3)	33,186				SUPPORT CHARITABLE PROGRAMS
MAYO CLINIC HEALTH SYSTEM-- MANKATO HEALTH CARE FOUNDATION1025 MARSH STREET MANKATO,MN 56002	41-1663357	501(C)(3)	995,534				SUPPORT CHARITABLE PROGRAMS

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MAYO CLINIC HEALTH SYSTEM--NORTHLAND INC 1222 E WOODLAND AVE BARRON, WI 54812	39-0920634	501(C)(3)	209,440				SUPPORT CHARITABLE PROGRAMS
MAYO CLINIC HEALTH SYSTEM--OAKRIDGE INC 13025 EIGHTH STREET OSSEO, WI 54758	39-1029430	501(C)(3)	28,500				SUPPORT CHARITABLE PROGRAMS

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MAYO CLINIC HEALTH SYSTEM-- RED CEDAR INC 2321 STOUT ROAD MENOMONIE, WI 54751	51- 0190875	501(C)(3)	30,792				SUPPORT CHARITABLE PROGRAMS
MAYO CLINIC HEALTH SYSTEM-- SPRINGFIELD625 NORTH JACKSON AVENUE SPRINGFIELD, MN 56087	41- 1893827	501(C)(3)	32,481				SUPPORT CHARITABLE PROGRAMS

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MAYO CLINIC HEALTH SYSTEM-- ST JAMES HEALTH CARE FOUNDATION1101 MOULTON PARSONS DR PO BOX 460 ST JAMES, MN 56081	41- 1444129	501(C)(3)	140,538				SUPPORT CHARITABLE PROGRAMS
MAYO CLINIC HEALTH SYSTEM-- WASECA501 NORTH STATE STREET WASECA, MN 56093	36- 3606405	501(C)(3)	351,916				SUPPORT CHARITABLE PROGRAMS

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MAYO CLINIC HEALTH SYSTEM- CANNON FALLS 1116 WEST MILL STREET CANNON FALLS, MN 55009	20- 4156428	501(C)(3)	111,071				SUPPORT CHARITABLE PROGRAMS
MAYO CLINIC JACKSONVILLE4500 SAN PABLO ROAD JACKSONVILLE, FL 32224	59- 3337028	501(C)(3)	38,369,150				SUPPORT CHARITABLE PROGRAMS

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MEDCENTER ONE INC300 NORHT 7TH STREET BISMARCK,ND 58501	45- 0226700	501(C)(3)	91,039				SUPPORT RESEARCH PROGRAM
MEDICAL CENTER OF CENTRAL GEORGIA INC777 HEMLOCK ST MACON,GA 31201	58- 2149128	501(C)(3)	12,302				SUPPORT RESEARCH PROGRAM

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MEDICAL UNIVERSITY OF SOUTH CAROLINA 171 ASHLEY AVENUE CHARLESTON, SC 29425	57-6000722		10,950				SUPPORT RESEARCH PROGRAM
MEDICOMP INC 7845 ELLIS RD MELBOURNE, FL 32904	52-2283535		437,475				SUPPORT RESEARCH PROGRAM

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MEMORIAL HOSPITAL OF SOUTH BEND615 N MICHIGAN ST SOUTH BEND,IN 46601	35-0868132	501(C)(3)	5,450				SUPPORT RESEARCH PROGRAM
MERITCARE HOSPITALPO BOX MC FARGO,ND 58122	45-0226909	501(C)(3)	37,679				SUPPORT RESEARCH PROGRAM

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MICHAEL VOGT LTD 2400 IVY LANE BLOOMINGTON, MN 55431	20-4691242		7,000				SUPPORT RESEARCH PROGRAM
MINNEAPOLIS MEDICAL RESEARCH FOUNDATION600 SHAPIRO BUILDING 914 S EIGHTH ST MINNEAPOLIS, MN 55404	41-1677920	501(C)(3)	45,571				SUPPORT RESEARCH PROGRAM

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MINNEAPOLIS SOCIETY OF FINE ARTS DBA MINNEAPOLIS INSTITUTE OF ARTS2400 3RD AVE S MINNEAPOLIS, MN 55404	41-0693915	501(C)(3)	5,000				SUPPORT CHARITABLE PROGRAMS
MINNESOTA ORCHESTRAL ASSOCIATION1111 NICOLLET MALL MINNEAPOLIS, MN 55403	41-0693875	501(C)(3)	5,000				SUPPORT CHARITABLE PROGRAMS

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MINNESOTA STATE COLLEGES AND UNIVERSITIES851 30TH AVE SE ROCHESTER, MN 55904	41-1687554	STATE OF MN	8,217				SUPPORT RESEARCH PROGRAM
MINNESOTA ZOO FOUNDATION13000 ZOO BOULEVARD APPLE VALLEY, MN 55124	51-0147653	501(C)(3)	10,500				SUPPORT CHARITABLE PROGRAMS

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MISSOURI VALLEY CANCER CONSORTIUM6818 GROVER ST 4TH FLOOR OMAHA,NE 68106	47- 0773531	501(C)(3)	26,650				SUPPORT RESEARCH PROGRAM
MN COUNTIES COMPUTER CO-OP 100 EMPIRE DRIVE 201 ST PAUL,MN 551031886	41- 1675476		744,739				SUPPORT RESEARCH PROGRAM

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MOBILE INFIRMARY ASSOCIATIONPO BOX 2144 MOBILE,AL 36652	63-0288856	501(C)(3)	6,200				SUPPORT RESEARCH PROGRAM
MONTANA CANCER CONSORTIUM CCOP90 POLY DRIVE BILLINGS,MT 59101	81-0503295	501(C)(3)	9,786				SUPPORT RESEARCH PROGRAM

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MULTIPLEX INC 5000 HADLEY ROAD SOUTH PLAINFIELD, NJ 07080	22-3549909		49,711				SUPPORT RESEARCH PROGRAM
NATIONAL ASSOCIATION FOR THE ADVANCEMENT OF COLORED PEOPLE PO BOX 6472 ROCHESTER, MN 55901	41-1652692	501(C)(3)	5,000				SUPPORT CHARITABLE PROGRAMS

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NATIVE AMERICAN CANCER RESEARCH CORPORATION3022 SOUTH NOVA ROAD PINE,CO 80470	31-1674625	501(C)(3)	63,000				SUPPORT RESEARCH PROGRAM
NAVAL MEDICAL RESEARCH CENTER 503 ROBERT GRANT AVENUE SILVER SPRING,MD 209107500	80-0520146		444,416				SUPPORT RESEARCH PROGRAM

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NEVADA SYSTEM OF HIGHER EDUCATION3200 E CHEYENNE AVE NORTH LAS VEGAS, NV 89030	88-6000024	STATE OF NV	9,068				SUPPORT RESEARCH PROGRAM
NEW HAMPSHIRE ONCOLOGY-HMTLGY200 TECHNOLOGY DRIVE HOOKSETT, NH 031062505	02-0335060		27,700				SUPPORT RESEARCH PROGRAM

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NEW SUDAN-AMERICAN HOPE PO BOX 545 ROCHESTER, MN 55903	41-1954752	501(C)(3)	10,000				SUPPORT CHARITABLE PROGRAMS
NEW YORK UNIVERSITY SCHOOL OF MEDICINE PO BOX 415026 BOSTON, MA 022415026	13-5562309		178,574				SUPPORT RESEARCH PROGRAM

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NORTH CAROLINA STATE UNIVERSITY 203 PEELE HALL RALEIGH, NC 27695	56-6000756	STATE OF NC	50,921				SUPPORT RESEARCH PROGRAM
NORTHEASTERN UNIVERSITY 360 HUNTINGTON AVENUE BOSTON, MA 02115	04-1679980	501(C)(3)	94,868				SUPPORT RESEARCH PROGRAM

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NORTHSHORE UNIVERSITY HEALTHSYSTEM RESEARCH INSTITUTE1301 CENTRAL ST EVANSTON, IL 60201	36-4191793	501(C)(3)	12,000				SUPPORT RESEARCH PROGRAM
NORTHWESTERN UNIVERSITY633 CLARK ST EVANSTON, IL 60208	36-2167817	501(C)(3)	130,986				SUPPORT RESEARCH PROGRAM

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
OCHSNER CLINIC FOUNDATION1514 JEFFERSON HIGHWAY NEW ORLEANS, LA 70121	72-0502505	501(C)(3)	75,308				SUPPORT RESEARCH PROGRAM
OHIO STATE UNIVERSITY RESEARCH FOUNDATION1960 KENNY RD COLUMBUS, OH 43210	31-6401599	501(C)(3)	75,938				SUPPORT RESEARCH PROGRAM

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
OLMSTED COUNTY HISTORICAL SOCIETY1195 WEST CIRCLE DRIVE SW ROCHESTER, MN 55902	41-0718368	501(C)(3)	30,000				SUPPORT CHARITABLE PROGRAMS
OLMSTED COUNTY PUBLIC HEALTH SERVICES2100 CAMPUS DRIVE SE ROCHESTER, MN 55904	41-6005859		170,108				SUPPORT RESEARCH PROGRAM

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
OLMSTED MEDICAL CENTER210 NINTH STREET SE ROCHESTER, MN 55904	41-0855367	501(C)(3)	327,545				SUPPORT RESEARCH PROGRAM
ONCOLOGY-HEMATOLOGY ASSOCIATES OF CENTRAL ILLINOIS PC3699 EPWORTH ROAD NEWBURGH, IN 47630	37-1331017		149,810				SUPPORT RESEARCH PROGRAM

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
OREGON HEALTH AND SCIENCE UNIVERSITY3181 SW SAM JACKSON PARK RD PORTLAND,OR 97239	93-1176109	STATE OF OR	84,679				SUPPORT RESEARCH PROGRAM
OREGON RESEARCH INSTITUTE1715 FRANKLIN BLVD EUGENE,OR 97403	93-0495655	501(C)(3)	67,308				SUPPORT RESEARCH PROGRAM

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
OREGON STATE UNIVERSITY850 SW 35TH ST CORVALLIS, OR 97333	93-6022772	501(C)(3)	20,443				SUPPORT RESEARCH PROGRAM
PALO ALTO INSTITUTE FOR RESEARCH AND EDUCATION INC 3801 MIRANDA AVE PALO ALTO, CA 94304	77-0207331	501(C)(3)	16,375				SUPPORT RESEARCH PROGRAM

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PALO ALTO MEDICAL FOUNDATION FOR HEALTH CARE RESEARCH & EDUCATION2350 W EL CAMINO REAL MOUNTAIN VIEW, CA 94040	94-1156581	501(C)(3)	40,769				SUPPORT RESEARCH PROGRAM
PARK NICOLLET HEALTH SERVICES3800 PARK NICOLLET BLVD ST LOUIS PARK, MN 55416	41-0834920	501(C)(3)	22,429				SUPPORT RESEARCH PROGRAM

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PARK NICOLLET MEDICAL CLINIC 3800 PARK NICOLLET BLVD MINNEAPOLIS, MN 55416	41-0961862	501(C)(3)	227,954				SUPPORT RESEARCH PROGRAM
POUDRE VALLEY HEALTH CARE INC 2315 E HARMONY RD FORT COLLINS, CO 80528	84-1262971	501(C)(3)	35,400				SUPPORT RESEARCH PROGRAM

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
POVERELLO FOUNDATION1216 SECOND STREET SW ROCHESTER, MN 55902	41-1494881	501(C)(3)	1,080,816				SUPPORT CHARITABLE PROGRAMS
PRIMEDICUS DEVELOPMENT LLC3116 W MONTGOMERY RD SUITE C127 MAINEVILLE, OH 45039	20-0522744		11,500				SUPPORT RESEARCH PROGRAM

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PROJECT GET OUTDOORS INC WHITEWATER STATE PARK 19041 HIGHWAY 14 ALTURA,MN 55910	26-1837441	501(C)(3)	5,000				SUPPORT CHARITABLE PROGRAMS
PROVIDENCE HEALTH & SERVICES WASHINGTON3200 PROVIDENCE DR ANCHORAGE,AK 99508	92-0016429	501(C)(3)	11,850				SUPPORT RESEARCH PROGRAM

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PROVIDENCE HOSPITAL AND MEDICAL CENTERS INC28000 DEQUINDRE RD WARREN,MI 48092	38-1358212	501(C)(3)	16,800				SUPPORT RESEARCH PROGRAM
RAPID CITY REGIONAL HOSPITAL INC353 FAIRMONT BLVD PO BOX 6000 RAPID CITY,SD 57701	46-0319070	501(C)(3)	61,944				SUPPORT RESEARCH PROGRAM

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
READING HOSPITAL & MEDICAL CENTER PO BOX 16052 READING,PA 19612	23-1352204	501(C)(3)	9,450				SUPPORT RESEARCH PROGRAM
REGENSTRIEF INSTITUTE INC1050 WISHARD BLVD INDIANAPOLIS,IN 46202	30-0007730	501(C)(3)	145,033				SUPPORT RESEARCH PROGRAM

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
REGENTS OF THE UNIVERSITY OF CALIFORNIA1156 HIGH ST SANTA CRUZ, CA 95064	94-1539563	501(C)(3)	191,675				SUPPORT RESEARCH PROGRAM
REGENTS OF THE UNIVERSITY OF MINNESOTA420 DELAWARE ST SE MINNEAPOLIS, MN 55455	41-6007513	STATE OF MN	1,078,309				SUPPORT RESEARCH PROGRAM

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
RICE MEMORIAL HOSPITAL301 BECKER AVE SW WILMAR, MN 56201	41-6008913		31,100				SUPPORT RESEARCH PROGRAM
ROCHESTER AREA FOUNDATION400 SOUTH BROADWAY SUITE 300 ROCHESTER, MN 55904	41-6017740	501(C)(3)	50,000				SUPPORT CHARITABLE PROGRAMS

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ROCHESTER AREA MATH SCIENCE PARTNERSHIP INC 1700 N BROADWAY ROCHESTER, MN 559064144	20-5617159	501(C)(3)	22,150				SUPPORT CHARITABLE PROGRAMS
ROCHESTER ART CENTER40 CIVIC DRIVE SE ROCHESTER, MN 55904	41-0799310	501(C)(3)	20,000				SUPPORT CHARITABLE PROGRAMS

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ROCHESTER BETTER CHANCE FOUNDATION727 2ND ST SW ROCHESTER, MN 55902	41-1237746	501(C)(3)	15,800				SUPPORT CHARITABLE PROGRAMS
ROCHESTER CIVIC THEATRE INC20 CIVIC CENTER DR SE ROCHESTER, MN 55904	41-0829271	501(C)(3)	11,000				SUPPORT CHARITABLE PROGRAMS

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ROCHESTER DOWNTOWN ALLIANCE FOUNDATION220 S BROADWAY STE 100 ROCHESTER, MN 55904	26-1845537	501(C)(3)	75,000				SUPPORT COMMUNITY PROGRAMS
ROCHESTER REPERTORYPO BOX 608 ROCHESTER, MN 55903	41-1540218	501(C)(3)	5,000				SUPPORT CHARITABLE PROGRAMS

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
RONALD MCDONALD HOUSE OF ROCHESTER MINNESOTA INC 850 2ND STREET SW ROCHESTER, MN 55902	41-1344744	501(C)(3)	25,000				SUPPORT CHARITABLE PROGRAMS
RUTGERS UNIVERSITY57 US HIGHWAY 1 NEW BRUNSWICK, NJ 089018554	22-6001086		241,393				SUPPORT RESEARCH PROGRAM

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SAINT ALPHONSUS REGIONAL MEDICAL CENTER INC1055 N CURTIS RD BOISE,ID 83706	82-0200895	501(C)(3)	6,728				SUPPORT RESEARCH PROGRAM
SAINT JOSEPHS HOSPITAL OF ATLANTA5665 PEACHTREE DUNWOODY RD NE ATLANTA,GA 30342	58-0566257	501(C)(3)	6,250				SUPPORT RESEARCH PROGRAM

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SAINT LOUIS UNIVERSITY221 NORTH GRAND BOULEVARD ST LOUIS,MO 63103	43-0654872	501(C)(3)	113,309				SUPPORT RESEARCH PROGRAM
SALVATION ARMY 2445 PRIOR AVE N ROSEVILLE,MN 55113	41-0698597	501(C)(3)	1,500	171,888	COST	MEDICAL SUPPLIES	SUPPORT CHARITABLE PROGRAMS

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SANFORD RESEARCH-USD 2301 E 60TH ST N SIOUX FALLS, SD 57104	46-0450378	501(C)(3)	87,383				SUPPORT RESEARCH PROGRAM
SEATTLE INSTITUTE FOR CARDIAC RESEARCH10115 NE 24TH ST BELLEVUE, WA 98004	91-2029051	501(C)(3)	238,714				SUPPORT RESEARCH PROGRAM

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SEMCAC INC204 S ELM STREET PO BOX 549 RUSHFORD, MN 55971	41- 0907135	501(C)(3)	12,000				SUPPORT CHARITABLE PROGRAMS
SIOUX VALLEY CLINIC1100 SOUTH EUCLID AVENUE SIOUX FALLS, SD 57117	46- 0447693	501(C)(3)	11,039				SUPPORT RESEARCH PROGRAM

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SIOUXLAND HEMATOLOGYONCOLOGY ASSOCIATES230 NEBRASKA ST SIOUX CITY,IA 51102	42- 1320886		62,855				SUPPORT RESEARCH PROGRAM
SISCAPA ASSAY TECHNOLOGIES INCPO BOX 53309 WASHINGTON,DC 200093309	45- 2942855		12,500				SUPPORT RESEARCH PROGRAM

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SMDC MEDICAL CENTER502 E 2ND ST DULUTH, MN 55805	41-1878730	501(C)(3)	54,500				SUPPORT RESEARCH PROGRAM
SOMALI COMMUNITY RESETTLEMENT OF OLMSTED COUNTY 1312 1/2 7TH ST NW STE 206 ROCHESTER, MN 55901	31-1668255	501(C)(3)	20,000				SUPPORT CHARITABLE PROGRAMS

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SOMERSET MEDICAL CENTER 110 REHILL AVE SOMERVILLE, NJ 08876	22-1487350	501(C)(3)	16,050				SUPPORT RESEARCH PROGRAM
SOUTH BROWARD HOSPITAL DISTRICT 3501 JOHNSON ST HOLLYWOOD, FL 33021	59-6014973	501(C)(3)	45,825				SUPPORT RESEARCH PROGRAM

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SOUTHEASTERN MINNESOTA CENTER FOR INDEPENDENT LIVING INC2200 2ND ST SW ROCHESTER, MN 55902	41-1387414	501(C)(3)	16,000				SUPPORT CHARITABLE PROGRAMS
SOUTHEASTERN MINNESOTA YOUTH ORCHESTRA INC 1001 14TH STREET NW STE 450 ROCHESTER, MN 55901	41-1427785	501(C)(3)	15,000				SUPPORT CHARITABLE PROGRAMS

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SOUTHERN BAPTIST HOSPITAL OF FLORIDA INC800 PRUDENTIAL DR JACKSONVILLE, FL 32207	59-0747311	501(C)(3)	38,400				SUPPORT RESEARCH PROGRAM
SOUTHERN MINNESOTA INITIATIVE FOUNDATION525 FLORENCE AVE OWATONNA, MN 55060	36-3454285	501(C)(3)	50,000				SUPPORT CHARITABLE PROGRAMS

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SPARTANBURG REGIONAL101 EAST WOOD STREET SPARTANBURG, SC 29303	57-6000934		10,875				SUPPORT RESEARCH PROGRAM
SPECTRUM HEALTH HOSPITALS100 MICHIGAN ST NE GRAND RAPIDS, MI 49503	38-1360529	501(C)(3)	30,731				SUPPORT RESEARCH PROGRAM

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ST MARYS DULUTH CLINIC HEALTH SYSTEM 407 E 3RD ST DULUTH,MN 55805	41-1836633	501(C)(3)	54,500				SUPPORT RESEARCH PROGRAM
ST CLOUD HOSPITAL1406 SIXTH AVENUE NORTH ST CLOUD,MN 56303	41-0695596	501(C)(3)	121,574				SUPPORT RESEARCH PROGRAM

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ST FRANCIS HEALTH CENTER INC1700 SW 7TH ST TOPEKA, KS 66606	48-0547719	501(C)(3)	9,600				SUPPORT RESEARCH PROGRAM
ST FRANCIS MEDICAL CENTER 3900 OLYMPIC BLVD STE 400 ERLANGER, KY 41018	47-0376601	501(C)(3)	13,900				SUPPORT RESEARCH PROGRAM

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ST JOSEPH MERCY HOSPITAL5301 MCAULEY DRIVE YPSILANTI, MI 48197	38-2113393	501(C)(3)	113,756				SUPPORT RESEARCH PROGRAM
ST LUKES HOSPITAL801 OSTRUM ST BETHLEHEM, PA 18015	23-1352213	501(C)(3)	10,800				SUPPORT RESEARCH PROGRAM

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ST VINCENT HOSPITAL OF THE HOSPITAL SISTERS OF THE THIRD ORDER835 S VAN BUREN GREEN BAY, WI 54301	39-0817529	501(C)(3)	37,707				SUPPORT RESEARCH PROGRAM
STANFORD UNIVERSITY BOARD OF TRUSTEES OF THE LELAND STANFORD JU3145 PORTER DRIVE PALO ALTO, CA 94304	94-1156365	501(C)(3)	370,027				SUPPORT RESEARCH PROGRAM

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
STEWARD ST ELIZABETHS MEDICAL CENTER OF BOSTON INC30 PERWAL ST WESTWOOD, MA 02090	27- 2473667	501(C)(3)	14,400				SUPPORT RESEARCH PROGRAM
STRATIS HEALTH 2901 METRO DR STE 400 BLOOMINGTON, MN 55425	41- 0971557	501(C)(3)	7,383				SUPPORT RESEARCH PROGRAM

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SWEDISHAMERICAN HOSPITAL1401 E STATE STREET ROCKFORD,IL 61104	36-2222696	501(C)(3)	15,600				SUPPORT RESEARCH PROGRAM
THE GENERAL HOSPITAL CORPORATION55 FRUIT STREET BOSTON,MA 02114	04-2697983	501(C)(3)	7,645				SUPPORT RESEARCH PROGRAM

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE GUTHRIE THEATRE FOUNDATION818 SOUTH 2ND STREET MINNEAPOLIS, MN 55415	41-0854160	501(C)(3)	5,000				SUPPORT CHARITABLE PROGRAMS
THE HEART GROUP 415 W COLUMBIA STREET EVANSVILLE, IN 47710	35-1776713		8,048				SUPPORT RESEARCH PROGRAM

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE MINNESOTA OPERA620 N 1ST ST MINNEAPOLIS, MN 55401	41-0946789	501(C)(3)	5,000				SUPPORT CHARITABLE PROGRAMS
THE OHIO STATE UNIVERSITY901 WOODY DR 2020 COLUMBUS, OH 43210	31-6025986	STATE OF OH	46,140				SUPPORT RESEARCH PROGRAM

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE REGENTS OF THE UNIVERSITY OF MICHIGAN530 S STATE STREET ANN ARBOR, MI 48109	38-6006309	STATE OF MI	530,042				SUPPORT RESEARCH PROGRAM
THE RESEARCH FOUNDATION OF STATE UNIVERSITY OF NEW YORKPO BOX 980550 ALBANY,NY 12201	14-1368361	501(C)(3)	167,062				SUPPORT RESEARCH PROGRAM

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE TRANSLATIONAL GENOMICS RESEARCH INSTITUTE445 N 5TH STREET PHOENIX,AZ 85004	75-3065445	501(C)(3)	161,649				SUPPORT RESEARCH PROGRAM
THE UNIVERSITY OF ALABAMA AT BIRMINGHAM1530 3RD AVENUE SOUTH AB-1230 BIRMINGHAM,AL 35294	63-6005396	STATE OF AL	530,662				SUPPORT RESEARCH PROGRAM

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE UNIVERSITY OF TEXAS HEALTH SCIENCE CENTER AT HOUSTON7000 FANNIN STE 1200 HOUSTON, TX 77030	74-1761309	501(C)(3)	320,739				SUPPORT RESEARCH PROGRAM
THOMAS JEFFERSON UNIVERSITY1020 WALNUT ST ROOM 539 PHILADELPHIA, PA 19107	23-1352651	501(C)(3)	7,700				SUPPORT RESEARCH PROGRAM

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TOLEDO COMMUNITY HOSPITAL ONCOLOGY PROGRAM3232 CENTRAL PARK WEST TOLEDO, OH 43617	34- 1434759	501(C)(3)	35,720				SUPPORT RESEARCH PROGRAM
TRUSTEES OF COLUMBIA UNIVERSITY IN THE CITY OF NEW YORK622 WEST 113TH STREET NEW YORK, NY 10025	13- 5598093	501(C)(3)	15,624				SUPPORT RESEARCH PROGRAM

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TRUSTEES OF DARTMOUTH COLLEGE37 DEWEY FIELD ROAD HANOVER, NH 37551	02-0222111	501(C)(3)	470,845				SUPPORT RESEARCH PROGRAM
TRUSTEES OF THE UNIVERSITY OF PENNSYLVANIA 3451 WALNUT ST PHILADELPHIA, PA 191046284	23-1352685	501(C)(3)	61,794				SUPPORT RESEARCH PROGRAM

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNITED WAY OF OLMSTED COUNTY INC903 WEST CENTER STREET ROCHESTER, MN 55902	41-0695594	501(C)(3)	426,732				SUPPORT CHARITABLE PROGRAMS
UNIVERSITY OF ARIZONA888 N EUCLID RM 502 TUCSON, AZ 857223310	74-2652689	501(C)(3)	116,840				SUPPORT RESEARCH PROGRAM

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF CALIFORNIA (SAN DIEGO)9500 GILMAN DRIVE LA JOLLA,CA 92093	95-6006144	STATE OF CA	358,086				SUPPORT RESEARCH PROGRAM
UNIVERSITY OF CALIFORNIA (SAN FRANCISCO)PO BOX 0884 SAN FRANCISCO, CA 94143	94-6036493	STATE OF CA	415,464				SUPPORT RESEARCH PROGRAM

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF CINCINNATI BOX 210641 CINCINNATI, OH 45221	31-6000989	501(C)(3)	26,857				SUPPORT RESEARCH PROGRAM
UNIVERSITY OF COLORADO AT DENVER HEALTH SCIENCES CENTER 575 SYS BOULDER, CO 80309	84-6000555	STATE OF CO	525,768				SUPPORT RESEARCH PROGRAM

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF FLORIDAPO BOX 115500 GAINSVILLE,FL 326115500	59-6002052	STATE OF FL	12,429				SUPPORT RESEARCH PROGRAM
UNIVERSITY OF HAWAII2800 WOODLAWN DRIVE HONOLULU,HI 96822	99-6000354	STATE OF HI	56,925				SUPPORT RESEARCH PROGRAM

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF IOWA201 GILMORE HALL IOWA CITY, IA 52242	42-6004813	STATE OF IA	78,502				SUPPORT RESEARCH PROGRAM
UNIVERSITY OF KANSAS MEDICAL CENTER RESEARCH INSTITUTE3901 RAINBOW BLVD KANSAS CITY, KS 66160	48-1108830	501(C)(3)	194,951				SUPPORT RESEARCH PROGRAM

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF KENTUCKY RESEARCH FOUNDATION301 PETERSON SERVICE BUILDING LEXINGTON, KY 40506	61-6033693	501(C)(3)	11,251				SUPPORT RESEARCH PROGRAM
UNIVERSITY OF MISSISSIPPI MEDICAL CENTER 2500 NORTH STATE ST JACKSON, MS 39216	64-6008520	STATE OF MS	49,827				SUPPORT RESEARCH PROGRAM

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF NEBRASKA MEDICAL CENTER3835 HOLDREGE ST LINCOLN,NE 68503	47-0049123	STATE OF NE	49,697				SUPPORT RESEARCH PROGRAM
UNIVERSITY OF NEW MEXICO1 UNIVERSITY OF NEW MEXICO ALBUQUERQUE,NM 87131	85-6000642	501(C)(3)	16,950				SUPPORT RESEARCH PROGRAM

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF NORTH CAROLINA C B 7360 BEARD HALL CHAPEL HILL, NC 27599	56-6001393	501(C)(3)	11,664				SUPPORT RESEARCH PROGRAM
UNIVERSITY OF NORTH TEXAS1155 UNION CIRCLE 311277 DENTON, TX 762035017	75-6002149	STATE OF TX	31,803				SUPPORT RESEARCH PROGRAM

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF PITTSBURGH116 ATWOOD STREET SUITE 201 PITTSBURGH, PA 15260	25-0965591	501(C)(3)	303,482				SUPPORT RESEARCH PROGRAM
UNIVERSITY OF PUERTO RICO APARTADO 365067 SAN JUAN, PR 00936	66-0433762	PUERTO RICO	54,808				SUPPORT RESEARCH PROGRAM

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF TEXAS301 UNIVERSITY BOULEVARD GALVESTON, TX 77555	74-6000949	STATE OF TX	55,553				SUPPORT RESEARCH PROGRAM
UNIVERSITY OF TEXAS MD ANDERSON CANCER CENTER 1515 HOLCOMBE BLVD HOUSTON, TX 77030	74-6001118	STATE OF TX	448,532				SUPPORT RESEARCH PROGRAM

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF UTAH201 PRESIDENTS CIR RM 411 SALT LAKE CITY,UT 84112	87-6000525	STATE OF UT	115,800				SUPPORT RESEARCH PROGRAM
UNIVERSITY OF VERMONT AND STATE AGRICULTURAL COLLEGE85 SO PROSPECT ST RM 333 BURLINGTON,VT 05405	03-0179440	501(C)(3)	119,250				SUPPORT RESEARCH PROGRAM

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF VIRGINIA PO BOX 400194 CHARLOTTESVILLE, VA 22904	54-6001796	STATE OF VA	61,116				SUPPORT RESEARCH PROGRAM
UNIVERSITY OF WISCONSIN 1220 LINDEN DR MADISON, WI 53706	39-6006492	STATE OF WI	295,746				SUPPORT RESEARCH PROGRAM

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF WISCONSIN-MILWAUKEEPO BOX 340 MILWAUKEE, WI 53201	39-1805963	STATE OF WI	63,470				SUPPORT RESEARCH PROGRAM
VANDERBILT UNIVERSITY MEDICAL CENTER VU STATION B BOX 356310 NASHVILLE, TN 37235	62-0476822	501(C)(3)	12,179				SUPPORT RESEARCH PROGRAM

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
VIA CHRISTI REGIONAL MEDICAL CENTER INC929 N SAINT FRANCIS WICHITA, KS 67214	48-1172106	501(C)(3)	42,519				SUPPORT RESEARCH PROGRAM
VIRGINIA COMMONWEALTH UNIVERSITYPO BOX 980550 RICHMOND, VA 23298	54-6001758	STATE OF VA	60,559				SUPPORT RESEARCH PROGRAM

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
VIRGINIA POLYTECHNIC INSTITUTE AND STATE UNIVERSITY 201 BURRUSS HALL BLACKSBURG, VA 24061	54-6001805	STATE OF VA	206,817				SUPPORT RESEARCH PROGRAM
WAKE FOREST UNIVERSITY PO BOX 7201 WINSTON SALEM, NC 27109	56-0532138	501(C)(3)	51,607				SUPPORT RESEARCH PROGRAM

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WASHINGTON UNIVERSITY700 ROSEDALE AVE BOX 1034 SAINT LOUIS, MO 63111	43-0653611	501(C)(3)	328,856				SUPPORT RESEARCH PROGRAM
WAYNE STATE UNIVERSITY5700 CASS AVENUE SUITE 3100 DETROIT, MI 48202	38-6028429	STATE OF MI	135,173				SUPPORT RESEARCH PROGRAM

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WINONA HEALTH SERVICESPO BOX 5600 WINONA, MN 55987	41-0713914	501(C)(3)	808,594				SUPPORT RESEARCH PROGRAM
WINONA SENIOR SERVICES INCPO BOX 5600 WINONA, MN 55987	41-1936536	501(C)(3)	272,616				SUPPORT RESEARCH PROGRAM

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
YALE UNIVERSITY PO BOX 2038 NEW HAVEN, CT 06521	06-0646973	501(C)(3)	101,345				SUPPORT RESEARCH PROGRAM
YMCA CAMP OLSON4160 LITTLE BOY RD NE LONGVILLE, MN 56655	41-0967781	501(C)(3)	6,000				SUPPORT CHARITABLE PROGRAMS

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
YMCA-OF ROCHESTER INC709 FIRST AVE SW ROCHESTER, MN 55902	41-0807581	501(C)(3)	50,000				SUPPORT CHARITABLE PROGRAMS
YUKON-KUSKOKWIM HEALTH CORPORATIONPO BOX 528 BETHEL,AK 99559	92-0041414	501(C)(3)	162,739				SUPPORT RESEARCH PROGRAM

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MAYO FOUNDATION FOR MEDICAL EDUCATION AND RESEARCH200 FIRST STREET SW ROCHESTER, MN 55905	41- 1506440	501(C)(3)	4,161,728				SUPPORT CHARITABLE PROGRAMS

Schedule J
(Form 990)

Compensation Information

OMB No 1545-0047

2011

Open to Public Inspection

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

▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 23.

▶ Attach to Form 990. ▶ See separate instructions.

Name of the organization
MAYO CLINIC

Employer identification number
41-6011702

Part I

Questions Regarding Compensation

		Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. ☒ First-class or charter travel ☐ Housing allowance or residence for personal use ☒ Travel for companions ☐ Payments for business use of personal residence ☒ Tax idemnification and gross-up payments ☐ Health or social club dues or initiation fees ☐ Discretionary spending account ☒ Personal services (e g , maid, chauffeur, chef)		
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all the expenses described above? If "No," complete Part III to explain	1b	Yes
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2	Yes
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply. ☒ Compensation committee ☐ Written employment contract ☒ Independent compensation consultant ☒ Compensation survey or study ☒ Form 990 of other organizations ☒ Approval by the board or compensation committee		
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization: a Receive a severance payment or change-of-control payment? b Participate in, or receive payment from, a supplemental nonqualified retirement plan? c Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III	4a	Yes
		4b	Yes
		4c	No
5	Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9. For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: a The organization? b Any related organization? If "Yes," to line 5a or 5b, describe in Part III	5a	No
		5b	No
6	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: a The organization? b Any related organization? If "Yes," to line 6a or 6b, describe in Part III	6a	No
		6b	No
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	7	No
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs section 53.4958-4(a)(3)? If "Yes," describe in Part III	8	No
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9	

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

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

[illegible]

Part III Supplemental Information

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

Identifier	Return Reference	Explanation
	PART I, LINE 1A	SEVERAL OF THE OFFICERS AND KEY EMPLOYEES WERE PROVIDED FIRST-CLASS AND/OR CHARTER TRAVEL WHEN JUSTIFIED BY BUSINESS NEED. THE TRAVEL WAS NOT TREATED AS TAXABLE COMPENSATION AS ALL FLIGHTS WERE BUSINESS RELATED. FIRST-CLASS AND CHARTER TRAVEL IS AVAILABLE BASED ON DEMONSTRATED BUSINESS NEED AND NOT BASED ON POSITION OR TO ANY SPECIFIC INDIVIDUALS. IN ADDITION TO ALL REGULAR TRAVEL APPROVAL AND DOCUMENTATION PROCESSES, FIRST-CLASS AND CHARTER TRAVEL REQUIRE SEPARATE DOCUMENTATION OF BUSINESS NEED, APPROVAL BY A SENIOR OFFICER, AND OVERSIGHT REVIEW BY THE TRIP AND TRAVEL COMMITTEE. TRAVEL FOR COMPANIONS IS AVAILABLE TO ALL TRUSTEES SO THAT SPOUSES CAN ACCOMPANY THEM TO THE SITE OF BOARD MEETINGS. IN 2011, SEVERAL TRUSTEES RECEIVED SPOUSAL TRAVEL, WHICH WAS TREATED AS TAXABLE INCOME TO THE TRUSTEE. IN ADDITION, SEVERAL LISTED PERSONS ALSO RECEIVED TRAVEL FOR COMPANIONS SO THAT SPOUSES COULD ACCOMPANY THEM TO FUNDRAISING FUNCTIONS. THIS TOO WAS TREATED AS TAXABLE INCOME TO THE LISTED PERSONS. THE PERSONAL SERVICES THAT WERE PROVIDED ARE INCOME TAX PREPARATION SERVICES THAT ARE AVAILABLE TO ALL VOTING STAFF OF MAYO CLINIC. SEVERAL OF THE CURRENT AND FORMER OFFICERS, DIRECTORS, AND KEY EMPLOYEES LISTED ON THIS RETURN RECEIVED THIS SERVICE, WHICH WAS TREATED AS TAXABLE COMPENSATION TO THE INDIVIDUALS. THE SUBMISSION OF A RECEIPT IS NOT REQUIRED AS THE BENEFIT IS PAID DIRECTLY TO THE VENDOR. SEVERAL OF THE LISTED PERSONS RECEIVED AN AWARD OR OTHER TANGIBLE RECOGNITION THAT WAS TREATED AS TAXABLE COMPENSATION PURSUANT TO INSTITUTIONAL POLICIES, CERTAIN SUCH AWARDS HAVE A TAX GROSS-UP APPLIED IN ORDER NOT TO DIMINISH THE RECOGNITION AND CELEBRATORY NATURE OF THE AWARD. EXTERNAL TRUSTEES RECEIVE A SUPPLEMENTAL MEDICAL BENEFIT WHICH, ALONG WITH A PAYMENT TO COVER RELATED TAXES, IS TREATED AS TAXABLE COMPENSATION. MAYO CLINIC AND AFFILIATES HAVE A NON-QUALIFIED DEFERRED COMPENSATION PLAN (SEE SCHEDULE J, PART I, LINE 4B) THAT INCLUDES A PARTIAL TAX ADJUSTMENT FOR PAYMENTS FROM THE PLAN OTHER THAN THE CURRENT COMPENSATION COMPONENT.
	PART I, LINES 4A-B	THIS ENTITY OR ITS AFFILIATE HAS A SUPPLEMENTAL RETIREMENT PLAN (SRP) DESIGNED TO ROUGHLY APPROXIMATE AN EXTENSION OF THE BENEFITS UNDER THE MAYO PENSION PLAN TO INCOME ABOVE THE INTERNAL REVENUE CODE QUALIFIED PLAN LIMIT IN SECTION 401 (A)(17). STARTING JANUARY 1, 2011, ALL SRP BENEFITS ARE PAID AS AN ANNUAL TAXABLE CASH PAYMENT. THE FOLLOWING INDIVIDUALS RECEIVED A PAYMENT FROM THE SUPPLEMENTAL RETIREMENT PLAN. AMOUNTS ARE INCLUDED IN SCHEDULE J, PART II, COLUMN (B)(III). A PORTION OF THE AMOUNT MAY BE INCLUDED IN SCHEDULE J, PART II, COLUMN (F) IF DISCLOSED ON A PRIOR YEAR'S FORM 990. BERRY M D , DANIEL J 59,711 BROWN JR , M D , ROBERT D 3,084 CAMILLERI M D , MICHAEL 174,423 CASCINO M D , TERRANCE L 93,812 COCKERILL M D , FRANKLIN R 115,360 DECKER M D , WYATT W 14,640 DESCHAMPS M D , CLAUDE 49,975 DIASIO M D , ROBERT B 65,445 EDWARDS M D , BROOKS S 50,204 EHMAN M D , RICHARD L 54,732 ERLICHMAN M D , CHARLES 28,861 GERTZ M D , MORIE 204,850 GORES M D , GREGORY J 60,136 GOSTOUT M D , BOBBIE S 74,224 HARPER JR , M D , CHARLES M 288,642 HAYES M D , DAVID L 47,375 HERMAN M D , DAVID C 43,869 HOFFMAN, HARRY N 385,873 HORLOCKER M D , TERESE T 27,442 KING M D , BERNARD F 120,602 KORSMO, JEFFREY O 27,019 LINDOR M D , KEITH 65,759 LYDDY, JAMES P 59,823 MILLINER M D , DAWN S 57,980 NARR M D , BRADLY J 43,480 NESSE M D , ROBERT E 193,896 NICHOLS M D , FRANCIS C 37,926 OLSEN M D , KERRY D 60,509 ROCK M D , MICHAEL G 150,297 ROGER M D , VERONIQUE L 55,585 SAWYER, NAN B 26,601 SCHAFF M D , HARTZELL 104,580 SCHMIDT, BRADLEY D 67,045 SWENSEN M D , STEPHEN J 86,647 WALD M D , JOHN T 52,367 WARNER M D , MARK A 49,620 WOOD M D , DOUGLAS L 66,395 BOLTON, JEFFREY W 85,363 FRANCIS, JAMES R 21,354 GORMAN M D , R SCOTT 26,829 GROSSET, JESSICA A 16,053 HUBERT, SHERRY L 1,704 LEVENTHAL M D , JACK P 55,850 NOSEWORTHY M D , JOHN H 754,429 OVIATT, JONATHAN J 115,199 TRASTEK M D , VICTOR F 150,394 WEIS, SHIRLEY A 272,595. THE FOLLOWING INDIVIDUAL RECEIVED A SEVERANCE PAYMENT (TOTAL INCLUDED IN SCHEDULE J, PART II, COLUMN (B)(I)). JAMES LYDDY \$ 577,868. THE SEVERANCE AGREEMENT WITH MR. LYDDY INCLUDED \$577,868, AS WELL AS PAYOUT UNDER NORMAL BENEFIT PLANS SUCH AS UNUSED VACATION. THERE WERE PROVISIONS FOR CONFIDENTIALITY, REFERENCES, AND RELEASE OF LIABILITY.
SUPPLEMENTAL INFORMATION	PART III	COMPENSATION PAID TO BOARD MEMBERS IS PRIMARILY FOR PROFESSIONAL RESPONSIBILITIES AS PHYSICIANS, ADMINISTRATORS, OR EMPLOYEES OF THE ORGANIZATION.

Software ID:
Software Version:
EIN: 41-6011702
Name: MAYO CLINIC

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

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other compensation				
BOLTON JEFFREY W	(i)	0	0	0	0	0	0	0
	(ii)	624,800	0	91,140	29,749	20,488	766,177	85,363
BRIGHAM ROBERT F	(i)	0	0	0	0	0	0	0
	(ii)	439,640	0	5,011	226	21,222	466,099	0
DECKER MD WYATT W	(i)	152,409	0	43,927	4,831	8,320	209,487	14,640
	(ii)	423,642	0	230,384	16,091	11,648	681,765	0
EHMAN MD RICHARD L	(i)	539,060	0	60,117	34,718	19,968	653,863	54,732
	(ii)	0	0	0	0	0	0	0
GORMAN MD R SCOTT	(i)	0	0	0	0	0	0	0
	(ii)	315,691	0	121,164	36,301	8,148	481,304	26,829
KORSMO JEFFREY O	(i)	265,451	0	41,362	24,113	17,976	348,902	27,019
	(ii)	0	0	0	0	0	0	0
LEVENTHAL MD JACK P	(i)	0	0	0	0	0	0	0
	(ii)	349,301	0	65,045	0	14,004	428,350	55,850
MILLINER MD DAWN S	(i)	392,885	0	65,057	32,128	2,064	492,134	57,980
	(ii)	0	0	0	0	0	0	0
NESSE MD ROBERT E	(i)	546,068	0	204,779	0	15,004	765,851	193,896
	(ii)	0	0	0	0	0	0	0
NOSEWORTHY MD JOHN H	(i)	0	0	0	0	0	0	0
	(ii)	1,212,190	0	776,702	0	14,004	2,002,896	754,429
OLSEN MD KERRY D	(i)	473,852	0	70,176	20,172	14,064	578,264	60,509
	(ii)	0	0	0	0	0	0	0
ROGER MD VERONIQUE L	(i)	511,789	0	58,520	28,139	4,064	602,512	55,585
	(ii)	0	0	0	0	0	0	0
RUPP MD WILLIAM C	(i)	0	0	0	0	0	0	0
	(ii)	720,745	0	19,973	117	8,088	748,923	0
SCHWENK MD NINA M	(i)	269,851	0	4,447	0	12,804	287,102	0
	(ii)	0	0	0	0	0	0	0
SMOLDT CRAIG A	(i)	362,057	0	11,924	0	8,088	382,069	0
	(ii)	0	0	0	0	0	0	0
TRASTEK MD VICTOR F	(i)	0	0	0	0	0	0	0
	(ii)	705,413	0	165,480	40,470	15,504	926,867	150,394
WEIS SHIRLEY A	(i)	0	0	0	0	0	0	0
	(ii)	763,129	0	280,173	37,053	14,304	1,094,659	272,595
BROWN WILLIAM A	(i)	0	0	0	0	0	0	0
	(ii)	205,486	0	2,219	29,887	17,004	254,596	0

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

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other compensation				
FRANCIS JAMES R	(i)	0	0	0	0	0	0	0
	(ii)	301,635	0	23,623	27,661	21,268	374,187	21,354
FROISLAND JEFFREY R	(i)	0	0	0	0	0	0	0
	(ii)	246,018	0	863	20,170	12,276	279,327	0
GORMAN PAUL A	(i)	349,442	170,850	132,792	200,179	22,778	876,041	131,550
	(ii)	0	0	0	0	0	0	0
HAEFLINGER RICKY J	(i)	171,245	37,500	1,593	67,831	17,109	295,278	0
	(ii)	0	0	0	0	0	0	0
HOFFMAN HARRY N	(i)	526,040	255,000	390,740	294,371	22,044	1,488,195	515,873
	(ii)	0	0	0	0	0	0	0
HOFFMAN MARY J	(i)	0	0	0	0	0	0	0
	(ii)	260,080	0	1,769	25,980	25,208	313,037	0
HUBERT SHERRY L	(i)	0	0	0	0	0	0	0
	(ii)	237,454	0	2,599	20,683	20,028	280,764	1,704
OVIATT JONATHAN J	(i)	0	0	0	0	0	0	0
	(ii)	474,858	0	122,961	32,930	22,968	653,717	115,199
SCHMIDT BRADLEY D	(i)	308,967	0	69,899	28,074	14,004	420,944	67,045
	(ii)	0	0	0	0	0	0	0
THOMAS GREGORY J	(i)	0	0	0	0	0	0	0
	(ii)	383,538	0	7,552	112	8,028	399,230	0
BERRY MD DANIEL J	(i)	528,493	0	65,319	25,258	19,968	639,038	59,711
	(ii)	0	0	0	0	0	0	0
CAMILLERI MD MICHAEL	(i)	480,820	6,000	182,133	36,845	22,968	728,766	174,423
	(ii)	0	0	0	0	0	0	0
CASCINO MD TERRANCE L	(i)	423,089	0	102,097	35,831	19,968	580,985	93,812
	(ii)	0	0	0	0	0	0	0
COCKERILL MD FRANKLIN R	(i)	418,051	0	119,830	36,533	24,468	598,882	115,360
	(ii)	0	0	0	0	0	0	0
DESCHAMPS MD CLAUDE	(i)	505,573	0	58,402	31,041	19,968	614,984	49,975
	(ii)	0	0	0	0	0	0	0
DIASIO MD ROBERT B	(i)	497,246	0	80,219	25,944	14,004	617,413	65,445
	(ii)	0	0	0	0	0	0	0
FARRUGIA MD GIANRICO	(i)	442,435	0	35,005	19,424	19,968	516,832	32,720
	(ii)	0	0	0	0	0	0	0
GERTZ MD MORIE	(i)	474,006	0	209,225	34,332	14,004	731,567	204,850
	(ii)	0	0	0	0	0	0	0

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

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other compensation				
HARPER JR MD CHARLES M	(i) (ii)	563,089 0	0 0	294,439 0	32,596 0	22,968 0	913,092 0	288,642 0
HAYES MD DAVID L	(i) (ii)	459,160 0	0 0	81,294 0	32,194 0	23,088 0	595,736 0	47,375 0
KING MD BERNARD F	(i) (ii)	609,286 0	0 0	126,830 0	32,805 0	15,204 0	784,125 0	120,602 0
LA RUSSO MD NICHOLAS F	(i) (ii)	558,706 0	0 0	17,748 0	0 0	9,228 0	585,682 0	0 0
LINDOR MD KEITH	(i) (ii)	425,671 0	0 0	70,299 0	34,671 0	17,980 0	548,621 0	65,759 0
LYDDY PHD JAMES P	(i) (ii)	44,452 0	0 0	667,922 0	0 0	1,167 0	713,541 0	59,823 0
NARR MD BRADLY J	(i) (ii)	447,773 0	0 0	48,695 0	30,629 0	21,584 0	548,681 0	43,480 0
NICHOLS MD FRANCIS C	(i) (ii)	469,851 0	0 0	41,111 0	26,197 0	25,228 0	562,387 0	37,926 0
RIZZA MD ROBERT A	(i) (ii)	543,813 0	0 0	17,246 0	0 0	14,064 0	575,123 0	0 0
ROCK MD MICHAEL G	(i) (ii)	533,837 0	0 0	160,578 0	40,577 0	17,980 0	752,972 0	150,297 0
SAWYER NAN B	(i) (ii)	350,307 0	0 0	30,425 0	29,622 0	8,028 0	418,382 0	26,601 0
SWENSEN MD STEPHEN J	(i) (ii)	567,370 0	0 0	93,024 0	28,003 0	20,404 0	708,801 0	86,647 0
ATKINSON MD JOHN L	(i) (ii)	660,473 0	0 0	123,300 0	0 0	19,968 0	803,741 0	116,584 0
MARSH MD W RICHARD	(i) (ii)	661,506 0	0 0	166,978 0	36,546 0	14,004 0	879,034 0	154,412 0
MEYER MD FREDRIC B	(i) (ii)	671,676 0	0 0	120,413 0	0 0	25,468 0	817,557 0	113,362 0
PARK MD SOON J	(i) (ii)	624,724 0	0 0	204,156 0	26,780 0	22,968 0	878,628 0	200,742 0
SCHAFF MD HARTZELL	(i) (ii)	635,756 0	3,000 0	116,742 0	0 0	14,004 0	769,502 0	104,580 0
FORBES MD GLENN S	(i) (ii)	678,644 0	0 0	12,882 0	0 0	14,004 0	705,530 0	0 0

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

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other compensation				
BROWN JR MD ROBERT D	(i)	296,403	0	6,366	22,624	8,028	333,421	3,084
	(ii)	0	0	0	0	0	0	0
EDWARDS MD BROOKS S	(i)	388,814	0	54,434	25,389	28,088	496,725	50,204
	(ii)	0	0	0	0	0	0	0
ERLICHMAN MD CHARLES	(i)	360,038	0	35,982	40,614	8,148	444,782	28,861
	(ii)	0	0	0	0	0	0	0
GORES MD GREGORY J	(i)	426,852	0	64,676	30,607	14,004	536,139	60,136
	(ii)	0	0	0	0	0	0	0
GOSTOUT MD BOBBIE S	(i)	481,000	0	79,240	30,305	2,064	592,609	74,224
	(ii)	0	0	0	0	0	0	0
GROSSET JESSICA A	(i)	0	0	0	0	0	0	0
	(ii)	256,877	0	18,442	0	22,968	298,287	16,053
HERMAN MD DAVID C	(i)	226,756	0	45,866	26,326	13,024	311,972	43,869
	(ii)	0	0	0	0	0	0	0
HORLOCKER MD TERESE T	(i)	398,796	0	29,670	26,325	19,968	474,759	27,442
	(ii)	0	0	0	0	0	0	0
SCHNEIDER KENNETH J	(i)	269,121	0	2,489	226	14,004	285,840	0
	(ii)	0	0	0	0	0	0	0
SIMMONS MD PATRICIA S	(i)	297,698	0	5,836	38,162	14,004	355,700	0
	(ii)	0	0	0	0	0	0	0
WALD MD JOHN T	(i)	534,454	0	55,292	23,243	22,968	635,957	52,367
	(ii)	0	0	0	0	0	0	0
WARNER MD MARK A	(i)	463,602	2,000	54,515	32,269	14,244	566,630	49,620
	(ii)	0	0	0	0	0	0	0
WOOD MD DOUGLAS L	(i)	497,579	0	105,299	35,808	19,968	658,654	66,395
	(ii)	0	0	0	0	0	0	0

Schedule K
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization
MAYO CLINIC

Supplemental Information on Tax Exempt Bonds

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Schedule O (Form 990).
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2011

Open to Public Inspection

Employer identification number
41-6011702

Part I

Bond Issues

(a) Issuer Name	(b) Issuer EIN	(c) CUSIP #	(d) Date Issued	(e) Issue Price	(f) Description of Purpose	(g) Defeased		(h) On Behalf of Issuer		(i) Pool financing	
						Yes	No	Yes	No	Yes	No
A CITY OF ROCHESTER	41-6005494	771902EY5	05-11-2006	76,567,052	CONSTRUCTION & ACQUISITION		X		X		X
B CITY OF ROCHESTER	41-6005494	771902FE8	04-10-2008	330,000,000	CONSTRUCTION & ACQUISITION		X		X		X
C CITY OF ROCHESTER	41-6005494	771902GA5	05-05-2011	293,208,150	REFUND BONDS ORIGINALLY ISSUED 7/16/92 & 9/27/01		X		X		X

Part II

Proceeds

1	Amount of bonds retired	A		B		C		D	
2	Amount of bonds defeased								
3	Total proceeds of issue	80,683,218		325,497,689		293,208,150			
4	Gross proceeds in reserve funds								
5	Capitalized interest from proceeds	5,666,177		8,864,157					
6	Proceeds in refunding escrow								
7	Issuance costs from proceeds	538,346		1,780,417		2,088,829			
8	Credit enhancement from proceeds								
9	Working capital expenditures from proceeds								
10	Capital expenditures from proceeds	74,478,695		87,603,115					
11	Other spent proceeds			227,250,000		291,119,321			
12	Other unspent proceeds								
13	Year of substantial completion	2008		2010		YesNoYesNo			
		Yes	No	Yes	No				
14	Were the bonds issued as part of a current refunding issue?		X	X		X			
15	Were the bonds issued as part of an advance refunding issue?		X		X		X		
16	Has the final allocation of proceeds been made?	X		X		X			
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X		X			

Part III

Private Business Use

				A		B		C		D	
				Yes	No	Yes	No	Yes	No	Yes	No
1	Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?				X		X				
2	Are there any lease arrangements that may result in private business use of bond-financed property?				X		X				

Part III

Private Business Use (Continued)

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use?	X		X					
b	If 'Yes' to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?		X		X				
c	Are there any research agreements that may result in private business use of bond-financed property?	X		X					
d	If 'Yes' to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?		X		X				
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government	0 020 %		0 %					
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government	0 640 %		0 140 %					
6	Total of lines 4 and 5	0 660 %		0 140 %					
7	Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?	X		X					

Part IV

Arbitrage

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has a Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate, been filed with respect to the bond issue?		X		X		X		
2	Is the bond issue a variable rate issue?		X	X			X		
3a	Has the organization or the governmental issuer entered into a hedge with respect to the bond issue?		X		X		X		
b	Name of provider								
c	Term of hedge								
d	Was the hedge superintegrated?								
e	Was a hedge terminated?								
4a	Were gross proceeds invested in a GIC?		X		X		X		
b	Name of provider								
c	Term of GIC								
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
5	Were any gross proceeds invested beyond an available temporary period?		X		X		X		
6	Did the bond issue qualify for an exception to rebate?		X		X		X		

Part V

Procedures To Undertake Corrective Action

Check the box if the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations ☒ Yes ☐ No

Part VI

Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule K (see instructions)

Identifier	Return Reference	Explanation
SCHEDULE K, PART I, COLUMN (E) AND PART II, LINE 3		THE DIFFERENCE BETWEEN PART I, COLUMN (E) AND PART II, LINE 3 FOR BOND ISSUE A IS INVESTMENT EARNINGS THE DIFFERENCE BETWEEN PART I, COLUMN (E) AND PART II, LINE 3 FOR BOND ISSUE B IS INVESTMENT LOSS \$227,250,000 OF BOND ISSUE B WAS USED FOR REFUNDING OF 1998 BOND ISSUE
SCHEDULE K, PART II, LINE 11, COLUMN B	OTHER SPENT PROCEEDS	

Schedule L
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions with Interested Persons

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

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
MAYO CLINIC

Employer identification number
41-6011702

Part I Excess Benefit Transactions (section 501(c)(3) and section 501 (c)(4) organizations only).

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

1	(a) Name of disqualified person	(b) Description of transaction	(c) Corrected?	
			Yes	No

2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958 ► \$

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization ► \$

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a

(a) Name of interested person and purpose	(b) Loan to or from the organization?		(c)Original principal amount	(d)Balance due	(e) In default?		(f) Approved by board or committee?		(g)Written agreement?	
	To	From			Yes	No	Yes	No	Yes	No
Total ► \$										

Part III Grants or Assistance Benefitting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b)Relationship between interested person and the organization	(c)Amount of grant or type of assistance
(1)		38,360

Part IV

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
See Additional Data Table					

Part V

Supplemental Information
Complete this part to provide additional information for responses to questions on Schedule L (see instructions)

Identifier	Return Reference	Explanation
------------	------------------	-------------

Additional Data

Software ID:
Software Version:
EIN: 41-6011702
Name: MAYO CLINIC

Form 990, Schedule L, Part IV - Business Transactions Involving Interested Persons

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction \$	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
GABRIEL MD SHERINE E	SPOUSE OF KEY EMPLOYEE F COCKERILL, M D	284,989	EMPLOYMENT		No
BARRETTE MD BRIGITTE A	SPOUSE OF KEY EMPLOYEE C DESCHAMPS, M D	206,570	EMPLOYMENT		No
HOUSTON MD MARGARET S	SPOUSE OF BOARD MEMBER R EHMAN, M D	134,937	EMPLOYMENT		No
LINDOR MD NORALANE M	SPOUSE OF KEY EMPLOYEE K LINDOR, M D	161,540	EMPLOYMENT		No
HAYES MD SHARONNE N	SPOUSE OF KEY EMPLOYEE D HAYES, M D	427,837	EMPLOYMENT		No
GOSTOUT MD CHRISTOPHER J	SPOUSE OF FORMER KEY EMPLOYEE B GOSTOUT, M D	508,836	EMPLOYMENT		No
ENRIQUEZ-SARANO MD MAURICE E	SPOUSE OF BOARD MEMBER V ROGER, M D	486,002	EMPLOYMENT		No
HAEFLINGER KURT V	SON OF OFFICER R HAEFLINGER	94,086	EMPLOYMENT		No
HERMAN KAREN D	SPOUSE OF FORMER KEY EMPLOYEE D HERMAN, M D	159,273	EMPLOYMENT		No
OLSEN MD DAVID A	SON OF BOARD MEMBER K OLSEN, M D	33,407	EMPLOYMENT		No
MILLINER MD ERIC K	SPOUSE OF BOARD MEMBER D MILLINER, M D	246,894	EMPLOYMENT		No
OLSEN MD STEVEN M	SON OF BOARD MEMBER K OLSEN, M D	61,479	EMPLOYMENT		No

Form 990, Schedule L, Part IV - Business Transactions Involving Interested Persons

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction \$	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
OLSEN MD MOLLY M	DAUGHTER-IN-LAW OF BOARD MEMBER K OLSEN, M D	91,679	EMPLOYMENT		No
ROCK CHRISTOPHER M	SON OF KEY EMPLOYEE M ROCK, M D	81,407	EMPLOYMENT		No
SCHWENK II MD W FREDERICK	SPOUSE OF BOARD MEMBER N SCHWENK, M D	218,870	EMPLOYMENT		No
WARNER MD MARY ELLEN	SPOUSE OF FORMER KEY EMPLOYEE M WARNER, M D	432,592	EMPLOYMENT		No
MAYO MEDICAL LABORATORIES NEW ENGLAND INC	COMMON BOARD MEMBERS	2,456,569	SERVICES		No
MAYO COLLABORATIVE SERVICES INC	COMMON BOARD MEMBERS	287,108,838	SERVICES AND RENT		No
MMSI INC	COMMON BOARD MEMBERS	293,140,553	SERVICES AND RENT		No
MAYO HOLDING COMPANY	COMMON BOARD MEMBERS	20,704,361	SERVICES AND RENT		No
FEDERAL EXPRESS	COMMON BOARD MEMBERS	13,759,113	SHIPPING & CONSULTING		No
CARLSON WAGONLIT TRAVEL	ENTITY MORE THAN 35% OWNED BY MARILYN CARLSON NELSON	343,173	SERVICES		No
SPECTRUM DYNAMICS	BOARD MEMBER IS SPOUSE OF MARILYN CARLSON NELSON	498,727	PURCHASED PRODUCTS AND SERVICES		No
3M	COMMON BOARD MEMBERS	4,987,280	CONSULTING, PURCHASED PRODUCTS AND SERVICES		No

Form 990, Schedule L, Part IV - Business Transactions Involving Interested Persons

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction \$	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
MERCK & CO	COMMON BOARD MEMBERS	24,845,967	SPONSORED RESEARCH, PURCHASED SERVICES AND CONSULTING		No
WASTE MANAGEMENT	COMMON BOARD MEMBERS	429,488	SERVICES		No
GENERAL MILLS	COMMON BOARD MEMBERS	200,000	RESEARCH AGREEMENT/GRANT AND CONSORTIUM		No

SCHEDULE M
(Form 990)

Department of the Treasury
Internal Revenue Service

NonCash Contributions

►Complete if the organization answered "Yes" on Form 990, Part IV, lines 29 or 30.
► Attach to Form 990.

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
MAYO CLINIC

Employer identification number
41-6011702

Part I Types of Property

	(a) Check if applicable	(b) Number of Contributions or items contributed	(c) Contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining contribution amounts
1 Art—Works of art	X	4		
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications	X		0	
5 Clothing and household goods	X		0	
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded	X	177	8,185,008	MEAN MARKET VALUE
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests	X	2	1,092,792	MARKET VALUE
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential	X	5	8,174,318	EXPERTS
16 Real estate—Commercial				
17 Real estate—Other	X	1	253,645	EXPERTS
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts	X	4		
23 Scientific specimens				
24 Archeological artifacts				
OTHER				
25 Other ► (MISCELLANEOUS)	X	33		
PERPETUAL				
26 Other ► (TRUST)	X	1	3,027,596	EXPERTS/MARKET VALUE
27 Other ► ()				
28 Other ► ()				
29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement			29	12

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?	30a	No
b If "Yes," describe the arrangement in Part II		
31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?	31	Yes
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell non-cash contributions?	32a	Yes
b If "Yes," describe in Part II		
33 If the organization did not report revenues in column (c) for a type of property for which column (a) is checked, describe in Part II		

Part II

Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

Identifier	Return Reference	Explanation
METHOD FOR DETERMINING NUMBER OF CONTRIBUTORS	PART I, COLUMN (B)	THE NUMBER OF CONTRIBUTORS FOR EACH TYPE OF PROPERTY REPRESENTS THE TOTAL NUMBER OF CONTRIBUTIONS
THIRD PARTY USE	PART I, LINE 32B	MAYO CLINIC (MAYO) UTILIZES SEVERAL THIRD PARTIES TO SELL NON-CASH CONTRIBUTIONS FOR REAL ESTATE GIFTS, MAYO CONTRACTS WITH REALTORS AND BROKERS, FOR STOCK AND SECURITY GIFTS, MAYO UTILIZES SEVERAL DIFFERENT BROKERS AND BROKERAGE FIRMS, FOR TANGIBLE PERSONAL PROPERTY, MAYO USES A BROKER WHO LISTS THE ITEMS ON EBAY THESE ARRANGEMENTS ARE ALL FEE AND COMMISSION-BASED
NON REPORTING OF REVENUE	PART I, LINE 33	MAYO RECEIVED IN-KIND GIFTS THROUGHOUT THE YEAR WHERE NO REVENUE IS RECORDED AND A DESCRIPTIVE RECEIPT IS ISSUED REVENUE IS RECOGNIZED ON GIFTS IN-KIND WHEN THE FAIR MARKET VALUE MEETS CAPITALIZATION THRESHOLDS

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

2011

Open to Public
Inspection

Name of the organization MAYO CLINIC	Employer identification number 41-6011702
---	--

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION A, LINE 2	THE FOLLOWING INDIVIDUALS ARE EMPLOYED BY A RELATED ORGANIZATION BOLTON, JEFFREY W BRIGHAM, ROBERT F FRANCIS, JAMES R FROISLAND, JEFFREY R HOFFMAN, HARRY N HOFFMAN, MARY J HUBERT, SHERRY L NOSEWORTHY M D , JOHN H OVIATT, JONATHAN J SAWYER, NAN B SCHMIDT, BRADLEY D THOMAS, GREGORY J WEIS, SHIRLEY A RESULTING IN A BUSINESS RELATIONSHIP WITH THE FOLLOWING INDIVIDUALS WHO ARE ASSOCIATED WITH THE RELATED ORGANIZATION AS AN OFFICER, DIRECTOR OR TRUSTEE BOLTON, JEFFREY W BROWN, WILLIAM A FRANCIS, JAMES R FROISLAND, JEFFREY R HUBERT, SHERRY L NOSEWORTHY M D , JOHN H OVIATT, JONATHAN J WEIS, SHIRLEY A THE FOLLOWING INDIVIDUALS ARE EMPLOYED BY A RELATED ORGANIZATION DECKER M D , WY ATT W FROISLAND, JEFFREY R GORMAN M D , R SCOTT THOMAS, GREGORY J TRASTEK M D , VICTOR F RESULTING IN A BUSINESS RELATIONSHIP WITH THE FOLLOWING INDIVIDUALS WHO ARE ASSOCIATED WITH THE RELATED ORGANIZATION AS AN OFFICER, DIRECTOR OR TRUSTEE DECKER M D , WY ATT W GORMAN M D , R SCOTT THOMAS, GREGORY J TRASTEK M D , VICTOR F THE FOLLOWING INDIVIDUALS ARE EMPLOYED BY A RELATED ORGANIZATION BRIGHAM, ROBERT F LEVENTHAL M D , JACK P RUPP M D , WILLIAM C RESULTING IN A BUSINESS RELATIONSHIP WITH THE FOLLOWING INDIVIDUALS WHO ARE ASSOCIATED WITH THE RELATED ORGANIZATION AS AN OFFICER, DIRECTOR OR TRUSTEE BRIGHAM, ROBERT F HOFFMAN, MARY J LEVENTHAL M D , JACK P RUPP M D , WILLIAM C THE FOLLOWING INDIVIDUALS HAVE BUSINESS RELATIONSHIPS AS A RESULT OF SERVING ON MULTIPLE TAXABLE BOARDS OR AS OFFICERS OF MAYO-AFFILIATED ENTITIES JEFFREY W BOLTON, FRANKLIN R COCKERILL, M D , RICHARD L EHMAN, M D , CHARLES M HARPER JR, M D , DAWN S MILLINER, M D , NAN B SAWYER, BRADLEY D SCHMIDT AND CRAIG A SMOLDT - MAYO COLLABORATIVE SERVICES, INC JEFFREY W BOLTON, MARY HOFFMAN, JONATHAN J OVIATT, NAN B SAWYER AND BRADLEY D SCHMIDT - MAYO HOLDING COMPANY JEFFREY W BOLTON, HARRY N HOFFMAN AND JONATHAN J OVIATT - MAYO INSURANCE COMPANY, LTD JEFFREY W BOLTON, R SCOTT GORMAN, M D , ROBERT E NESSE, M D , MICHAEL G ROCK, M D AND NINA M SCHWENK, M D - MMSI, INC ROBERT F BRIGHAM, MARY J HOFFMAN, AND WILLIAM C RUPP, M D - PHYSICIAN AND HOSPITAL PRACTICES, INC FRANKLIN R COCKERILL, M D AND RICHARD L EHMAN, M D - LOBSS NETWORK SUPPORT 2002, INC AND MAYO MEDICAL LABORATORIES NEW ENGLAND, INC JEFFREY R FROISLAND AND GREGORY J THOMAS - SUPERBLOCK 3 PROPERTY OWNERS ASSOCIATION THE FOLLOWING INDIVIDUALS HAVE A BUSINESS RELATIONSHIP AS A RESULT OF SERVING ON THE BOARDS OF ENTITIES NOT AFFILIATED WITH MAYO CLINIC BRADBURY H ANDERSON AND MARILYN CARLSON-NELSON FRANCE CORDOVA, PH D AND RONALD L OLSON DENIS A CORTESE, M D AND ROY A HERBERGER, PH D SAMUEL A DIPIAZZA, JR AND ROY A HERBERGER, PH D

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION A, LINE 3	MAYO-AFFILIATED ENTITIES ROUTINELY DELEGATED VARIOUS MANAGEMENT AND SUPPORT FUNCTIONS TO RELATED ENTITIES

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 11	THE FORM 990 IS PREPARED BY MAYO CORPORATE TAX WITH ASSISTANCE FROM SITE ACCOUNTING STAFF. THE TAX RETURN GOES THROUGH TWO LEVELS OF REVIEW WITHIN THE CORPORATE TAX UNIT AND IS ALSO REVIEWED BY AN OUTSIDE ACCOUNTING FIRM. IT IS THEN REVIEWED BY THE CONTROLLER, CHIEF FINANCIAL OFFICER, GENERAL COUNSEL, THE CAO, AND CEO. A COPY OF THE FORM 990 IS THEN PROVIDED TO EACH MEMBER OF MAYO CLINIC'S GOVERNING BODY VIA US MAIL, E-MAIL, OR DISTRIBUTION AT A BOARD MEETING. HIGHLIGHTS ARE PRESENTED TO BOARD MEMBERS, AND THE REVIEW WAS DOCUMENTED IN MEETING MINUTES. ALL QUESTIONS ARE ADDRESSED PRIOR TO FILING THE FORM 990.

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

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 15	MAYO CLINIC AND ITS AFFILIATES HAVE A COORDINATED PROCESS FOR REVIEWING AND APPROVING COMPENSATION AND BENEFITS FOR PHYSICIANS AND ADMINISTRATIVE LEADERSHIP. THE FOLLOWING INDEPENDENT APPROVAL PROCESS OCCURS ANNUALLY IN THE FALL FOR THE NEXT YEAR'S COMPENSATION. THE SALARIES OF THE CHIEF EXECUTIVE OFFICER (CEO) AND CHIEF ADMINISTRATIVE OFFICER (CAO) OF MAYO CLINIC, WHICH ARE PAID BY AN AFFILIATE OF MAYO CLINIC, WERE REVIEWED BY THE MAYO CLINIC SALARY AND BENEFIT COMMITTEE PURSUANT TO THE PROCESS DESCRIBED BELOW. THE MAYO CLINIC SALARY AND BENEFITS COMMITTEE INITIALLY REVIEWS THE COMPENSATION OF PHYSICIANS AND ADMINISTRATIVE LEADERSHIP FOR THE ARIZONA, FLORIDA, AND ROCHESTER, MINNESOTA CAMPUSES. THE COMMITTEE IS COMPRISED OF MAYO EMPLOYEES, BUT IS INDEPENDENT FOR INTERNAL REVENUE CODE 4958 FOR THE INDIVIDUALS WHOSE SALARY IS REVIEWED (WITH RECUSAL WHERE APPROPRIATE). FOR THOSE INDIVIDUALS FOR WHICH THIS COMMITTEE CAN NOT SERVE AS THE INDEPENDENT REVIEW, THEIR COMPENSATION AND BENEFITS ARE REVIEWED BY THE GOVERNANCE COMMITTEE (DESCRIBED BELOW). THE SALARY AND BENEFITS COMMITTEE USES COMPARABILITY DATA (INCLUDING THIRD-PARTY BENCHMARKING SURVEYS) IN ITS REVIEW AND DOCUMENTS DECISIONS IN ITS MINUTES. FOR THE CHIEF EXECUTIVE OFFICER AND CHIEF ADMINISTRATIVE OFFICER OF MAYO CLINIC (ALONG WITH OTHER SENIOR LEADERSHIP POSITIONS), THE COMMITTEE DIRECTLY RETAINS AN INDEPENDENT THIRD-PARTY COMPENSATION CONSULTANT WHO ANNUALLY PROVIDES A WRITTEN REPORT CONTAINING A SUMMARY OF RELEVANT, CONTEMPORANEOUS BENCHMARK INFORMATION AND RECOMMENDATIONS REGARDING THE LEVEL OF COMPENSATION FOR THE CHIEF EXECUTIVE OFFICER AND CHIEF ADMINISTRATIVE OFFICER THAT WOULD BE REASONABLE IN LIGHT OF THE BENCHMARK INFORMATION. THE GOVERNANCE COMMITTEE CAREFULLY REVIEWS THE BENCHMARK INFORMATION, DISCUSSES IT DIRECTLY WITH THE CONSULTANT IN AN EXECUTIVE SESSION THAT THE CHIEF EXECUTIVE OFFICER AND CHIEF ADMINISTRATIVE OFFICER DO NOT ATTEND, DISCUSSES RECOMMENDED COMPENSATION AND BENEFITS FOR THE CHIEF EXECUTIVE OFFICER AND CHIEF ADMINISTRATIVE OFFICER, CONFIRMS THAT THE RECOMMENDED COMPENSATION AND BENEFITS ARE REASONABLE IN LIGHT OF THE BENCHMARK DATA, AND PROVIDES FINAL APPROVAL OF THE RECOMMENDED AMOUNTS. THE MAYO CLINIC COMMITTEE ON OFFICER SUCCESSION, COMPENSATION, AND GOVERNANCE (GOVERNANCE COMMITTEE) IS COMPRISED OF SEVEN OF THE EXTERNAL INDEPENDENT MEMBERS OF THE MAYO CLINIC BOARD OF TRUSTEES. THIS GROUP REVIEWS THE COMPENSATION AND BENEFITS FOR PHYSICIANS FROM ALL CAMPUSES, INCLUDING THE MAYO CLINIC HEALTH SYSTEM LOCATIONS, AS WELL AS CERTAIN SENIOR ADMINISTRATIVE AND EXECUTIVE LEADERSHIP (INCLUDING ALL PERSONS BELIEVED TO BE DISQUALIFIED PERSONS). THIS PROCESS ESTABLISHES ACCEPTABLE RANGES FOR VARIOUS POSITIONS, LEVELS, AND SPECIALTIES. THE COMMITTEE USES COMPARABILITY DATA (INCLUDING THIRD-PARTY BENCHMARKING SURVEYS) IN ITS REVIEW AND DOCUMENTS DECISIONS IN ITS MINUTES. IN ADDITION, THE GOVERNANCE COMMITTEE DIRECTLY RETAINS AN INDEPENDENT THIRD-PARTY COMPENSATION CONSULTANT TO PROVIDE RELEVANT, CONTEMPORANEOUS BENCHMARK INFORMATION FOR A SMALL GROUP OF SENIOR PHYSICIAN, ADMINISTRATIVE, AND EXECUTIVE LEADERSHIP POSITIONS FOR WHICH AN INDIVIDUALIZED REVIEW AND RECOMMENDATION IS MADE.

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION C, LINE 19	MAYO CLINIC'S ARTICLES OF INCORPORATION ARE AVAILABLE THROUGH THE SECRETARY OF STATES OFFICE OR UPON REQUEST FROM MAYO CLINIC. BYLAWS AND OTHER GOVERNANCE DOCUMENTS ARE AVAILABLE UPON REQUEST FOR PURPOSES THAT MAYO CLINIC DEEMS APPROPRIATE. THE CONFLICT OF INTEREST POLICY IS AVAILABLE ON MAYO CLINIC'S WEBSITE OR UPON REQUEST. MAYO CLINIC'S CONSOLIDATED FINANCIAL STATEMENTS AND FEDERAL FORM 990 ARE AVAILABLE UPON REQUEST OR THROUGH THE MINNESOTA ATTORNEY GENERALS'S OFFICE. THE CONSOLIDATED FINANCIAL STATEMENTS OF MAYO CLINIC ARE ALSO ATTACHED TO THE FORM 990 AND WOULD BE AVAILABLE UPON REQUEST OF THE FORM 990. MAYO CLINIC'S FORMS 990-T AND 1023 ARE AVAILABLE UPON REQUEST.

Identifier	Return Reference	Explanation
CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990, PART XI, LINE 5	NET UNREALIZED LOSSES ON INVESTMENTS -24,420,081 REFUNDS OF CONTRIBUTIONS -193,980 PENSION-POST RETIREMENT (PER FASB ASC 715) -656,885,147 PLEDGE CHANGE (PER FASB ASC 958-20) -296,033 CHANGE IN INVESTMENT IN TAXABLE SUBSIDIARY - MHC -36,636,766 LOSSES ON UNCOLLECTIBLE PLEDGES -2,322,582 TOTAL TO FORM 990, PART XI, LINE 5 -720,754,589

Identifier	Return Reference	Explanation
AVERAGE HOURS PER WEEK DEVOTED TO POSITION WITH RELATED ORGANIZATION	990, PART VII, SECTION A	BOLTON, JEFFREY W 1 HR BRIGHAM, ROBERT F 40 HRS BROWN, WILLIAM A 1 HR DECKER M D , WYATT W 40 HRS FRANCIS, JAMES R 1 HR FROISLAND, JEFFREY R 1 HR GORMAN M D , R SCOTT 40 HRS GROSSET, JESSICA A 40 HRS HOFFMAN, MARY J 40 HRS HUBERT, SHERRY L 1 HR LEVENTHAL M D , JACK P 40 HRS NOSEWORTHY M D , JOHN H 1 HR OVIATT, JONATHAN J 1 HR RUPP M D , WILLIAM C 40 HRS THOMAS, GREGORY J 40 HRS TRASTEK M D , VICTOR F 40 HRS WEIS, SHIRLEY A 1 HR

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
MAYO CLINIC

Employer identification number
41-6011702

Part I

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

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

Part II

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

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

Part III

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end-of- year assets	(h) Disproportionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) FRANKLIN HEATING STATION 119 THIRD ST SW ROCHESTER, MN 55902 41-0264830	UTILITY	MN	MAYO CLINIC	EXCLUDED	91	45,250,022		No	14,652	Yes		84 050 %

Part IV

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership
See Additional Data Table							

Part V

Transactions With Related Organizations

(Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35, 35A, or 36.)

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

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

a Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity

b Gift, grant, or capital contribution to related organization(s)

c Gift, grant, or capital contribution from related organization(s)

d Loans or loan guarantees to or for related organization(s)

e Loans or loan guarantees by related organization(s)

f Sale of assets to related organization(s)

g Purchase of assets from related organization(s)

h Exchange of assets with related organization(s)

i Lease of facilities, equipment, or other assets to related organization(s)

j Lease of facilities, equipment, or other assets from related organization(s)

k Performance of services or membership or fundraising solicitations for related organization(s)

l Performance of services or membership or fundraising solicitations by related organization(s)

m Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)

n Sharing of paid employees with related organization(s)

o Reimbursement paid to related organization(s) for expenses

p Reimbursement paid by related organization(s) for expenses

q Other transfer of cash or property to related organization(s)

r Other transfer of cash or property from related organization(s)

Yes

No

1a Yes

1b Yes

1c Yes

1d No

1e No

1f No

1g Yes

1h No

1i Yes

1j Yes

1k Yes

1l Yes

1m No

1n Yes

1o Yes

1p Yes

1q Yes

1r Yes

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds			
(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount involved	(d) Method of determining amount involved
(1) See Additional Data Table			
(2)			
(3)			
(4)			
(5)			
(6)			

Schedule R (Form 990) 2011

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

[illegible]

Part VII

Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule R (see instructions)

Identifier	Return Reference	Explanation	
------------	------------------	-------------	--

Software ID:

Software Version:

EIN: 41-6011702

Name: MAYO CLINIC

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

(a) Name, address, and EIN of related organization	(b) Primary Activity	(c) Legal Domicile (State or Foreign Country)	(d) Exempt Code section	(e) Public charity status (if 501(c) (3))	(f) Direct Controlling Entity	g Section 512 (b)(13) controlled organization	
BLOOMER LAKEVIEW INC 2110 DUNCAN ROAD BLOOMER, WI 54724 39-1450617	LOW INCOME HOUSING	WI	501(C) (3)		7 MAYO CLINIC HEALTH SYSTEM-- CHIPPEWA VALLEY INC	Yes	
CHARTERHOUSE INC 200 FIRST STREET SW ROCHESTER, MN 55905 41-1405254	RETIREMENT LIVING CENTER	MN	501(C) (3)		9 MAYO CLINIC	Yes	
FOUNTAIN LAKE TREATMENT CENTER 404 WEST FOUNTAIN STREET ALBERT LEA, MN 56007 41-1404076	CHEMICAL DEPENDENCY TREATMENT	MN	501(C) (3)		3 MAYO CLINIC HEALTH SYSTEM-- ALBERT LEA	Yes	
FRANCISCAN SKEMP FOUNDATION OF ARCADIA INC 464 SOUTH JOHNSON STREET ARCADIA, WI 54612 39-1322480	FUNDRAISING FOUNDATION	WI	501(C) (3)		9 MAYO CLINIC HEALTH SYSTEM-- FRANCISCAN HEALTHCARE INC	Yes	
GCAS 200 FIRST STREET SW ROCHESTER, MN 55905 41-1917517	AMBULANCE SERVICE	MN	501(C) (3)		9 MAYO FOUNDATION FOR MEDICAL EDUCATION AND RESEARCH	Yes	
GOLD CROSS AMBULANCE SERVICE 200 FIRST STREET SW ROCHESTER, MN 55905 41-1917516	AMBULANCE SERVICE	MN	501(C) (3)		9 MAYO FOUNDATION FOR MEDICAL EDUCATION AND RESEARCH	Yes	
GOLD CROSS AMBULANCE INC 200 FIRST STREET SW ROCHESTER, MN 55905 39-1942957	AMBULANCE SERVICE	MN	501(C) (3)		9 MAYO FOUNDATION FOR MEDICAL EDUCATION AND RESEARCH	Yes	
LUTHER LAKESIDE APARTMENTS INC 714 SOUTH BARSTOW STREET EAU CLAIRE, WI 54701 39-1409024	LOW INCOME HOUSING	WI	501(C) (3)		9 MAYO CLINIC HEALTH SYSTEM-- EAU CLAIRE HOSPITAL INC	Yes	
MAYO CLINIC 200 FIRST STREET SW ROCHESTER, MN 55905 41-6011702	PATIENT CARE - CLINIC	MN	501(C) (3)		9 MAYO CLINIC	Yes	
MAYO CLINIC -- METHODIST HOSPITAL 200 FIRST STREET SW ROCHESTER, MN 55905 41-0739106	HOSPITAL	MN	501(C) (3)		3 MAYO CLINIC	Yes	
MAYO CLINIC -- SAINT MARYS HOSPITAL 200 FIRST STREET SW ROCHESTER, MN 55905 41-0944601	HOSPITAL	MN	501(C) (3)		3 MAYO CLINIC	Yes	
MAYO CLINIC ARIZONA 13400 EAST SHEA BLVD SCOTTSDALE, AZ 85259 86-0800150	HOSPITAL AND CLINIC	AZ	501(C) (3)		3 MAYO CLINIC	Yes	
MAYO CLINIC FLORIDA (A NONPROFIT CORPORATION) 4500 SAN PABLO ROAD JACKSONVILLE, FL 32224 59-0714831	HOSPITAL	FL	501(C) (3)		3 MAYO CLINIC JACKSONVILLE	Yes	
MAYO CLINIC HEALTH SYSTEM-- ALBERT LEA 404 WEST FOUNTAIN STREET ALBERT LEA, MN 56007 41-1404075	HOSPITAL AND CLINIC	MN	501(C) (3)		3 MAYO CLINIC	Yes	
MAYO CLINIC HEALTH SYSTEM-- AUSTIN 1000 FIRST DRIVE NW AUSTIN, MN 55912 41-0695606	HOSPITAL AND CLINIC	MN	501(C) (3)		3 MAYO CLINIC	Yes	
MAYO CLINIC HEALTH SYSTEM-- AUSTIN FOUNDATION 1000 FIRST DRIVE NW AUSTIN, MN 55912 30-0107471	FUNDRAISING FOUNDATION	MN	501(C) (3)		7 MAYO CLINIC HEALTH SYSTEM-- AUSTIN	Yes	
MAYO CLINIC HEALTH SYSTEM-- CANNON FALLS 1116 WEST MILL STREET CANNON FALLS, MN 55009 20-4156428	HOSPITAL AND CLINIC	MN	501(C) (3)		3 MAYO CLINIC	Yes	
MAYO CLINIC HEALTH SYSTEM-- CHIPPEWA VALLEY INC 1501 THOMPSON STREET BLOOMER, WI 54724 39-0980343	HOSPITAL AND CLINIC	WI	501(C) (3)		3 MAYO CLINIC HEALTH SYSTEM-- EAU CLAIRE HOSPITAL INC	Yes	
MAYO CLINIC HEALTH SYSTEM-- EAU CLAIRE CLINIC INC PO BOX 1510 EAU CLAIRE, WI 54702 39-1735831	PATIENT CARE - CLINIC	WI	501(C) (3)		3 MAYO CLINIC		No
MAYO CLINIC HEALTH SYSTEM-- EAU CLAIRE FOUNDATION INC 733 W CLAIREMONT AVE PO BOX 1510 EAU CLAIRE, WI 54702 39-1633407	GRANTMAKING FOUNDATION	WI	501(C) (3)		PF MAYO CLINIC HEALTH SYSTEM-- EAU CLAIRE CLINIC INC		No

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

(a) Name, address, and EIN of related organization	(b) Primary Activity	(c) Legal Domicile (State or Foreign Country)	(d) Exempt Code section	(e) Public charity status (if 501(c) (3))	(f) Direct Controlling Entity	(g) Section 512 (b)(13) controlled organization	
MAYO CLINIC HEALTH SYSTEM-- EAU CLAIRE HOSPITAL INC 1221 WHIPPLE STREET EAU CLAIRE, WI 54703 39-0813418	HOSPITAL	WI	501(C) (3)	3	MAYO CLINIC	Yes	
MAYO CLINIC HEALTH SYSTEM-- FAIRMONT 800 MEDICAL CENTER DRIVE PO BOX 800 FAIRMONT, MN 56031 41-0760836	HOSPITAL AND CLINIC	MN	501(C) (3)	3	MAYO CLINIC	Yes	
MAYO CLINIC HEALTH SYSTEM-- FRANCISCAN HEALTHCARE FOUNDATION INC 700 WEST AVE SOUTH LA CROSSE, WI 54601 39-1186647	FUNDRAISING FOUNDATION	WI	501(C) (3)	11-II	MAYO CLINIC HEALTH SYSTEM- -FRANCISCAN HEALTHCARE INC	Yes	
MAYO CLINIC HEALTH SYSTEM-- FRANCISCAN HEALTHCARE FOUNDATION-SPARTA INC 310 WEST MAIN STREET SPARTA, WI 54656 39-1423234	FUNDRAISING FOUNDATION	WI	501(C) (3)	9	MAYO CLINIC HEALTH SYSTEM- -FRANCISCAN HEALTHCARE INC	Yes	
MAYO CLINIC HEALTH SYSTEM-- FRANCISCAN HEALTHCARE INC 700 WEST AVE SOUTH LA CROSSE, WI 54601 39-1411999	HEALTHCARE SYSTEM PARENT	WI	501(C) (3)	11-I	MAYO CLINIC	Yes	
MAYO CLINIC HEALTH SYSTEM-- FRANCISCAN MEDICAL CENTER INC 700 WEST AVE SOUTH LA CROSSE, WI 54601 39-0806374	HOSPITAL AND CLINIC	WI	501(C) (3)	3	MAYO CLINIC HEALTH SYSTEM- -FRANCISCAN HEALTHCARE INC	Yes	
MAYO CLINIC HEALTH SYSTEM-- HOME HEALTH & HOSPICE INC PO BOX 2060 EAU CLAIRE, WI 54702 39-1491516	HOME HEALTH AND HOSPICE CARE	WI	501(C) (3)	9	MAYO CLINIC HEALTH SYSTEM- -EAU CLAIRE HOSPITAL INC	Yes	
MAYO CLINIC HEALTH SYSTEM-- LAKE CITY 500 WEST GRANT STREET LAKE CITY, MN 55041 41-1906820	HOSPITAL	MN	501(C) (3)	3	MAYO CLINIC	Yes	
MAYO CLINIC HEALTH SYSTEM-- MANKATO 1025 MARSH STREET MANKATO, MN 56002 41-1236756	HOSPITAL AND CLINIC	MN	501(C) (3)	3	MAYO CLINIC	Yes	
MAYO CLINIC HEALTH SYSTEM-- MANKATO HEALTH CARE FOUNDATION 1025 MARSH STREET MANKATO, MN 56002 41-1663357	FUNDRAISING FOUNDATION	MN	501(C) (3)	7	MAYO CLINIC HEALTH SYSTEM- -MANKATO	Yes	
MAYO CLINIC HEALTH SYSTEM-- NEW PRAGUE 301 SECOND STREET NORTHEAST NEW PRAGUE, MN 56071 41-0723639	HOSPITAL AND CLINIC	MN	501(C) (3)	3	MAYO CLINIC	Yes	
MAYO CLINIC HEALTH SYSTEM-- NORTHLAND INC 1222 EAST WOODLAND AVE BARRON, WI 54812 39-0920634	HOSPITAL AND CLINIC	WI	501(C) (3)	3	MAYO CLINIC HEALTH SYSTEM- -EAU CLAIRE HOSPITAL INC	Yes	
MAYO CLINIC HEALTH SYSTEM-- OAKRIDGE INC PO BOX 70 / 13025 EIGHTH STREET OSSEO, WI 54758 39-1029430	HOSPITAL AND CLINIC	WI	501(C) (3)	3	MAYO CLINIC HEALTH SYSTEM- -EAU CLAIRE HOSPITAL INC	Yes	
MAYO CLINIC HEALTH SYSTEM-- OWATONNA 134 SOUTHVIEW OWATONNA, MN 55060 41-1862132	PATIENT CARE - CLINIC	MN	501(C) (3)	3	MAYO CLINIC	Yes	
MAYO CLINIC HEALTH SYSTEM--RED CEDAR INC 2321 STOUT ROAD MENOMONIE, WI 54751 51-0190875	HOSPITAL AND CLINIC	WI	501(C) (3)	3	MAYO CLINIC	Yes	
MAYO CLINIC HEALTH SYSTEM-- SPRINGFIELD 625 NORTH JACKSON AVENUE SPRINGFIELD, MN 56087 41-1893827	HOSPITAL AND CLINIC	MN	501(C) (3)	3	MAYO CLINIC HEALTH SYSTEM- -MANKATO	Yes	
MAYO CLINIC HEALTH SYSTEM--ST JAMES 1101 MOULTON PARSONS DR PO BOX 460 ST JAMES, MN 56081 41-0797368	HOSPITAL AND CLINIC	MN	501(C) (3)	3	MAYO CLINIC HEALTH SYSTEM- -MANKATO	Yes	
MAYO CLINIC HEALTH SYSTEM--ST JAMES HEALTH CARE FOUNDATION 1101 MOULTON PARSONS DR PO BOX 460 ST JAMES, MN 56081 41-1444129	FUNDRAISING FOUNDATION	MN	501(C) (3)	7	MAYO CLINIC HEALTH SYSTEM- -ST JAMES	Yes	
MAYO CLINIC HEALTH SYSTEM-- SUPPORTIVE HOMECARE INC PO BOX 2060 EAU CLAIRE, WI 54702 39-1686673	HOME HEALTH CARE	WI	501(C) (3)	9	MAYO CLINIC HEALTH SYSTEM- -EAU CLAIRE HOSPITAL INC	Yes	
MAYO CLINIC HEALTH SYSTEM-- WASECA 501 NORTH STATE STREET WASECA, MN 56093 36-3606405	HOSPITAL AND CLINIC	MN	501(C) (3)	3	MAYO CLINIC HEALTH SYSTEM- -MANKATO	Yes	

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

(a) Name, address, and EIN of related organization	(b) Primary Activity	(c) Legal Domicile (State or Foreign Country)	(d) Exempt Code section	(e) Public charity status (if 501(c) (3))	(f) Direct Controlling Entity	(g) Section 512 (b)(13) controlled organization	
MAYO CLINIC JACKSONVILLE 4500 SAN PABLO ROAD JACKSONVILLE, FL 32224 59-3337028	PATIENT CARE - CLINIC	FL	501(C) (3)	7	MAYO CLINIC	Yes	
MAYO FOUNDATION FOR MEDICAL EDUCATION AND RESEARCH 200 FIRST STREET SW ROCHESTER, MN 55905 41-1506440	CHARITABLE, EDUCATIONAL & SCIENTIFIC ACTIVITIES	MN	501(C) (3)	9	MAYO CLINIC	Yes	
MAYO KLINIK STIFTUNG 60486 FRANKFURT AM MAIN FRANKFURT GM	FUNDRAISING FOUNDATION	GM			MAYO FOUNDATION FOR MEDICAL EDUCATION AND RESEARCH	Yes	
MILES AND SHIRLEY FITERMAN ENDOWMENT FUND FOR DIGESTIVE DISEASES 200 FIRST STREET SW ROCHESTER, MN 55905 41-2020392	SUPPORT RESEARCH, PRACTICE & EDUCATION	MN	501(C) (3)	11-I	MAYO CLINIC	Yes	
POVERELLO FOUNDATION 200 FIRST STREET SW ROCHESTER, MN 55905 41-1494881	FUNDRAISING FOUNDATION	MN	501(C) (3)	11-I	MAYO CLINIC -- SAINT MARYS HOSPITAL	Yes	
SOUTHERN METRO MEDICAL CLINICS INC 301 MAIN STREET NEW PRAGUE, MN 56071 41-1623632	FAMILY PRACTICE CLINICS	MN	501(C) (3)	9	MAYO CLINIC HEALTH SYSTEM- NEW PRAGUE	Yes	
JUNE CARBONE & ANGELO CARBONE MEDICAL RESEARCH TRUST 200 FIRST STREET SW ROCHESTER, MN 55905 41-6383037	CHARITABLE TRUST	MN	501(C) (3)	11-III	MAYO CLINIC	Yes	
THE RITA FOUNDATION 8334 AMHERST HILLS LANE JACKSONVILLE, FL 322563467 59-3614273	FUNDRAISING FOUNDATION	MN	501(C) (3)	11-III			No

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income (\$)	(g) Share of end-of-year assets (\$)	(h) Percentage ownership
MAYO CLINIC HEALTH SYSTEM--FARIBAULT 635 FIRST STREET SE FARIBAULT, MN 55021 41-1817179	PATIENT CARE - CLINIC	MN	MAYO HOLDING COMPANY	C			
MAYO CLINIC HEALTH SYSTEM--DECORAH CLINIC PHYSICIANS 907 MONTGOMERY STREET DECORAH, IA 52101 41-1711329	PATIENT CARE - CLINIC	IA	MAYO HOLDING COMPANY	C			
FIOS THERAPEUTICS INC 200 FIRST STREET SW ROCHESTER, MN 55905 71-1029189	RESEARCH	MN	MAYO FOUNDATION FOR MEDICAL EDUCATION AND RESEARCH	C			
HEALTH TRADITION HEALTH PLAN 1808 EAST MAIN STREET ONALASKA, WI 54650 39-1545987	MEDICAL SERVICES COMPANY	WI	MAYO HOLDING COMPANY	C			
LOBSS NETWORK SUPPORT 2002 INC 200 FIRST STREET SW ROCHESTER, MN 55905 48-1276150	ADMINISTRATIVE SERVICES	MN	MAYO COLLABORATIVE SERVICES INC	C			
MAYO COLLABORATIVE SERVICES INC 200 FIRST STREET SW ROCHESTER, MN 55905 41-1346366	REFERENCE LAB SERVICES	MN	MAYO HOLDING COMPANY	C			
MAYO HOLDING COMPANY 200 FIRST STREET SW ROCHESTER, MN 55905 41-1578020	HOLDING COMPANY	MN	MAYO CLINIC	C	-1,641,964	126,762,254	100 000 %
MAYO INSURANCE COMPANY LTD 200 FIRST STREET SW ROCHESTER, MN 55905	SELF INSURANCE POOL	CJ	MAYO CLINIC	C	3,024,634	122,147,642	100 000 %
MAYO MEDICAL LABORATORIES NEW ENGLAND INC 265 BALLARDVALE STREET WILMINGTON, MA 01887 04-3323713	LABORATORY SERVICES	MA	MAYO COLLABORATIVE SERVICES INC	C			
MAYO REGIONAL PRACTICES OF ARIZONA 13400 EAST SHEA BOULEVARD SCOTTSDALE, AZ 85259 06-1190278	THIRD PARTY ADMINISTRATION SERVICES	AZ	MAYO HOLDING COMPANY	C			
MHS SERVICES INC 200 FIRST STREET SW ROCHESTER, MN 55905 41-1282517	EQUIPMENT & REAL ESTATE LEASING	MN	MAYO HOLDING COMPANY	C			
MMSI INC 21 FIRST STREET SW ROCHESTER, MN 55905 41-1547003	THIRD PARTY ADMINISTRATION SERVICES	MN	MAYO HOLDING COMPANY	C			
MAYO CLINIC HEALTH SYSTEM--PHARMACY & HOME MEDICAL INC 1221 WHIPPLE STREET EAU CLAIRE, WI 54703 39-1528920	PHARMACY SERVICES	WI	MAYO HOLDING COMPANY	C			
PHYSICIAN AND HOSPITAL PRACTICES INC 4500 SAN PABLO ROAD JACKSONVILLE, FL 32224 93-0926631	HEALTH SERVICES	FL	MAYO HOLDING COMPANY	C			
ROCHESTER AIRPORT COMPANY ROUTE 2 ROCHESTER, MN 55902 41-0506870	AIRPORT MANAGEMENT	MN	MAYO CLINIC	C	108,156	1,712,451	100 000 %
SUPERBLOCK 3 PROPERTY OWNERS ASSOCIATION 13400 E SHEA BLVD SCOTTSDALE, AZ 85259 86-0870505	COMMERCIAL PROPERTY OWNERS ASSOCIATION	AZ	N/A	C			
THE STABLE BUILDING OWNERS' ASSOCIATION 200 FIRST STREET SW ROCHESTER, MN 55905 20-8994499	COMMERCIAL PROPERTY OWNERS ASSOCIATION	MN	MAYO CLINIC	C			85 000 %
MAYO CLINIC GBS MAURITIUS 2ND FLOOR EBENE MEWS 57 EBENE CYBERCITY MP	HEALTHCARE MANAGEMENT	MP	MAYO FOUNDATION FOR MEDICAL EDUCATION AND RESEARCH	C			
CHARITABLE LEAD TRUST (1)	CHARITABLE TRUST	CA	MAYO CLINIC	T			
PERPETUAL TRUST (1)	CHARITABLE TRUST	ND	MAYO FOUNDATION FOR MEDICAL EDUCATION AND RESEARCH	T			

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income (\$)	(g) Share of end-of-year assets (\$)	(h) Percentage ownership
PERPETUAL TRUST (1)	CHARITABLE TRUST	LA	MAYO CLINIC	T			
PERPETUAL TRUST (2)	CHARITABLE TRUST	MA	MAYO CLINIC	T			
PERPETUAL TRUST (1)	CHARITABLE TRUST	MO	MAYO CLINIC	T			
PERPETUAL TRUST (1)	CHARITABLE TRUST	AZ	MAYO CLINIC	T			
CHARITABLE REMAINDER TRUST (1)	CHARITABLE TRUST	CO	MAYO FOUNDATION FOR MEDICAL EDUCATION AND RESEARCH	T			
CHARITABLE REMAINDER TRUST (6)	CHARITABLE TRUST	FL	MAYO CLINIC	T			
CHARITABLE REMAINDER TRUST (1)	CHARITABLE TRUST	FL	MAYO FOUNDATION FOR MEDICAL EDUCATION AND RESEARCH	T			
CHARITABLE REMAINDER TRUST (1)	CHARITABLE TRUST	IL	MAYO FOUNDATION FOR MEDICAL EDUCATION AND RESEARCH	T			
CHARITABLE REMAINDER TRUST (1)	CHARITABLE TRUST	LA	MAYO CLINIC	T			
CHARITABLE REMAINDER TRUST (1)	CHARITABLE TRUST	MI	MAYO FOUNDATION FOR MEDICAL EDUCATION AND RESEARCH	T			
CHARITABLE REMAINDER TRUST (66)	CHARITABLE TRUST	MN	MAYO CLINIC	T			
CHARITABLE REMAINDER TRUST (82)	CHARITABLE TRUST	MN	MAYO FOUNDATION FOR MEDICAL EDUCATION AND RESEARCH	T			
CHARITABLE REMAINDER TRUST (1)	CHARITABLE TRUST	NC	MAYO CLINIC	T			
CHARITABLE REMAINDER TRUST (2)	CHARITABLE TRUST	TX	MAYO CLINIC	T			

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

(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount Involved (\$)	(d) Method of determining amount involved
(1) CHARTERHOUSE INC	A	73,685	GAAP
(2) MAYO CLINIC HEALTH SYSTEM--FAIRMONT	A	420,497	GAAP
(3) MAYO CLINIC HEALTH SYSTEM--FRANCISCAN HEALTHCARE INC	A	939,909	GAAP
(4) MAYO CLINIC JACKSONVILLE	A	626,735	GAAP
(5) MAYO CLINIC - SAINT MARYS HOSPITAL	B	698,616	GAAP
(6) MAYO CLINIC ARIZONA	B	29,419,286	GAAP
(7) MAYO CLINIC FLORIDA	B	3,116,025	GAAP
(8) MAYO CLINIC HEALTH SYSTEM--ALBERT LEA	B	468,337	GAAP
(9) MAYO CLINIC HEALTH SYSTEM--AUSTIN FOUNDATION	B	1,971,168	GAAP
(10) MAYO CLINIC HEALTH SYSTEM--CANNON FALLS	B	111,071	GAAP
(11) MAYO CLINIC HEALTH SYSTEM--CHIPPEWA VALLEY INC	B	66,912	GAAP
(12) MAYO CLINIC HEALTH SYSTEM--EAU CLAIRE HOSPITAL INC	B	2,442,764	GAAP
(13) MAYO CLINIC HEALTH SYSTEM--FAIRMONT	B	345,313	GAAP
(14) MAYO CLINIC HEALTH SYSTEM--FRANCISCAN HEALTHCARE FOUNDATION INC	B	1,608,070	GAAP
(15) MAYO CLINIC HEALTH SYSTEM--FRANCISCAN HEALTHCARE FOUNDATION-SPARTA INC	B	114,860	GAAP
(16) MAYO CLINIC HEALTH SYSTEM--FRANCISCAN MEDICAL CENTER INC	B	79,718	GAAP
(17) MAYO CLINIC HEALTH SYSTEM--HOME HEALTH & HOSPICE INC	B	73,194	GAAP
(18) MAYO CLINIC HEALTH SYSTEM--LAKE CITY	B	187,631	GAAP
(19) MAYO CLINIC HEALTH SYSTEM--MANKATO HEALTH CARE FOUNDATION	B	995,533	GAAP
(20) MAYO CLINIC HEALTH SYSTEM--NORTHLAND INC	B	209,440	GAAP

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

(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount Involved (\$)	(d) Method of determining amount involved
(21) MAYO CLINIC HEALTH SYSTEM--ST JAMES HEALTH CARE FOUNDATION	B	140,538	GAAP
(22) MAYO CLINIC HEALTH SYSTEM--WASECA	B	351,916	GAAP
(23) MAYO CLINIC JACKSONVILLE	B	37,741,506	GAAP
(24) POVERELLO FOUNDATION	B	1,080,816	GAAP
(25) MAYO CLINIC - METHODIST HOSPITAL	C	90,000,000	GAAP
(26) MAYO CLINIC - SAINT MARYS HOSPITAL	C	50,000,000	GAAP
(27) MAYO CLINIC ARIZONA	C	6,196,623	GAAP
(28) MAYO CLINIC FLORIDA	C	143,060	GAAP
(29) MAYO CLINIC JACKSONVILLE	C	40,922,193	GAAP
(30) MCHS-EAU CLAIRE HOSPITAL INC	C	1,494,204	GAAP
(31) MAYO FOUNDATION FOR MEDICAL EDUCATION AND RESEARCH	G	756,505,889	GAAP
(32) CHARTERHOUSE INC	I	79,438	GAAP
(33) MAYO CLINIC - METHODIST HOSPITAL	I	28,806,127	GAAP
(34) MAYO CLINIC - SAINT MARYS HOSPITAL	I	62,376,127	GAAP
(35) MAYO CLINIC ARIZONA	I	50,713,692	GAAP
(36) MAYO CLINIC JACKSONVILLE	I	40,622,053	GAAP
(37) MAYO COLLABORATIVE SERVICES INC	I	6,130,303	GAAP
(38) MAYO FOUNDATION FOR MEDICAL EDUCATION AND RESEARCH	I	44,763,784	GAAP
(39) MAYO HOLDING COMPANY	I	204,809	GAAP
(40) MMSI INC	I	704,097	GAAP

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

(a) Name of other organization		(b) Transaction type(a-r)	(c) Amount Involved (\$)	(d) Method of determining amount involved
(41)	CHARTERHOUSE INC	J	131,401	GAAP
(42)	MAYO CLINIC HEALTH SYSTEM--ALBERT LEA	J	156,834	GAAP
(43)	MAYO CLINIC HEALTH SYSTEM--AUSTIN	J	66,925	GAAP
(44)	MAYO CLINIC HEALTH SYSTEM--EAU CLAIRE HOSPITAL INC	J	455,420	GAAP
(45)	MAYO CLINIC HEALTH SYSTEM--FRANCISCAN MEDICAL CENTER INC	J	453,984	GAAP
(46)	MAYO CLINIC HEALTH SYSTEM--MANKATO	J	233,327	GAAP
(47)	MAYO CLINIC HEALTH SYSTEM--OWATONNA	J	146,747	GAAP
(48)	CHARTERHOUSE INC	K	113,613	GAAP
(49)	MAYO CLINIC HEALTH SYSTEM--ALBERT LEA	K	4,721,527	GAAP
(50)	MAYO CLINIC HEALTH SYSTEM--AUSTIN	K	4,164,289	GAAP
(51)	MAYO CLINIC HEALTH SYSTEM--CANNON FALLS	K	938,369	GAAP
(52)	MAYO CLINIC HEALTH SYSTEM--DECORAH CLINIC PHYSICIANS	K	103,748	GAAP
(53)	MAYO CLINIC HEALTH SYSTEM--EAU CLAIRE CLINIC INC	K	2,890,142	GAAP
(54)	MAYO CLINIC HEALTH SYSTEM--EAU CLAIRE HOSPITAL INC	K	5,057,081	GAAP
(55)	MAYO CLINIC HEALTH SYSTEM--FAIRMONT	K	1,798,302	GAAP
(56)	MAYO CLINIC HEALTH SYSTEM--FARIBAULT	K	400,221	GAAP
(57)	MAYO CLINIC HEALTH SYSTEM--FRANCISCAN MEDICAL CENTER INC	K	10,729,338	GAAP
(58)	MAYO CLINIC HEALTH SYSTEM--LAKE CITY	K	1,719,548	GAAP
(59)	MAYO CLINIC HEALTH SYSTEM--MANKATO	K	10,463,838	GAAP
(60)	MAYO CLINIC HEALTH SYSTEM--OWATONNA	K	1,842,467	GAAP

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

(a) Name of other organization		(b) Transaction type(a-r)	(c) Amount Involved (\$)	(d) Method of determining amount involved
(61)	MAYO CLINIC HEALTH SYSTEM--RED CEDAR INC	K	1,290,863	GAAP
(62)	MAYO CLINIC HEALTH SYSTEM--WASECA	K	60,125	GAAP
(63)	MAYO COLLABORATIVE SERVICES INC	K	262,220,332	GAAP
(64)	MAYO FOUNDATION FOR MEDICAL EDUCATION AND RESEARCH	K	2,184,264	GAAP
(65)	MMSI INC	K	2,379,144	GAAP
(66)	MAYO CLINIC HEALTH SYSTEM--ALBERT LEA	L	324,318	GAAP
(67)	MAYO CLINIC HEALTH SYSTEM--AUSTIN	L	417,878	GAAP
(68)	MAYO CLINIC HEALTH SYSTEM--EAU CLAIRE CLINIC INC	L	1,036,666	GAAP
(69)	MAYO CLINIC HEALTH SYSTEM--EAU CLAIRE HOSPITAL INC	L	417,075	GAAP
(70)	MAYO CLINIC HEALTH SYSTEM--FARIBAULT	L	52,651	GAAP
(71)	MAYO CLINIC HEALTH SYSTEM--FRANCISCAN HEALTHCARE INC	L	195,608	GAAP
(72)	MAYO CLINIC HEALTH SYSTEM--FRANCISCAN MEDICAL CENTER INC	L	1,032,332	GAAP
(73)	MAYO CLINIC HEALTH SYSTEM--LAKE CITY	L	87,978	GAAP
(74)	MAYO CLINIC HEALTH SYSTEM--MANKATO	L	985,117	GAAP
(75)	MAYO CLINIC HEALTH SYSTEM--OWATONNA	L	505,953	GAAP
(76)	MAYO FOUNDATION FOR MEDICAL EDUCATION AND RESEARCH	L	3,881,663	GAAP
(77)	MAYO MEDICAL LABORATORIES NEW ENGLAND INC	L	187,428	GAAP
(78)	MMSI INC	L	13,495,027	GAAP
(79)	MAYO FOUNDATION FOR MEDICAL EDUCATION AND RESEARCH	N	1,534,408,218	GAAP
(80)	FRANKLIN HEATING STATION	O	33,329,819	GAAP

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

(a) Name of other organization		(b) Transaction type(a-r)	(c) Amount Involved (\$)	(d) Method of determining amount involved
(81)	GOLD CROSS AMBULANCE SERVICE	O	5,266,503	GAAP
(82)	MAYO CLINIC - METHODIST HOSPITAL	O	26,056,715	GAAP
(83)	MAYO CLINIC - SAINT MARYS HOSPITAL	O	68,957,791	GAAP
(84)	MAYO CLINIC ARIZONA	O	57,529,851	GAAP
(85)	MAYO CLINIC JACKSONVILLE	O	49,272,488	GAAP
(86)	MAYO COLLABORATIVE SERVICES INC	O	1,322,200	GAAP
(87)	MAYO FOUNDATION FOR MEDICAL EDUCATION AND RESEARCH	O	6,313,772	GAAP
(88)	GCAS	P	402,758	GAAP
(89)	GOLD CROSS AMBULANCE SERVICE	P	1,469,554	GAAP
(90)	MAYO CLINIC - METHODIST HOSPITAL	P	78,541,989	GAAP
(91)	MAYO CLINIC - SAINT MARYS HOSPITAL	P	146,031,236	GAAP
(92)	MAYO CLINIC ARIZONA	P	978,254	GAAP
(93)	MAYO CLINIC FLORIDA	P	73,642	GAAP
(94)	MAYO CLINIC JACKSONVILLE	P	486,921	GAAP
(95)	MAYO COLLABORATIVE SERVICES INC	P	9,711,891	GAAP
(96)	MAYO FOUNDATION FOR MEDICAL EDUCATION AND RESEARCH	P	15,533,320	GAAP
(97)	MAYO MEDICAL LABORATORIES NEW ENGLAND INC	P	633,983	GAAP
(98)	CHARTERHOUSE INC	Q	409,672	GAAP
(99)	MAYO CLINIC - METHODIST HOSPITAL	Q	149,883	GAAP
(100)	MAYO CLINIC - SAINT MARYS HOSPITAL	Q	77,205	GAAP

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

(a) Name of other organization		(b) Transaction type(a-r)	(c) Amount Involved (\$)	(d) Method of determining amount involved
(101)	MAYO CLINIC ARIZONA	Q	5,648,814	GAAP
(102)	MAYO CLINIC HEALTH SYSTEM--ALBERT LEA	Q	1,516,831	GAAP
(103)	MAYO CLINIC HEALTH SYSTEM--AUSTIN	Q	1,221,898	GAAP
(104)	MAYO CLINIC HEALTH SYSTEM--CHIPPEWA VALLEY INC	Q	93,401	GAAP
(105)	MAYO CLINIC HEALTH SYSTEM--EAU CLAIRE CLINIC INC	Q	254,929	GAAP
(106)	MAYO CLINIC HEALTH SYSTEM--EAU CLAIRE HOSPITAL INC	Q	565,072	GAAP
(107)	MAYO CLINIC HEALTH SYSTEM--FRANCISCAN HEALTHCARE FOUNDATION INC	Q	267,725	GAAP
(108)	MAYO CLINIC HEALTH SYSTEM--MANKATO	Q	694,947	GAAP
(109)	MAYO CLINIC HEALTH SYSTEM--NORTHLAND INC	Q	305,334	GAAP
(110)	MAYO CLINIC HEALTH SYSTEM--OWATONNA	Q	67,471	GAAP
(111)	MAYO CLINIC HEALTH SYSTEM--RED CEDAR INC	Q	790,688	GAAP
(112)	MAYO CLINIC HEALTH SYSTEM--SPRINGFIELD	Q	109,696	GAAP
(113)	MAYO CLINIC HEALTH SYSTEM--WASECA	Q	327,703	GAAP
(114)	MAYO CLINIC JACKSONVILLE	Q	3,708,482	GAAP
(115)	MAYO COLLABORATIVE SERVICES INC	Q	98,888	GAAP
(116)	MAYO FOUNDATION FOR MEDICAL EDUCATION AND RESEARCH	Q	99,918,144	GAAP
(117)	POVERELLO FOUNDATION	Q	787,934	GAAP
(118)	CHARTERHOUSE INC	R	3,354,056	GAAP
(119)	MAYO CLINIC - METHODIST HOSPITAL	R	39,329,633	GAAP
(120)	MAYO CLINIC - SAINT MARYS HOSPITAL	R	89,626,888	GAAP

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

(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount Involved (\$)	(d) Method of determining amount involved
(121) MAYO COLLABORATIVE SERVICES INC	R	10,269,624	GAAP
(122) MAYO FOUNDATION FOR MEDICAL EDUCATION AND RESEARCH	R	100,549,167	GAAP
(123) MAYO HOLDING COMPANY	R	20,000,000	GAAP
(124) MAYO MEDICAL LABORATORIES NEW ENGLAND INC	R	1,622,688	GAAP
(125) MMSI INC	R	279,438,646	GAAP



Consolidated Financial Report
December 31, 2011



Assurance • Tax • Consulting

Contents

Independent Auditor's Report on the Financial Statements	1
Financial Statements	
Consolidated statements of financial position	2
Consolidated statements of activities	3
Consolidated statements of cash flows	4
Notes to consolidated financial statements	5-40
Independent Auditor's Report on the Supplemental Information	41
Supplemental Information	
Mayo Clinic Florida Statements of financial position	42
Statements of activities	43



Independent Auditor's Report

Board of Trustees
Mayo Clinic

We have audited the accompanying consolidated statements of financial position of Mayo Clinic (Clinic) as of December 31, 2011 and 2010, and the related consolidated statements of activities and cash flows for the years then ended. These financial statements are the responsibility of the Clinic's management. Our responsibility is to express an opinion on these financial statements based on our audits.

We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free of material misstatement. We were not engaged to perform an audit of the Clinic's internal control over financial reporting. Our audit included consideration of internal control over financial reporting as a basis for designing audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Clinic's internal control over financial reporting. Accordingly, we express no such opinion. An audit also includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements, assessing the accounting principles used and significant estimates made by management, and evaluating the overall financial statement presentation. We believe that our audits provide a reasonable basis for our opinion.

In our opinion, the consolidated financial statements referred to above present fairly, in all material respects, the consolidated financial position of the Clinic as of December 31, 2011 and 2010, and the consolidated changes in its net assets and its cash flows for the years then ended in conformity with accounting principles generally accepted in the United States of America.

McGladrey & Pullen, LLP

Minneapolis, Minnesota
February 16, 2012



Mayo Clinic

Consolidated Statements of Financial Position
December 31, 2011 and 2010 (In Millions)

Assets	2011	2010
Current Assets		
Cash and cash equivalents	\$ 141.3	\$ 73.8
Accounts receivable for medical services, less allowances for uncollectible accounts of \$340.8 in 2011 and \$399.1 in 2010	1,422.4	1,221.0
Securities lending collateral (Note 4)	68.3	64.5
Other receivables (Notes 9 and 14)	267.6	236.9
Other current assets (Note 14)	141.8	144.4
Total current assets	2,041.4	1,740.6
Investments (Note 3)	4,171.0	3,899.1
Investments Under Securities Lending Agreement (Note 4)	66.4	63.9
Other Long-Term Assets (Notes 9 and 14)	351.1	385.8
Property, Plant and Equipment, net (Note 5)	3,499.0	3,489.6
Total assets	\$ 10,128.9	\$ 9,579.0
Liabilities and Net Assets		
Current Liabilities		
Accounts payable	\$ 306.7	\$ 265.5
Accrued payroll	421.9	389.0
Deferred revenue	44.8	36.9
Long-term variable-rate debt (Note 7)	240.0	330.0
Securities lending payable (Note 4)	68.3	64.5
Other current liabilities (Notes 13 and 14)	377.6	549.9
Total current liabilities	1,459.3	1,635.8
Long-Term Debt (Note 7)	1,631.9	1,360.4
Accrued Pension and Postretirement Benefits, net of current (Note 12)	1,636.7	1,099.3
Other Long-Term Liabilities (Notes 8, 13 and 14)	671.6	669.7
Total liabilities	5,399.5	4,765.2
Net Assets (Notes 9 and 10)		
Unrestricted	3,074.8	3,225.8
Temporarily restricted	863.9	850.8
Permanently restricted	790.7	737.2
Total net assets	4,729.4	4,813.8
Total liabilities and net assets	\$ 10,128.9	\$ 9,579.0

See Notes to Consolidated Financial Statements



Mayo Clinic

Consolidated Statements of Activities
Years Ended December 31, 2011 and 2010 (In Millions)

	2011				2010			
	Unrestricted	Temporarily Restricted	Permanently Restricted	Total	Unrestricted	Temporarily Restricted	Permanently Restricted	Total
Revenue, gains and other support								
Net medical service revenue	\$ 7,141 1	\$ -	\$ -	\$ 7,141 1	\$ 6,735 7	\$ -	\$ -	\$ 6,735 7
Grants and contracts	368 5	-	-	368 5	344 6	-	-	344 6
Investment return allocated to current activities (Note 3)	126 6	18 0	-	144 6	104 5	18 3	-	122 8
Contributions available for current activities	143 9	110 8	-	254 7	69 4	109 3	-	178 7
Premium revenue	108 5	-	-	108 5	108 6	-	-	108 6
Other (Note 15)	458 3	-	-	458 3	451 6	-	-	451 6
Net assets released from restrictions (Note 9)	148 5	(148 5)	-	-	151 8	(151 8)	-	-
Total revenue, gains and other support	8,495 4	(19 7)	-	8,475 7	7,966 2	(24 2)	-	7,942 0
Expenses								
Salaries and benefits	5,141 3	-	-	5,141 3	4,911 8	-	-	4,911 8
Supplies and services	1,897 5	-	-	1,897 5	1,725 0	-	-	1,725 0
Facilities	614 6	-	-	614 6	590 7	-	-	590 7
Provision for uncollectible accounts	159 8	-	-	159 8	160 1	-	-	160 1
Finance and investment	52 3	-	-	52 3	39 1	-	-	39 1
Total expenses (Note 11)	7,865 5	-	-	7,865 5	7,426 7	-	-	7,426 7
Income (loss) from current activities	629 9	(19 7)	-	610 2	539 5	(24 2)	-	515 3
Noncurrent and other items								
Contributions not available for current activities, net	(11 2)	13 3	53 5	55 6	(14 1)	(6 5)	44 6	24 0
Unallocated investment return, net (Note 3)	(28 5)	19 5	-	(9 0)	196 4	78 1	-	274 5
Income tax expense (Note 6)	(22 9)	-	-	(22 9)	(22 3)	-	-	(22 3)
Contribution received from affiliation (Note 17)	16 2	-	-	16 2	-	-	-	-
Other	0 4	-	-	0 4	1 3	-	-	1 3
Total noncurrent and other items	(46 0)	32 8	53 5	40 3	161 3	71 6	44 6	277 5
Increase in net assets before other changes in net assets	583 9	13 1	53 5	650 5	700 8	47 4	44 6	792 8
Pension and other postretirement benefit adjustments (Note 12)	(734 9)	-	-	(734 9)	(250 0)	-	-	(250 0)
Increase (decrease) in net assets	(151 0)	13 1	53 5	(84 4)	450 8	47 4	44 6	542 8
Net assets at beginning of year	3,225 8	850 8	737 2	4,813 8	2,775 0	803 4	692 6	4,271 0
Net assets at end of year	\$ 3,074 8	\$ 863 9	\$ 790 7	\$ 4,729 4	\$ 3,225 8	\$ 850 8	\$ 737 2	\$ 4,813 8

See Notes to Consolidated Financial Statements



Mayo Clinic

Consolidated Statements of Cash Flows
Years Ended December 31, 2011 and 2010 (In Millions)

	<u>2011</u>	<u>2010</u>
Cash Flows From Current Activities		
Increase (decrease) in net assets	\$ (84.4)	\$ 542.8
Adjustments to reconcile changes in net assets to net cash provided by current activities		
Depreciation and amortization	401.2	395.4
Provision for uncollectible accounts	159.8	160.1
Net realized and unrealized gain on investments	(48.1)	(316.2)
Restricted gifts, bequests and other	(53.5)	(44.6)
Net change in accounts receivable and other current assets and liabilities, net of effects from affiliation	(265.5)	(249.0)
Change in deferred tax asset	4.6	27.3
Pension and other postretirement benefits adjustments	296.6	(35.8)
Net change in other long-term assets and liabilities	45.4	95.1
Net cash provided by current activities	<u>456.1</u>	<u>575.1</u>
Cash Flows From Investing Activities		
Purchase of property, plant and equipment	(410.6)	(373.1)
Purchases of investments	(470.9)	(1,991.0)
Sales and maturities of investments	244.6	1,773.0
Proceeds from affiliation	1.1	-
Net cash used in investing activities	<u>(635.8)</u>	<u>(591.1)</u>
Cash Flows From Financing Activities		
Restricted gifts, bequests and other	65.7	62.8
Borrowings on long-term debt	725.0	130.0
Payment of long-term debt	(543.5)	(144.0)
Net cash provided by financing activities	<u>247.2</u>	<u>48.8</u>
Net increase in cash and cash equivalents	<u>67.5</u>	<u>32.8</u>
Cash and Cash Equivalents at Beginning of Year	73.8	41.0
Cash and Cash Equivalents at End of Year	<u>\$ 141.3</u>	<u>\$ 73.8</u>

See Notes to Consolidated Financial Statements



Notes to Consolidated Financial Statements (In Millions)

Note 1. Organization and Summary of Significant Accounting Policies

Organization: Mayo Clinic (Clinic) and its Arizona, Florida, Iowa, Minnesota and Wisconsin affiliates provide comprehensive medical care and education in clinical medicine and medical sciences and conduct extensive programs in medical research. The Clinic and its affiliates also provide hospital and outpatient services, and at each major location, the clinical practice is closely integrated with advanced education and research programs. The Clinic and most of its subsidiaries have been determined to qualify as a tax-exempt organization under Section 501(c)(3) of the Internal Revenue Code (Code) and as a public charity under Section 509(a)(2) of the Code.

Basis of presentation: Included in the Clinic's consolidated financial statements are all of its wholly owned or wholly controlled subsidiaries, which include both tax-exempt and taxable entities. All significant intercompany transactions have been eliminated in consolidation. In addition, these statements follow generally accepted accounting principles applicable to the not-for-profit industry as described in the Financial Accounting Standards Board (FASB) Accounting Standards Codification (ASC) Topic 958.

New accounting pronouncements: In May 2011, the Financial Accounting Standards Board (FASB) issued Accounting Standards Update (ASU) No. 2011-04, *Fair Value Measurement (Topic 820): Amendments to Achieve Common Fair Value Measurement and Disclosure Requirements in U.S. GAAP and IFRSs*, which changes the wording used to describe many of the requirements in U.S. GAAP for measuring fair value and disclosing information about fair value measurements, and clarifies the application of existing fair value measurement requirements. The update is effective during interim and annual periods beginning on or after January 1, 2012, for the Clinic. Adoption of this update will not have a material effect on the Clinic's consolidated financial statements.

In July 2011, the FASB issued ASU No. 2011-06, *Other Expenses (Topic 720): Fees Paid to the Federal Government by Health Insurers*, which requires the liability for the fee be estimated and recorded once the entity provides qualifying health insurance with a corresponding deferred cost that is amortized to expense using a straight-line method of allocation, unless another method is better. The update is effective January 1, 2014, for the Clinic, which is when the fee becomes initially effective. The Clinic is assessing the impact of the implementation of ASU 2011-06 on its consolidated financial statements.

Also in July 2011, the FASB issued ASU No. 2011-07, *Health Care Entities (Topic 954): Presentation and Disclosure of Patient Service Revenue, Provision for Bad Debts, and the Allowance for Doubtful Accounts for Certain Health Care Entities*, which requires certain health care entities to change the presentation of their statement of operations by reclassifying the provision for bad debts associated with patient service revenue from an operating expense to a deduction from patient service revenue (net of contractual allowances and discounts). Additionally, those health care entities are required to provide enhanced disclosures about their policies for recognizing and assessing bad debts, disclosures of patient service revenue, and qualitative and quantitative information about changes in the allowance for doubtful accounts. The update is effective for fiscal years and interim periods beginning on or after January 1, 2012, for the Clinic. The presentation of the provision for bad debts will be applied retrospectively to all prior periods presented, and the disclosure requirements will be provided for the period of adoption and subsequent reporting periods. Adoption of this update will not have a material effect on the Clinic's consolidated financial statements.

Use of estimates: The preparation of financial statements in conformity with generally accepted accounting principles requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities at the date of the financial statements. Estimates also affect the reported amounts of revenue and expenses during the reporting period. Actual results could differ from those estimates.

Notes to Consolidated Financial Statements (In Millions)

Note 1. Organization and Summary of Significant Accounting Policies (Continued)

Cash and cash equivalents: Cash and cash equivalents include currency on hand, demand deposits with banks or other financial institutions, and short-term investments with maturities of three months or less from the date of purchase, which are not managed by the Clinic's investment managers

Accounts receivable for medical services: Accounts receivable for medical services are stated at net realizable value. The Clinic estimates the allowances for uncollectible accounts based on historic write-offs and the aging of the accounts. Accounts are written off when collection efforts have been exhausted.

Inventories: Inventories, consisting primarily of medical supplies and pharmaceuticals, are stated at the lower of cost or market, determined using the first-in, first-out method.

Investments: Investments in equity and debt securities, including alternative investments, are recorded at fair value (Note 3). Realized gains and losses are calculated based on the average cost method. Investment income or loss (including realized and unrealized gains and losses on investments, interest and dividends) are included in the consolidated statements of activities.

The investments in alternative investments may individually expose the Clinic to securities lending, short sales, and trading in futures and forward contract options and other derivative products. The Clinic's risk is limited to the investment's carrying value.

It is the Clinic's intent to maintain a long-term investment portfolio to support research, education and other activities. Accordingly, the total investment return is shown in the consolidated statements of activities in two segments. The investment return allocated to current activities is determined by a formula, which involves allocating 5 percent of a three-year moving average of investment returns related to endowments and additionally entails the matching of financing costs for the assets required for operations. Management believes this return is approximately equal to the real return that the Clinic expects to earn on its investments over the long term. The unallocated investment return, included in noncurrent and other items in the consolidated statements of activities, represents the difference between the total investment return and the amount allocated to current activities.

Property, plant and equipment: Property, plant and equipment are carried at cost less accumulated depreciation. Plant and equipment are depreciated over estimated useful lives ranging from three to 50 years using the straight-line method. Depreciation expense is reflected in facilities expense and was \$401.2 and \$395.4 in 2011 and 2010, respectively, and includes amortization of assets recorded under capital leases.

Costs associated with the development and installation of internal-use software are accounted for in accordance with the Intangibles—Goodwill and Other, Internal Use Software subtopic of the FASB ASC. Accordingly, internal-use software costs are expensed or capitalized according to the provisions of the accounting standard.

Asset retirement obligations: The Clinic accounts for the estimated cost of legal obligations associated with long-lived asset retirements in accordance with the Asset Retirement and Environmental Obligations topic of the FASB ASC. The asset retirement liability, recorded in other long-term liabilities, is accreted to the present value of the estimated future costs of these obligations at the end of each period.

Notes to Consolidated Financial Statements (In Millions)

Note 1. Organization and Summary of Significant Accounting Policies (Continued)

Net assets: Resources are classified for reporting purposes into three net asset categories (unrestricted, temporarily restricted and permanently restricted) according to the absence or existence of donor-imposed restrictions. Temporarily restricted net assets are those assets, including contributions and accumulated investment returns, whose use has been limited by donors to specific purposes or time periods. Permanently restricted net assets are those for which donors require the principal of the gifts to be maintained in perpetuity and provide a permanent source of income.

Net medical service revenue: The Clinic has agreements with third-party payors that provide for payments to the Clinic at amounts different from its established rates. Payment arrangements include prospectively determined rates per discharge, reimbursed costs, discounted charges, and per diem rates. Net medical service revenue is reported at the estimated net amounts due from patients and third-party payors for services rendered.

Grants and contracts: Reciprocal grants and contracts revenue is recognized when the expenses have been incurred for the purpose specified by the grantor or in accordance with the terms of the agreement. Payments received in advance are reported as deferred revenue. Grant and contract amounts due to the Clinic are included in other receivables.

Premium revenue: Premium revenue represents capitated health premiums received by a managed-care subsidiary from third-party payors and is recognized as revenue in the period in which enrollees are entitled to health care services.

Charity and uncompensated care: The Clinic provides health care services to patients who meet certain criteria under its Charity Care Policy without charge or at amounts less than established rates. Since the Clinic does not pursue collection of these amounts, they are not reported as revenue. The estimated cost of providing these services was \$61.9 and \$64.4 in 2011 and 2010, respectively, calculated by multiplying the ratio of cost to gross charges for the Clinic by the gross uncompensated charges associated with providing care to charity patients. In addition to the charges related to the direct patient care provided under the Clinic's Charity Care Policy, the Clinic has programs offered to benefit the broader community and other governmental reimbursement programs. The Clinic also participates in various state Medicaid programs for indigent patients. The estimated cost of providing services related to Medicaid programs totaled \$260.4 and \$215.5 in 2011 and 2010, respectively.

Contributions: The Clinic classifies unrestricted contributions and temporarily restricted contributions that are available for current activities as revenue, based on the lack of specific donor restriction or the presence of donor restrictions and the ability of the Clinic to meet those restrictions within the fiscal year. Permanently restricted contributions and temporarily restricted contributions that are not available for current activities are classified in noncurrent and other items in the consolidated statements of activities. Development expenses of \$41.0 and \$38.2 are allocated between current (\$33.2 and \$32.8) and noncurrent (\$7.8 and \$5.4) activities in 2011 and 2010, respectively. The current portion is recorded in expenses, and the noncurrent portion is netted against unrestricted contributions in the consolidated statements of activities. Unconditional promises to give are reported at fair value at the time of the pledge. An allowance for uncollectible pledges receivable is estimated based on a combination of historical experience and specific identification. Conditional promises to give are recognized at fair value when the conditions on which they depend are substantially met or the probability that the condition will not be met is remote.

The Clinic does not imply a time restriction that expires over the useful life for gifts of long-lived assets.



Notes to Consolidated Financial Statements (In Millions)

Note 1. Organization and Summary of Significant Accounting Policies (Continued)

The Clinic periodically receives works of art from various benefactors. These items are unique in nature and are held on display for the benefit and enjoyment of the Clinic's patients. It is the Clinic's policy to neither capitalize contributed works of art nor record the related contribution revenue.

Income from current activities: The Clinic's policy is to include in income from current activities all net medical service and other revenue, grants and contracts, investment return allocated to current activities, contributions available for current activities, premium revenue, net assets released from restrictions, and substantially all expenses. Contributions not available for current activities, unallocated investment return, and those items not expected to recur on a regular basis are included in noncurrent and other items in the consolidated statements of activities.

Subsequent events: The Clinic evaluated events and transactions occurring subsequent to December 31, 2011, through February 16, 2012, the date of issuance of the consolidated financial statements. During this period, there were no subsequent events requiring recognition in the consolidated financial statements. Additionally, there were no nonrecognized subsequent events requiring disclosure, except for an affiliation detailed in Note 17.

Note 2. Net Medical Service Revenue and Contractual Arrangements With Third-Party Vendors

The Clinic provides care to patients under the Medicare program and contractual arrangements with other third-party payors. The Medicare program pays for inpatient and most outpatient services at predetermined rates. Certain hospital services are reimbursed based on allowable costs as reported in cost reports, which are subject to retroactive audit and adjustment. Future changes in the Medicare program and reduction of funding levels could have an adverse effect on the Clinic.

Adjustments arising from reimbursement arrangements with third-party payors are accrued on an estimated basis in the period in which the services are rendered. Estimates for cost report settlements and contractual allowances can differ from actual reimbursement based on the results of subsequent reviews and cost report audits. The impact to net medical service revenue of such items was an increase of \$2.1 and \$2.4 in 2011 and 2010, respectively.

Net medical service revenue under the Medicare program represented approximately 24 percent and 25 percent of total net medical service revenue for 2011 and 2010, respectively. At December 31, 2011 and 2010, approximately 16 percent and 15 percent, respectively, of accounts receivable for medical services was due from the Medicare program.

Notes to Consolidated Financial Statements (In Millions)

Note 3. Fair Value Measurements, Investments and Other Financial Instruments

The Clinic holds certain financial instruments that are required to be measured at fair value on a recurring basis. The valuation techniques used to measure fair value under the Fair Value Measurements and Disclosures topic of the FASB ASC are based upon observable and unobservable inputs. The standard establishes a three-level valuation hierarchy for disclosure of fair value measurements. The valuation hierarchy is based upon the transparency of inputs to the valuation of an asset or liability as of the measurement date. The three levels are defined as follows:

- Level 1 Inputs to the valuation methodology are quoted prices (unadjusted) for identical assets or liabilities in active markets.
- Level 2 Inputs to the valuation methodology include quoted prices for similar assets or liabilities in active markets, and inputs that are observable for the asset or liability, either directly or indirectly, for substantially the same term of the financial instrument.
- Level 3 Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

A financial instrument's categorization within the valuation hierarchy is based upon the lowest level of input that is significant to the fair value measurement.

Notes to Consolidated Financial Statements (In Millions)
Note 3. Fair Value Measurements, Investments and Other Financial Instruments (Continued)

The following tables present the financial instruments carried at fair value as of December 31, 2011 and 2010, by caption on the consolidated statements of financial position by the valuation hierarchy defined above

	December 31, 2011		
	Level 1	Level 2	Total Fair Value
Assets			
Securities lending collateral	\$ 68 3	\$ -	\$ 68 3
Investments			
Cash and cash equivalents	313 4	-	313 4
Fixed-income securities			
U S government	-	18 2	18 2
U S government agencies	-	320 8	320 8
U S corporate	-	248 9	248 9
Foreign	-	-	4 8
Common and preferred stocks			
U S	310 9	-	310 9
Foreign	209 4	-	209 4
Mutual funds			
Fixed-income	288 9	-	288 9
Equities	314 4	-	314 4
Alternative investments			
Absolute return and hedge funds	-	-	1,303 0
Private equity, real estate and natural resources funds	-	-	895 2
Other investments	9 5	-	9 5
Less securities under lending agreement	(66 4)	-	(66 4)
Total investments	1,380 1	587 9	4,171 0
Investments under securities lending agreement	66 4	-	66 4
Other long-term assets			
Trust receivables	64 6	29 1	153 6
Technology-based ventures	-	-	4 8
Total other long-term assets	64 6	29 1	158 4
Total assets at fair value	\$ 1,579 4	\$ 617 0	\$ 2,267 7
Liabilities			
Securities lending collateral	\$ 68 3	\$ -	\$ 68 3
Total liabilities at fair value	\$ 68 3	\$ -	\$ 68 3



Notes to Consolidated Financial Statements (In Millions)

Note 3. Fair Value Measurements, Investments and Other Financial Instruments (Continued)

	December 31, 2010		
	Level 1	Level 2	Total Fair Value
Assets			
Securities lending collateral	\$ 64.5	\$ -	\$ 64.5
Investments			
Cash and cash equivalents	192.1	-	192.1
Fixed-income securities			
U.S. government	-	15.5	15.5
U.S. government agencies	-	423.9	423.9
U.S. corporate	-	321.0	321.0
Foreign	-	-	1.5
Common and preferred stocks			
U.S.	262.2	-	262.2
Foreign	232.4	-	232.4
Mutual funds			
Fixed-income	236.9	-	236.9
Equities	316.4	-	316.4
Alternative investments			
Absolute return and hedge funds	-	-	1,189.9
Private equity, real estate and natural resources funds	-	-	767.8
Other investments	3.4	-	3.4
Less securities under lending agreement	(63.9)	-	(63.9)
Total investments	1,179.5	760.4	3,899.1
Investments under securities lending agreement	63.9	-	63.9
Other long-term assets			
Trust receivables	66.8	23.3	148.1
Technology-based ventures	-	-	6.5
Total other long-term assets	66.8	23.3	154.6
Total assets at fair value	\$ 1,374.7	\$ 783.7	\$ 2,023.7
Liabilities			
Securities lending collateral	\$ 64.5	\$ -	\$ 64.5
Total liabilities at fair value	\$ 64.5	\$ -	\$ 64.5

Notes to Consolidated Financial Statements (In Millions)

Note 3. Fair Value Measurements, Investments and Other Financial Instruments (Continued)

Following is a description of the Clinic's valuation methodologies for assets and liabilities measured at fair value. Fair value for Level 1 is based upon quoted market prices. Fair value for Level 2 is based on quoted prices for similar instruments in active markets, quoted prices for identical or similar instruments in markets that are not active, and model-based valuation techniques for which all significant assumptions are observable in the market or can be corroborated by observable market data for substantially the full term of the assets. Inputs are obtained from various sources, including market participants, dealers and brokers. Level 3, which primarily consists of alternative investments (principally limited partnership interests in absolute return, hedge, private equity, real estate and natural resources funds), represents the Clinic's ownership interest in the net asset value (NAV) of the respective partnership obtained from fund manager statements and audited financial statements. Investments held by the partnerships consist of marketable securities as well as securities that do not have readily determinable fair values. The fair values of the securities held by limited partnerships that do not have readily determinable fair values are determined by the general partner and are based on historical cost, appraisals or other estimates that require varying degrees of judgment. If no public market exists for the investment securities, the fair value is determined by the general partner, taking into consideration, among other things, the cost of the securities, prices of recent significant placements of securities of the same issuer, and subsequent developments concerning the companies to which the securities relate. Alternative investments are redeemable with the investee fund at NAV under the original terms of the subscription agreement. Due to the nature of these investments, changes in market conditions and the overall economic environment may significantly impact the NAV of the funds and, therefore, the value of the Clinic's interest. It is therefore reasonably possible that, if the Clinic were to sell all or a portion of its alternative investments, the transaction value could be significantly different than the fair value reported as of December 31.

The trusts are recorded at fair value based on the underlying value of the assets in the trust or discounted cash flow of the expected payment streams. The trusts reported as Level 3 are primarily perpetual trusts managed by third parties invested in stocks, mutual funds, and fixed-income securities that are traded in active markets with observable inputs, which would result in Level 1 and 2 hierarchical reporting. However, since the Clinic will never receive the trust assets, these perpetual trusts are reported as Level 3.

The methods described above may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, while the Clinic believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different estimate of fair value at the reporting date.

Notes to Consolidated Financial Statements (In Millions)
Note 3. Fair Value Measurements, Investments and Other Financial Instruments (Continued)

The following tables are a rollforward of the consolidated statement of financial position amounts for financial instruments classified by the Clinic within Level 3 of the valuation hierarchy defined above

	Absolute Return Investments	Private Equity Investments	Other	Total
Fair value January 1, 2011	\$ 1,189.9	\$ 767.8	\$ 66.0	\$ 2,023.7
Realized and unrealized gains	25.0	113.2	3.5	141.7
Purchases	159.1	168.2	-	327.3
Issuances and settlements	(71.0)	(154.0)	-	(225.0)
Fair value December 31, 2011	<u>\$ 1,303.0</u>	<u>\$ 895.2</u>	<u>\$ 69.5</u>	<u>\$ 2,267.7</u>

Amount of unrealized gains (losses)
related to financial instruments held
at December 31, 2011, and included
in statement of activities

<u>\$ 2.8</u>	<u>\$ 96.8</u>	<u>\$ (1.1)</u>	<u>\$ 98.5</u>
---------------	----------------	-----------------	----------------

	Absolute Return Investments	Private Equity Investments	Other	Total
Fair value January 1, 2010	\$ 918.4	\$ 604.7	\$ 65.3	\$ 1,588.4
Realized and unrealized gains	143.2	90.7	0.7	234.6
Purchases	201.5	116.1	-	317.6
Issuances and settlements	(73.2)	(43.7)	-	(116.9)
Fair value December 31, 2010	<u>\$ 1,189.9</u>	<u>\$ 767.8</u>	<u>\$ 66.0</u>	<u>\$ 2,023.7</u>

Amount of unrealized gains related
to financial instruments held at
December 31, 2010, and included
in statement of activities

<u>\$ 134.4</u>	<u>\$ 61.6</u>	<u>\$ 0.1</u>	<u>\$ 196.1</u>
-----------------	----------------	---------------	-----------------

The following information pertains to those alternative investments recorded at net asset value in accordance with the Fair Value Measurements and Disclosures topic of the FASB ASC

At December 31, 2011, alternative investments recorded at net asset value consisted of the following

	Fair Value	Unfunded Commitment	Redemption Frequency (If Currently Eligible)	Redemption Notice Period
Absolute return/hedge funds (a)	\$ 1,303.0	\$ -	Monthly to annually	30–90 days
Private partnerships (b)	<u>895.2</u>	<u>546.5</u>		
	<u>\$ 2,198.2</u>	<u>\$ 546.5</u>		

Notes to Consolidated Financial Statements (In Millions)

Note 3. Fair Value Measurements, Investments and Other Financial Instruments (Continued)

At December 31, 2010, alternative investments recorded at net asset value consisted of the following

	Fair Value	Unfunded Commitment	Redemption Frequency (If Currently Eligible)	Redemption Notice Period
Absolute return/hedge funds (a)	\$ 1,189.9	\$ -	Monthly to annually	30–90 days
Private partnerships (b)	767.8	467.4		
	<u>\$ 1,957.7</u>	<u>\$ 467.4</u>		

- (a) This category includes investments in absolute return/hedge funds, which are actively managed, commingled investment vehicles that derive the majority of their returns from factors other than the directional flow of the markets in which they invest. Representative strategies include high-yield credit, distressed debt, merger arbitrage, relative value, and long-short equity strategies. The fair values of the investments in this category have been estimated using the net asset value per share of the investments. Investments in this category generally carry “lock-up” restrictions that do not allow investors to seek redemption in the first year after acquisition. Following the initial lock-up period, liquidity is generally available monthly, quarterly or annually following a redemption request. Over 90 percent of the investments in this category have at least annual liquidity.
- (b) This category includes limited partnership interests in closed-end funds that focus on venture capital, private equity, real estate and resource-related strategies. The fair values of the investments in this category have been estimated using the net asset value of the Clinic’s ownership interest in partners’ capital. Distributions from each fund will be received as the underlying investments of the funds are liquidated. It is estimated that the underlying assets of most funds will generally be liquidated over a seven- to 10-year period.

From time to time, the Clinic invests directly in certain derivative contracts that do not qualify for hedge accounting and are recorded at fair value in investments. Changes in fair value are reported as a component of net unrealized gains in the investment return. These contracts are used in the Clinic’s investment management program to minimize certain investment risks. At December 31, 2011, the Clinic held derivative contracts consisting of options, swaps and foreign exchange with a total fair value of \$5.9. During the year ended December 31, 2011, realized and unrealized gains from derivative contracts totaled \$23.3. At December 31, 2010, the Clinic did not hold any significant derivative contracts.

The carrying values of cash, cash equivalents, short-term investments, accounts receivable, accounts payable and accrued expenses are reasonable estimates of their fair values due to the short-term nature of these financial instruments. The estimated fair value of long-term debt (Note 7), based on quoted market prices for the same or similar issues, was approximately \$0.1 more than its carrying value at December 31, 2011, and \$2.2 less than its carrying value at December 31, 2010.

The Clinic uses various external investment managers to diversify the investments in alternative assets. The largest allocation to any alternative investment strategy manager as of December 31, 2011 and 2010, is \$210.8 (9.6 percent) and \$192.6 (9.8 percent), respectively.



Notes to Consolidated Financial Statements (In Millions)

Note 3. Fair Value Measurements, Investments and Other Financial Instruments (Continued)

The Clinic is required to maintain funds held by trustees under bond indentures, offshore captive investment, and other arrangements. The trustee-held investments, which primarily consist of mutual funds, were \$353.7 and \$323.6, respectively, at December 31, 2011 and 2010, which includes segregated investments for deferred compensation plans of \$231.5 and \$225.1 at December 31, 2011 and 2010, respectively.

At December 31, 2011 and 2010, cash and mutual funds included segregated investments owned by Mayo Foundation for Medical Education and Research, a wholly owned subsidiary of Mayo Clinic, for gift annuity reserves of \$83.8 and \$90.6, respectively.

The Clinic has designated investment balances of \$919.4 and \$871.5 at December 31, 2011 and 2010, respectively, for research, education, and capital replacement and expansion.

Investment return (loss) consisted of the following for the years ended December 31:

	2011	2010
Dividends and interest	\$ 87.5	\$ 81.1
Net realized gains	86.5	55.0
Net change in unrealized gains and (losses)	(38.4)	261.2
	<u>\$ 135.6</u>	<u>\$ 397.3</u>

Investment return (loss) (Note 1) is reported in the consolidated statements of activities as follows for the years ended December 31:

	2011	2010
Investment return allocated to current activities	\$ 144.6	\$ 122.8
Unallocated investment return (losses), net	(9.0)	274.5
	<u>\$ 135.6</u>	<u>\$ 397.3</u>

Note 4. Securities Lending

The Clinic has an arrangement with its investment custodian to lend Clinic securities to approved brokers in exchange for a fee. Among other provisions that limit the Clinic's risk, the securities lending agreement specifies that the custodian is responsible for lending securities and obtaining adequate collateral from the borrower. Collateral is limited to cash, government securities, and irrevocable letters of credit. The collateral provided by brokers is maintained at levels approximating 102 percent of the market value of securities on loan (including accrued interest) for U.S. issuers and 105 percent for the non-U.S. issuers and is adjusted for daily market fluctuations. At December 31, 2011 and 2010, investment securities with an aggregate market value of \$66.4 and \$63.9, respectively, were loaned to various brokers and are returnable on demand. In exchange, the Clinic received cash collateral of \$68.3 and \$64.5, respectively. In accordance with the Transfers and Servicing, Secured Borrowing and Collateral subtopic of the FASB ASC, the cash collateral is shown as both an asset and a liability on the consolidated statements of financial position.



Notes to Consolidated Financial Statements (In Millions)

Note 5. Property, Plant and Equipment, Net

Property, plant and equipment, net at December 31 consisted of the following

	2011	2010
Land	\$ 200 5	\$ 194 4
Buildings and improvements	4,213 9	4,092 4
Furniture and equipment	2,631 3	2,487 9
	<u>7,045 7</u>	<u>6,774 7</u>
Accumulated depreciation	(3,660 0)	(3,362 5)
	<u>3,385 7</u>	<u>3,412 2</u>
Construction in progress	113 3	77 4
	<u>\$ 3,499 0</u>	<u>\$ 3,489 6</u>

The above costs and accumulated depreciation include costs for capitalized software, including costs capitalized in accordance with the Intangibles—Goodwill and Other, Internal Use Software subtopic of the FASB ASC. The total cost for capitalized software was \$481.7 and \$419.9, and the total accumulated amortization was \$317.0 and \$270.1 at December 31, 2011 and 2010, respectively. Amortization expense for capitalized software was \$51.9 and \$47.3 for 2011 and 2010, respectively.

Note 6. Income Taxes

Most of the income received by the Clinic and its subsidiaries is exempt from taxation under Section 501(a) of the Internal Revenue Code. Some of its subsidiaries are taxable entities, and some of the income received by otherwise exempt entities is subject to taxation as unrelated business income (UBI). The Clinic or its subsidiaries file income tax returns in the U.S. federal, various state, and foreign jurisdictions. The statutes of limitations for tax years 2008 through 2010 remain open in the major U.S. taxing jurisdictions in which the Clinic and subsidiaries are subject to taxation. In addition, for all tax years prior to 2008 generating or utilizing a net operating loss (NOL), tax authorities can adjust the amount of NOL carryforward to subsequent years.

The Internal Revenue Service (IRS) performed an examination of the tax and information returns of the Clinic and two subsidiaries for 2005 and 2006. As a result of the audit by the IRS, one remaining entity has extended the statutes of limitations for tax years 2005 through 2008 until December 31, 2012. As of December 31, 2011, one audit remains open, and the IRS has proposed one adjustment that management has taken into consideration during its determination of unrecognized tax benefits, since the proposed issue has not been settled. At December 31, 2011 and 2010, the reserve for unrecognized tax benefits was not significant.

Notes to Consolidated Financial Statements (In Millions)

Note 6. Income Taxes (Continued)

The Clinic's practice is to recognize interest and penalties related to income tax matters in income tax expense. The components of tax expense are as follows for the years ended December 31:

	2011	2010
Current—federal	\$ 7 0	\$ (11 2)
Current—state	5 1	6 1
	<u>12 1</u>	<u>(5 1)</u>
Deferred—federal	12 4	24 7
Deferred—state	0 7	0 4
Change in valuation allowance	(2 3)	2 3
	<u>10 8</u>	<u>27 4</u>
Total	<u>\$ 22 9</u>	<u>\$ 22 3</u>

The Clinic records deferred income taxes due to temporary differences between financial reporting and tax reporting for certain assets and liabilities of its taxable activities. Following is a summary of the components of deferred taxes as of December 31:

	2011	2010
Bad-debt reserve	\$ 0 3	\$ 1 7
Postretirement benefits	7 3	6 1
Deferred compensation	16 5	17 0
Net operating loss carryforwards	0 4	12 8
Alternative minimum tax credit	4 6	3 9
Pension	12 4	7 5
Paid time off	1 3	1 3
Other	3 1	2 5
Total deferred tax asset	<u>45 9</u>	<u>52 8</u>
Valuation allowance	-	(2 3)
Net deferred tax asset	<u>\$ 45 9</u>	<u>\$ 50 5</u>
Current	\$ 2 7	\$ 13 2
Noncurrent	43 2	37 3
	<u>\$ 45 9</u>	<u>\$ 50 5</u>



Notes to Consolidated Financial Statements (In Millions)

Note 7. Financing

Long-term debt at December 31 consisted of the following

	2011	2010
City of Rochester, Minnesota Revenue Bonds issued in various series, subject to variable interest rates to a maximum rate of 15.00% (the average rate was 0.17% in 2011 and 0.29% in 2010), principal due in varying amounts from 2019 through 2038	\$ 690.0	\$ 980.0
City of Rochester, Minnesota Revenue Bonds issued in various series with fixed rates of interest ranging from 4.00% to 5.00%, principal due in varying amounts from 2028 through 2038	490.0	205.0
Industrial Development Authority of the County of Maricopa Hospital Revenue Bonds issued in various series, interest rate at 5.00%, principal due in varying amounts from 2031 through 2036	50.0	165.0
Jacksonville Economic Development Commission Health Care Facilities Revenue Bonds issued in various series, interest rate at 5.00%, principal due in varying amounts from 2031 to 2036	125.0	225.0
Wisconsin Health and Educational Facilities Authority Revenue Bonds, Series 2008, issued in various series, with fixed interest rates ranging from 4.00% to 5.50%, principal due in varying amounts through 2030	87.1	90.0
Fixed-rate notes, payable to banks, interest rate at 2.01%, principal due in varying amounts through 2016	225.0	-
Fixed-rate notes, payable to an insurance company, interest rate at 4.71%, principal due in equal amounts from 2042 through 2046	215.0	-
Other notes payable	26.7	25.8
Unamortized discounts and premiums, net	13.4	4.6
	<u>1,922.2</u>	<u>1,695.4</u>
Long-term variable-rate debt classified as current	(240.0)	(330.0)
Current maturities included in other current liabilities	(50.3)	(5.0)
	<u>\$ 1,631.9</u>	<u>\$ 1,360.4</u>

The Clinic's outstanding revenue bond issues are limited obligations of various issuing authorities payable solely by the Clinic pursuant to loan agreements between the borrowing entities and the issuing authorities. Under various financing agreements, the Clinic must meet certain operating and financial performance covenants.



Notes to Consolidated Financial Statements (In Millions)

Note 7. Financing (Continued)

At December 31, 2011, the \$690.0 of City of Rochester, Minnesota, variable-rate bonds consist of variable-rate demand revenue bonds. In conjunction with the issuance of the variable-rate demand revenue bonds, the Clinic has entered into various bank standby purchase and credit agreements in the amount of \$450.0 that expire at various dates commencing January 2013. Under the terms of these agreements, the bank will make liquidity loans to the Clinic in the amount necessary to purchase a portion of the variable-rate demand revenue bonds if not remarketed. The liquidity loans would be payable over a three- to five-year period, with the first payment due after December 31, 2012. The Clinic has provided self-liquidity for the remaining \$240.0 variable-rate demand revenue bonds, which have been classified as current in the accompanying consolidated statements of financial position.

In May 2011, the City of Rochester, Minnesota, on behalf of the Clinic, issued fixed-rate bonds in the aggregate principal amount of \$285.0. These bonds were issued to extinguish the variable-rate City of Rochester, Minnesota Bonds, Series 1992 and Series 2001. The loss on extinguishment of the bonds was not significant.

In November 2011, the Clinic obtained \$225.0 in various bank financing for general corporate purposes.

In December 2011, the Clinic obtained \$215.0 in fixed-rate notes from an insurance company. The proceeds from these notes were used to extinguish the 1998 Industrial Development Authority of the County of Maricopa Hospital Revenue Bonds and the 2001 Jacksonville Economic Development Commission Health Care Facilities Revenue Bonds. The loss on extinguishment of the bonds was not significant.

All fixed-rate interest revenue bonds are callable from 2012 to 2020 at the option of the Clinic, at redemption prices ranging from 100 percent to 101 percent of the principal amount.

The following are scheduled maturities of long-term debt for each of the next five years, assuming the variable-rate demand revenue bonds are remarketed, and the standby purchase agreements are renewed. As described above, if such bonds are not remarketed, \$240.0 may be due in 2012 and \$450.0 may be due in years from 2013 to 2016.

Years Ending December 31,

2012	\$	50.3
2013		50.8
2014		50.4
2015		49.3
2016		49.5

Interest payments on long-term debt, net of amounts capitalized for 2011 and 2010, totaled \$43.8 and \$35.3, respectively. The amount of interest capitalized, net of related interest income, was \$1.3 and \$2.1 during 2011 and 2010, respectively. Interest expense totaled \$43.8 and \$36.0 for 2011 and 2010, respectively.

At December 31, 2011 and 2010, the Clinic had unsecured lines of credit available with banks totaling \$325.0, with varying renewal terms and interest up to 0.25 percent over various published rates. There were no amounts drawn at December 31, 2011 and 2010.



Notes to Consolidated Financial Statements (In Millions)

Note 8. Lease Commitments

Certain leases are classified as capital leases. The leased assets are included as part of property, plant and equipment (Note 5), and the capital lease obligations of \$31.1 and \$28.6 as of December 31, 2011 and 2010, respectively, are recorded in other current and long-term liabilities. Other leases are classified as operating and are not capitalized. The payments on such leases are recorded as expense.

Details of the capitalized lease assets are as follows at December 31:

	2011	2010
Buildings and equipment	\$ 33.3	\$ 33.1
Furniture and equipment	3.6	5.2
	<u>36.9</u>	<u>38.3</u>
Accumulated amortization	(7.2)	(7.9)
	<u>\$ 29.7</u>	<u>\$ 30.4</u>

Rental expense incurred for operating leases was \$33.1 and \$26.2 for the years ended December 31, 2011 and 2010, respectively.

At December 31, 2011, the estimated future minimum lease payments under noncancellable operating leases and capital leases were as follows:

<u>Years Ending December 31,</u>	Operating	Capital
2012	\$ 29.9	\$ 2.9
2013	21.6	2.3
2014	14.6	2.3
2015	12.6	2.2
2016	9.3	1.6
Thereafter	40.7	26.8
Minimum lease payments	<u>\$ 128.7</u>	<u>38.1</u>
Less amount representing interest		(7.0)
Net minimum lease payments under capital leases		<u>\$ 31.1</u>



Notes to Consolidated Financial Statements (In Millions)

Note 9. Contributions and Restricted Expenditures

The Clinic receives unrestricted, temporarily restricted, and permanently restricted contributions in support of research, education and clinical activities

Temporarily restricted net assets were available for the following purposes or periods at December 31

	2011	2010
Research	\$ 326 0	\$ 298 9
Education	191 1	194 9
Buildings and equipment	24 4	29 5
Charity care	32 6	33 2
Clinical	60 8	53 6
Other	26 4	33 0
Pledges and trusts	202 6	207 7
	<u>\$ 863 9</u>	<u>\$ 850 8</u>

Permanently restricted net assets at December 31 are summarized below, the income from which is expendable to support the following purposes

	2011	2010
Research	\$ 445 6	\$ 400 1
Education	131 6	121 9
Charity care	8 7	8 9
Clinical	41 0	35 1
Other	31 8	27 0
Pledges and trusts	132 0	144 2
	<u>\$ 790 7</u>	<u>\$ 737 2</u>

Net assets were released from donor restrictions as expenditures were made, net of transfer from unrestricted net assets for deficiencies in donor-restricted endowment funds (Note 10), which satisfied the following restricted purposes for the years ended December 31

	2011	2010
Research	\$ 81 3	\$ 80 9
Education	22 7	25 9
Buildings and equipment	13 5	9 1
Other	31 0	35 9
	<u>\$ 148 5</u>	<u>\$ 151 8</u>

Notes to Consolidated Financial Statements (In Millions)

Note 9. Contributions and Restricted Expenditures (Continued)

At December 31, outstanding pledges from various corporations, foundations and individuals, included in other receivables and other long-term assets, were as follows

	2011	2010
Pledges due		
In less than one year	\$ 126.9	\$ 113.2
In one to five years	115.6	126.3
In more than five years	7.6	31.4
	<u>250.1</u>	<u>270.9</u>
Allowance for uncollectible pledges and discounts	(47.4)	(52.0)
	<u>\$ 202.7</u>	<u>\$ 218.9</u>

Estimated cash flows from pledge receivables due after one year are discounted using a risk-adjusted rate, ranging from 1.48 percent to 5.11 percent, that is commensurate with the pledges' due dates. The Clinic has received interests in various split-interest, perpetual, and charitable remainder trusts from donors, which are included in other long-term assets. The trusts, which are recorded at fair value based on the underlying value of the assets in the trust or discounted cash flow of the expected payment streams, were \$153.6 and \$148.1 at December 31, 2011 and 2010, respectively.

Note 10. Endowment

The Clinic's endowment consists of approximately 1,000 individual funds established for a variety of purposes. The endowment includes both donor-restricted endowment funds and funds designated by the Board of Trustees to function as endowments (board-designated funds). Net assets associated with endowment funds, including funds designated by the Board of Trustees to function as endowments, are classified and reported based on the existence or absence of donor-imposed restrictions. The Board of Trustees retains the right to re-designate board-designated funds.

The Board of Trustees of the Clinic has interpreted the Minnesota State Prudent Management of Institutional Funds Act (SPMIFA) as requiring the preservation of the fair value of the original gift as of the gift date of the donor-restricted endowment funds absent explicit donor stipulations to the contrary. As a result of this interpretation, the Clinic classifies as permanently restricted net assets (a) the original value of gifts donated to the permanent endowment, (b) the original value of subsequent gifts to the permanent endowment, and (c) accumulations to the permanent endowment made in accordance with the direction of the applicable donor gift instrument at the time the accumulation is added to the fund. The remaining portion of the donor-restricted endowment fund that is not classified in permanently restricted net assets is classified as temporarily restricted net assets until those amounts are appropriated for expenditure by the organization in a manner consistent with the standard of prudence prescribed by SPMIFA. In accordance with SPMIFA, the Clinic considers the following factors in making a determination to appropriate or accumulate donor-restricted funds:

1. The duration and preservation of the fund
2. The purposes of the Clinic and the donor-restricted endowment fund
3. General economic conditions
4. The possible effect of inflation and deflation

Notes to Consolidated Financial Statements (In Millions)

Note 10. Endowment (Continued)

- 5 The expected total return from income and the appreciation of investments
- 6 Other resources of the Clinic
- 7 The investment policies of the Clinic

The Clinic has adopted investment and spending policies for endowment assets that attempt to provide a predictable stream of funding to programs supported by its endowment while seeking to maintain purchasing power of the endowment assets. Endowment assets include those assets of donor-restricted funds that the Clinic must hold in perpetuity or for a donor-specified period(s) as well as board-designated funds. Under this policy, as approved by the Board of Trustees, the endowment assets are invested in a manner that is intended to produce a real return, net of inflation and investment management costs, of at least 5 percent over the long term. Actual returns in any given year may vary from this amount.

To satisfy its long-term rate-of-return objectives, the Clinic relies on a total return strategy in which investment returns are achieved through both capital appreciation (realized and unrealized) and current yield (interest and dividends). The Clinic targets a diversified asset allocation that places a greater emphasis on equity-based and alternative investments to achieve its long-term objective within prudent risk constraints.

The Clinic has a policy of appropriating for distribution each year 5 percent of its endowment fund's moving average fair value over the prior 36 months as of September 30 of the preceding fiscal year in which the distribution is planned. In establishing this policy, the Clinic considered the long-term expected return on its endowment. Accordingly, over the long term, the Clinic expects the current spending policy to allow its endowment to grow at an average of the long-term rate of inflation. This is consistent with the Clinic's objective to maintain the purchasing power of the endowment assets held in perpetuity or for a specific term as well as to provide additional real growth through new gifts and investment return.

At December 31, 2011, the endowment net asset composition by type of fund consisted of the following:

	Unrestricted	Temporarily Restricted	Permanently Restricted	Total
Donor-restricted funds	\$ (0.4)	\$ 392.8	\$ 790.7	\$ 1,183.1
Board-designated funds	833.1	-	-	833.1
Total funds	<u>\$ 832.7</u>	<u>\$ 392.8</u>	<u>\$ 790.7</u>	<u>\$ 2,016.2</u>

Notes to Consolidated Financial Statements (In Millions)

Note 10. Endowment (Continued)

Changes in endowment net assets for the fiscal year ended December 31, 2011, consisted of the following

	Unrestricted	Temporarily Restricted	Permanently Restricted	Total
Endowment net assets, beginning of year	\$ 823.3	\$ 400.6	\$ 737.2	\$ 1,961.1
Investment return				
Investment income	15.5	19.0	-	34.5
Net appreciation (realized and unrealized)	10.6	13.1	-	23.7
Total investment return	26.1	32.1	-	58.2
Contributions	-	-	53.5	53.5
Appropriation of endowment assets for expenditure	(41.9)	(39.9)	-	(81.8)
Other changes				
Transfers to create board-designated endowment funds	25.2	-	-	25.2
Endowment net assets, end of year	\$ 832.7	\$ 392.8	\$ 790.7	\$ 2,016.2

At December 31, 2010, the endowment net asset composition by type of fund consisted of the following

	Unrestricted	Temporarily Restricted	Permanently Restricted	Total
Donor-restricted funds	\$ (1.1)	\$ 400.6	\$ 737.2	\$ 1,136.7
Board-designated funds	824.4	-	-	824.4
Total funds	\$ 823.3	\$ 400.6	\$ 737.2	\$ 1,961.1



Notes to Consolidated Financial Statements (In Millions)

Note 10. Endowment (Continued)

Changes in endowment net assets for the fiscal year ended December 31, 2010, consisted of the following

	Unrestricted	Temporarily Restricted	Permanently Restricted	Total
Endowment net assets, beginning of year	\$ 713.2	\$ 349.7	\$ 692.6	\$ 1,755.5
Investment return				
Investment income	15.7	17.3	-	33.0
Net appreciation (realized and unrealized)	70.0	67.8	-	137.8
Total investment return	85.7	85.1	-	170.8
Contributions	-	-	44.6	44.6
Appropriation of endowment assets for expenditure	(32.5)	(34.2)	-	(66.7)
Other changes				
Transfers to create board-designated endowment funds	56.9	-	-	56.9
Endowment net assets, end of year	\$ 823.3	\$ 400.6	\$ 737.2	\$ 1,961.1

From time to time, the fair value of assets associated with individual donor-restricted endowment funds may fall below the level that the donor or SPMIFA requires the Clinic to retain as a fund of perpetual duration. Deficiencies of this nature, which are reported in unrestricted net assets, were \$0.4 and \$1.1 as of December 31, 2011 and 2010, respectively. These deficiencies resulted from unfavorable market fluctuations that occurred shortly after the investment of new permanently restricted contributions and continued appropriation for certain programs that was deemed prudent by the Board of Trustees.

Note 11. Functional Expenses

The expenses reported in the consolidated statements of activities were incurred for the following for the years ended December 31

	2011	2010
Patient care	\$ 6,178.0	\$ 5,811.2
Lab and technology ventures	619.9	605.3
Research	595.6	554.6
Graduate and other education	242.9	235.5
General and administrative	88.9	77.2
Development expenses	33.2	32.8
Other activities	107.0	110.1
	<u>\$ 7,865.5</u>	<u>\$ 7,426.7</u>



Notes to Consolidated Financial Statements (In Millions)

Note 12. Employee Benefit Programs

The Clinic serves as plan sponsor for several defined benefit pension funds and other postretirement benefits

Included in other changes in unrestricted net assets at December 31, 2011 and 2010, are the following amounts, respectively, that have not yet been recognized in net periodic cost: unrecognized actuarial losses of \$2,227.1 and \$1,572.1 and unrecognized prior service benefit of \$747.6 and \$833.4. Actuarial losses are amortized as a component of net periodic pension cost, only if the losses exceed 10 percent of the greater of the projected benefit obligation or the fair value of plan assets. Unrecognized prior service benefits are amortized on a straight-line basis over the estimated life of plan participants. The unrecognized actuarial losses and prior service benefit included in net assets are expected to be recognized in net periodic pension cost during the year ending December 31, 2012, in the amount of \$100.6 and \$82.8, respectively.

Changes in plan assets and benefit obligations recognized in unrestricted net assets during 2011 and 2010 included the following:

	2011	2010
Current-year actuarial gain (loss)	\$ (754.5)	\$ 118.4
Amortization of actuarial loss (gain)	105.3	(58.0)
Current-year prior service cost	-	(413.1)
Amortization of prior service cost (credit)	(85.7)	102.7
Pension and other postretirement benefit adjustments	<u>\$ (734.9)</u>	<u>\$ (250.0)</u>

Change in plan assumptions: At December 31, 2010, the Clinic switched from using the Citigroup Above Median Pension Discount Curve to using a discount rate modeling process, which involves selecting a portfolio of bonds that could settle the benefit obligation of the pension and other postretirement benefit plans. The change in estimating the discount rate provides a better method of matching bonds to the anticipated cash flows needed to settle a plan's estimated future benefit payments. The change resulted in a decrease of the pension benefit obligation by approximately \$130.0 and the other postretirement benefit obligation by approximately \$30.0 at December 31, 2010. Net assets increased by an equal amount, and there was no impact to the income from current activities.

Pension plans:

Settlement: During the quarter ended September 30, 2010, the Clinic's lump-sum benefit payments to participants of the Supplemental Retirement Plan, a nonqualified plan, exceeded the sum of the service and interest costs, which resulted in the recognition of a \$6.5 loss accounted for in accordance with the Compensation—Retirement Benefits topic of FASB ASC. In addition, this was a significant event that required a remeasurement of the benefit obligation as of September 30, 2010, in accordance with the Compensation—Retirement Benefits topic of FASB ASC. This resulted in a \$33.2 increase in the benefit obligation reflected as a component of the pension and other postretirement benefit adjustments in the consolidated statements of activities.

Notes to Consolidated Financial Statements (In Millions)

Note 12. Employee Benefit Programs (Continued)

Plan terminations: The Clinic announced in November 2010 its intent to terminate its nonqualified pension plans and distribute the plans' assets. Since the termination triggered a constructive receipt for tax purposes to the participants, the Clinic paid the income tax due on future asset distribution of \$190.3 directly to the IRS in November 2010 and added the total distribution to participants' 2010 W-2. The balance, net of taxes, was paid to participants in November 2011, in compliance with IRC 409A. As a result of the termination, the Clinic recognized a \$16.2 curtailment loss in 2010, in accordance with the Compensation—Retirement Benefits topic of FASB ASC, due to the acceleration of payments, elimination of the substantial risk of forfeiture, and the liberalization of the early retirement definition resulting in a plan amendment. In addition, the Clinic recognized a \$50.0 settlement loss in 2010, from lump sums paid in the fourth quarter and the tax portion of the liquidation payment.

Obligations and funded status: Following is a summary of the changes in the benefit obligation and plan assets, the resulting funded status of the qualified and nonqualified pension plans, and accumulated benefit obligation as of and for the years ended December 31.

	2011		2010	
	Qualified	Nonqualified	Qualified	Nonqualified
Change in projected benefit obligation				
Benefit obligation, beginning of year	\$ 4,575.9	\$ 243.1	\$ 4,068.4	\$ 393.8
Service cost	185.8	-	171.0	(3.0)
Interest cost	262.0	0.6	240.9	22.0
Actuarial loss (gain)	485.5	(1.2)	266.2	45.0
Plan change	0.1	-	-	25.2
Benefits paid	(219.8)	(239.9)	(170.6)	(239.9)
Estimated benefit obligation at end of year	<u>\$ 5,289.5</u>	<u>\$ 2.6</u>	<u>\$ 4,575.9</u>	<u>\$ 243.1</u>
Change in plan assets				
Fair value of plan assets, beginning of year	\$ 4,363.0	\$ -	\$ 3,794.6	\$ -
Actual return on plan assets	125.6	-	516.3	-
Employer contributions	384.0	239.9	222.7	239.9
Benefits paid	(219.8)	(239.9)	(170.6)	(239.9)
Fair value of plan assets at end of year	<u>\$ 4,652.8</u>	<u>\$ -</u>	<u>\$ 4,363.0</u>	<u>\$ -</u>
Pension Benefits				
	2011		2010	
	Qualified	Nonqualified	Qualified	Nonqualified
Funded status of the plan	\$ (636.7)	\$ (2.6)	\$ (212.9)	\$ (243.1)
Net amount recognized	<u>\$ (636.7)</u>	<u>\$ (2.6)</u>	<u>\$ (212.9)</u>	<u>\$ (243.1)</u>
Accumulated benefit obligation	<u>\$ 4,941.1</u>	<u>\$ 2.6</u>	<u>\$ 4,181.3</u>	<u>\$ 243.1</u>

Notes to Consolidated Financial Statements (In Millions)

Note 12. Employee Benefit Programs (Continued)

Amounts recognized in the consolidated statements of financial position consist of the following at December 31

	2011		2010	
	Qualified	Nonqualified	Qualified	Nonqualified
Current liabilities	\$ -	\$ (0.2)	\$ -	\$ (240.9)
Noncurrent liabilities	(636.7)	(2.4)	(212.9)	(2.2)
Net amount recognized	<u>\$ (636.7)</u>	<u>\$ (2.6)</u>	<u>\$ (212.9)</u>	<u>\$ (243.1)</u>

Components of net periodic benefit cost are as follows for the years ended December 31

	2011		2010	
	Qualified	Nonqualified	Qualified	Nonqualified
Service cost	\$ 185.8	\$ -	\$ 171.0	\$ (3.0)
Interest cost	262.0	0.6	240.9	22.0
Expected return on plan assets	(356.3)	-	(328.1)	-
Amortization of unrecognized				
Prior service benefit	(60.2)	-	(60.2)	(1.3)
Net actuarial loss	64.5	38.6	48.6	4.0
Curtailment	-	-	-	16.2
Settlement	-	22.9	-	56.5
Net periodic benefit cost	<u>\$ 95.8</u>	<u>\$ 62.1</u>	<u>\$ 72.2</u>	<u>\$ 94.4</u>

Plan assets: The largest of the pension funds is the Mayo Clinic Master Retirement Trust Plan, which holds \$4,573.9 of the \$4,652.8 in combined plan assets at December 31, 2011. The investment policies described below apply to the Mayo Clinic Master Retirement Trust Plan (the Plan).

The Plan employs a global, multi-asset approach in managing its retirement plan assets. This approach is designed to maximize risk-adjusted returns over a long-term investment horizon, consistent with the nature of the pension liabilities being funded. The plan asset portfolio's target allocation for total return investment strategies, which include public equities, private equities, absolute return, and real assets, is 77.5 percent. The portfolio's target fixed-income exposure is 22.5 percent. The fixed-income exposure may include the use of long-term interest rate swap contracts structured to increase the portfolio's interest rate sensitivity and thereby provide a hedge of the plan liabilities resulting from falling long-term interest rates. Investments in private equities, real assets, and absolute return strategies are held to improve diversification and thereby enhance long-term, risk-adjusted returns. However, recognizing that these investments are not as liquid as publicly traded stocks and bonds, portfolio investment policies limit overall exposure to these assets. The portfolio's allocation to private equities and real assets is limited to a maximum of 25 percent (with a target allocation of 20 percent), and exposure to absolute return strategies is limited to a maximum of 35 percent (with a target of 27.5 percent). The Clinic reviews performance, asset allocation, and risk management reports for plan asset portfolios on a monthly basis.

Notes to Consolidated Financial Statements (In Millions)

Note 12. Employee Benefit Programs (Continued)

The fair values of the pension plan assets at December 31, 2011, by asset category are as follows

Assets	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)	Total
Cash and cash equivalents	\$ 289 0	\$ 0 3	\$ -	\$ 289 3
Fixed-income securities				
U S government	-	72 5	-	72 5
U S government agencies	-	140 5	-	140 5
U S corporate	-	229 7	1 2	230 9
Foreign	-	22 2	-	22 2
Common and preferred stocks				
U S	419 2	-	-	419 2
Foreign	308 8	-	-	308 8
Mutual funds				
Fixed-income	31 3	123 9	-	155 2
Equities	219 7	-	-	219 7
Alternative investments				
Absolute return and hedge funds	-	-	1,712 8	1,712 8
Private equity, real estate and natural resources funds	-	-	994 8	994 8
Other investments	0 7	7 3	-	8 0
Total investments	<u>\$ 1,268 7</u>	<u>\$ 596 4</u>	<u>\$ 2,708 8</u>	<u>\$ 4,573 9</u>

Notes to Consolidated Financial Statements (In Millions)
Note 12. Employee Benefit Programs (Continued)

The fair values of the pension plan assets at December 31, 2010, by asset category are as follows

Assets	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)	Total
Cash and cash equivalents	\$ 91.4	\$ 6.6	\$ -	\$ 98.0
Fixed-income securities				
U S government	-	118.7	-	118.7
U S government agencies	-	135.4	0.6	136.0
U S corporate	-	226.7	2.6	229.3
Foreign	-	12.0	-	12.0
Common and preferred stocks				
U S	406.6	1.2	-	407.8
Foreign	355.5	-	-	355.5
Mutual funds				
Fixed-income	205.9	-	-	205.9
Equities	251.6	-	-	251.6
Alternative investments				
Absolute return and hedge funds	-	-	1,596.9	1,596.9
Private equity, real estate and natural resources funds	-	-	873.1	873.1
Other investments	(0.3)	-	-	(0.3)
Total investments	<u>\$ 1,310.7</u>	<u>\$ 500.6</u>	<u>\$ 2,473.2</u>	<u>\$ 4,284.5</u>

The following tables are a rollforward of the pension plan assets classified by the Plan within Level 3 of the valuation hierarchy

	Absolute Return Investments	Private Equity Investments	Other	Total
Fair value January 1, 2011	\$ 1,596.9	\$ 873.1	\$ 3.2	\$ 2,473.2
Actual return on plan assets held	0.2	71.2	-	71.4
Actual return on plan assets sold during the year	23.2	41.7	-	64.9
Purchases	140.0	172.9	-	312.9
Issuances and settlements	(47.5)	(164.1)	(2.0)	(213.6)
Fair value December 31, 2011	<u>\$ 1,712.8</u>	<u>\$ 994.8</u>	<u>\$ 1.2</u>	<u>\$ 2,708.8</u>

Notes to Consolidated Financial Statements (In Millions)

Note 12. Employee Benefit Programs (Continued)

	Absolute Return Investments	Private Equity Investments	Other	Total
Fair value January 1, 2010	\$ 1,382.6	\$ 659.6	\$ 7.9	\$ 2,050.1
Actual return on plan assets held	155.4	100.2	-	255.6
Actual return on plan assets sold during the year	10.1	(0.4)	-	9.7
Purchases	109.8	162.8		272.6
Issuances and settlements	(61.0)	(49.1)	(4.7)	(114.8)
Fair value December 31, 2010	<u>\$ 1,596.9</u>	<u>\$ 873.1</u>	<u>\$ 3.2</u>	<u>\$ 2,473.2</u>

Following is a description of the Plan's valuation methodologies for assets and liabilities measured at fair value. Fair value for Level 1 is based upon quoted market prices. Fair value for Level 2 is based on quoted prices for similar instruments in active markets, quoted prices for identical or similar instruments in markets that are not active, and model-based valuation techniques for which all significant assumptions are observable in the market or can be corroborated by observable market data for substantially the full term of the assets. Inputs are obtained from various sources, including market participants, dealers and brokers. Level 3, which primarily consists of alternative investments (principally limited partnership interests in absolute return, hedge, private equity, real estate and natural resources funds), represents the Plan's ownership interest in the net asset value (NAV) of the respective partnership. Investments held by the partnerships consist of marketable securities as well as securities that do not have readily determinable fair values. The fair values of the securities held by limited partnerships that do not have readily determinable fair values are determined by the general partner and are based on historical cost, appraisals or other estimates that require varying degrees of judgment. If no public market exists for the investment securities, the fair value is determined by the general partner, taking into consideration, among other things, the cost of the securities, prices of recent significant placements of securities of the same issuer, and subsequent developments concerning the companies to which the securities relate. Alternative investments are redeemable with the investee fund at NAV under the original terms of the subscription agreement. Due to the nature of these investments, changes in market conditions and the overall economic environment may significantly impact the NAV of the funds and, therefore, the value of the Clinic's interest. It is therefore reasonably possible that, if the Clinic were to sell all or a portion of its alternative investments, the transaction value could be significantly different than the fair value reported as of December 31.

The following information pertains to those alternative investments recorded at net asset value in accordance with the Fair Value Measurements and Disclosures topic of the FASB ASC.

At December 31, 2011, alternative investments recorded at net asset value consisted of the following:

	Fair Value	Unfunded Commitment	Redemption Frequency (If Currently Eligible)	Redemption Notice Period
Absolute return/hedge funds (a)	\$ 1,712.8	\$ -	Monthly to annually	30–90 days
Private partnerships (b)	994.8	604.1		
	<u>\$ 2,707.6</u>	<u>\$ 604.1</u>		

Notes to Consolidated Financial Statements (In Millions)

Note 12. Employee Benefit Programs (Continued)

At December 31, 2010, alternative investments recorded at net asset value consisted of the following

	Fair Value	Unfunded Commitment	Redemption Frequency (If Currently Eligible)	Redemption Notice Period
Absolute return/hedge funds (a)	\$ 1,596.9	\$ -	Monthly to annually	30–90 days
Private partnerships (b)	873.1	556.5		
	<u>\$ 2,470.0</u>	<u>\$ 556.5</u>		

- (a) This category includes investments in absolute return/hedge funds, which are actively managed, commingled investment vehicles that derive the majority of their returns from factors other than the directional flow of the markets in which they invest. Representative strategies include high-yield credit, distressed debt, merger arbitrage, relative value, and long-short equity strategies. The fair values of the investments in this category have been estimated using the net asset value per share of the investments. Investments in this category generally carry “lock-up” restrictions that do not allow investors to seek redemption in the first year after acquisition. Following the initial lock-up period, liquidity is generally available monthly, quarterly or annually following a redemption request. Over 90 percent of the investments in this category have at least annual liquidity.
- (b) This category includes limited partnership interests in closed-end funds that focus on venture capital, private equity, real estate and resource-related strategies. The fair values of the investments in this category have been estimated using the net asset value of the Plan’s ownership interest in partners’ capital. These investments cannot be redeemed with the funds. Distributions from each fund will be received as the underlying investments of the funds are liquidated. It is estimated that the underlying assets of most funds will generally be liquidated over a seven- to 10-year period.

No plan assets are expected to be returned to the employer during 2012.

Other postretirement benefits:

Plan changes: The Clinic announced, in August 2010, changes in the medical premium rates for the Retiree Medical Plan. Effective January 1, 2011, the premiums for participants are uniform regardless of their pension plan distribution election. This was a significant event that required a remeasurement of the benefit obligation as of August 31, 2010, in accordance with the Compensation—Retirement Benefits topic of FASB ASC. The remeasurement resulted in a \$295.2 increase in the benefit obligation reflected in the pension and other postretirement benefit adjustments in the consolidated statements of activities as of August 31, 2010.

Notes to Consolidated Financial Statements (In Millions)

Note 12. Employee Benefit Programs (Continued)

Obligations and funded status: A summary of the changes in the benefit obligation and plan assets and the resulting funded status of the other postretirement plans is as follows as of and for the years ended December 31

	2011	2010
Change in projected benefit obligation		
Benefit obligation at beginning of year	\$ 911 4	\$ 735 6
Service cost	28 3	26 3
Interest cost	53 0	46 3
Plan participants' contributions	8 3	5 8
Medicare subsidy	0 2	2 5
Actuarial loss (gain)	68 6	(68 5)
Plan change	-	199 5
Benefits paid	(41 8)	(36 1)
Estimated benefit obligation at end of year	<u>\$ 1,028 0</u>	<u>\$ 911 4</u>
Change in plan assets		
Fair value of plan assets at beginning of year	\$ -	\$ -
Employer contributions	33 3	27 8
Plan participants' contributions	8 3	5 8
Medicare subsidy	0 2	2 5
Benefits paid	(41 8)	(36 1)
Fair value of plan assets at end of year	<u>\$ -</u>	<u>\$ -</u>
Funded status of the plan	<u>\$ (1,028 0)</u>	<u>\$ (911 4)</u>

Amounts recognized in the consolidated statements of financial position for postretirement benefits consist of the following at December 31

	2011	2010
Current liabilities	\$ (30 4)	\$ (27 2)
Noncurrent liabilities	(997 6)	(884 2)
Net amount recognized	<u>\$ (1,028 0)</u>	<u>\$ (911 4)</u>



Notes to Consolidated Financial Statements (In Millions)

Note 12. Employee Benefit Programs (Continued)

Components of net periodic benefit cost for other postretirement benefits are as follows for the years ended December 31

	2011	2010
Service cost	\$ 28.4	\$ 26.3
Interest cost	52.9	46.3
Amortization of		
Unrecognized prior service benefit	(25.5)	(41.0)
Unrecognized net actuarial loss	2.2	5.5
Net periodic benefit cost for postretirement benefits	<u>\$ 58.0</u>	<u>\$ 37.1</u>

The Clinic has concluded that the prescription drug benefits under its defined benefit postretirement plan are actuarially equivalent to Medicare Part D under the Medicare Modernization Act (the Act) and that the Clinic will receive the subsidy available under the Act

The following reflects the expected future Medicare Part D subsidy receipts

Years Ending December 31,

2012	\$ 3.5
2013	3.9
2014	4.3
2015	4.8
2016	5.4
2017–2021	38.4

A one-percentage-point change in the assumed health care cost trend rate would have the following effects

	One-Percentage-Point Increase	One-Percentage-Point Decrease
Effect on total service and interest cost components in 2011	\$ 15.0	\$ (11.8)
Effect on postretirement benefit obligation at December 31, 2011	163.4	(130.4)

Pension and postretirement benefits:

Assumptions: Weighted-average assumptions used to determine pension and postretirement benefit obligations at the measurement date are as follows

	Pension Benefits		Postretirement Benefits	
	2011	2010	2011	2010
Discount rate	5.24%	5.84%	5.30%	5.90%
Rate of compensation increase	4.37%	4.35%	N/A	N/A

Notes to Consolidated Financial Statements (In Millions)

Note 12. Employee Benefit Programs (Continued)

Weighted-average assumptions used to determine net periodic pension and postretirement benefit cost are as follows

	Pension Benefits		Postretirement Benefits	
	2011	2010	2011	2010
Discount rate	5.84%	6.04%	5.90%	6.07%
Expected long-term return on plan assets	8.00%	8.00%	N/A	N/A
Rate of compensation increase	4.35%	4.35%	N/A	N/A

The Clinic utilizes a building block approach in determining the expected long-term rate of return for its plan assets. First, historical data on individual asset class returns are studied. Next, the historical correlation among and between asset class returns is studied under both normal conditions and in times of market turbulence. Then, various mixes of asset classes are considered under multiple long-term investment scenarios. Finally, after considering liquidity concerns related to the use of certain alternative asset classes, the plan sponsor selects the portfolio blend that it believes will produce the highest expected long-term return on a risk-adjusted basis.

Cash flows:

Contributions: The Clinic expects to contribute \$331.5 to its pension plans in 2012.

Estimated future benefit payments: The following benefit payments, which reflect expected future service, as appropriate, are expected to be paid:

Years Ending December 31,	Pension Benefits		Postretirement Benefits
	Qualified	Nonqualified	
2012	\$ 202.9	\$ 0.3	\$ 27.7
2013	222.1	0.3	29.8
2014	243.6	0.3	31.9
2015	273.5	0.3	34.5
2016	294.2	0.2	37.0
2017–2021	1,822.2	1.0	231.9

In addition to the defined benefit plans, the Clinic sponsors various defined contribution benefit plans. Expense recognized by the Clinic for those plans was \$35.6 and \$33.6 for 2011 and 2010, respectively.

Note 13. General and Professional Liability Insurance

The Clinic insures substantially all general and professional liability risks through a combination of a wholly owned captive insurance company and self-insurance. The insurance program combines various levels of self-insured retention with excess commercial insurance coverage. Actuarial consultants have been retained to assist in the estimation of outstanding general and professional liability risks.

Notes to Consolidated Financial Statements (In Millions)

Note 13. General and Professional Liability Insurance (Continued)

The Clinic's general and professional liability as reported in the accompanying consolidated statements of financial position was \$111.1 and \$117.0 at December 31, 2011 and 2010, respectively. Provisions for the general and professional liability risks are based on an actuarial estimate of losses using the Clinic's actual loss data adjusted for industry trends and current conditions and considering an evaluation of claims by the Clinic's legal counsel. The provision includes estimates of ultimate costs for both reported claims and claims incurred but not reported.

Activity in the liability is summarized as follows for the years ended December 31:

	2011	2010
Balance, beginning of year	\$ 117.0	\$ 112.9
Incurred related to captive insurance company liability		
Current year	25.6	26.2
Prior years	(7.0)	(2.5)
Total incurred	18.6	23.7
Paid related to captive insurance company liability		
Current year	(0.2)	(0.7)
Prior years	(20.6)	(18.0)
Total paid	(20.8)	(18.7)
Net change in self-insurance liability	(3.7)	(0.9)
Balance, end of year	\$ 111.1	\$ 117.0

Note 14. Other Receivables, Other Current and Long-Term Assets, and Other Current and Long-Term Liabilities

At December 31, other receivables consisted of the following:

	2011	2010
Pledges receivable	\$ 126.9	\$ 113.2
Grants receivable	55.2	45.2
Other	85.5	78.5
	\$ 267.6	\$ 236.9

At December 31, other current assets consisted of the following:

	2011	2010
Inventories	\$ 90.7	\$ 88.0
Prepaid expenses	48.4	43.2
Current portion of deferred tax asset	2.7	13.2
	\$ 141.8	\$ 144.4



Notes to Consolidated Financial Statements (In Millions)

Note 14. Other Receivables, Other Current and Long-Term Assets, and Other Current and Long-Term Liabilities (Continued)

At December 31, other long-term assets consisted of the following

	2011	2010
Trust receivables	\$ 153 6	\$ 148 1
Pledges receivable	75 8	105 7
Long-term portion of deferred tax asset	43 2	37 3
Other	78 5	94 7
	<u>\$ 351 1</u>	<u>\$ 385 8</u>

At December 31, other current liabilities consisted of the following

	2011	2010
Accrued employee benefits	\$ 92 3	\$ 85 3
Other taxes	29 3	24 9
Real estate tax accrual	16 2	14 1
Short-term disability	19 1	17 2
Current maturities of long-term debt	50 3	5 0
Current portion of long-term disability	16 3	14 8
Current portion of professional and general liability	25 8	24 4
Current portion of workers' compensation liability	10 9	10 1
Current pension and postretirement benefit	30 6	268 1
Other	86 8	86 0
	<u>\$ 377 6</u>	<u>\$ 549 9</u>

At December 31, other long-term liabilities consisted of the following

	2011	2010
Deferred compensation	\$ 232 0	\$ 222 5
Professional and general liability	85 3	92 6
Trust obligations	37 4	36 1
Long-term disability	87 2	80 9
Gift annuities	49 2	49 1
Lease agreement liability	28 2	26 8
Retirement community obligations	34 2	31 6
Asset retirement obligation	23 7	23 6
Contract deposit	22 0	22 0
Workers' compensation liability	15 4	14 6
Other	57 0	69 9
	<u>\$ 671 6</u>	<u>\$ 669 7</u>



Notes to Consolidated Financial Statements (In Millions)

Note 15. Other Revenue

For the years ended December 31, other revenue consisted of the following

	2011	2010
Retail pharmacy sales	\$ 134.1	\$ 123.3
Technology commercialization, health information, and medical products	40.4	53.6
Graduate medical and other education revenue	45.5	38.4
Cafeteria revenue	29.3	28.3
Royalties	30.3	24.5
Third-party administrative revenue	25.1	21.0
Net loss on sale of assets	(6.2)	(6.8)
Other	159.8	169.3
	<u>\$ 458.3</u>	<u>\$ 451.6</u>

Note 16. Commitments and Contingencies

The Clinic has various construction projects in progress related to patient care, research, and educational facilities. The estimated costs committed to complete the various projects at December 31, 2011, approximated \$594.3, all of which is expected to be expended over the next two years.

One of the Clinic's affiliation agreements limits the involvement of a third party in operations of a consolidated affiliate. A process exists to resolve disputes, however, in the event of an irreconcilable dispute between the parties, the agreement further provides for a one-time payment of approximately \$83.6 by the consolidated affiliate to release the third party from the affiliation. Such payment would be subordinate to other debtors of the consolidated affiliated entity. No amount has been accrued in the consolidated financial statements for this contingency.

While the Clinic is self-insured for a substantial portion of its general and workers' compensation liabilities, the Clinic maintains commercial insurance coverage against catastrophic loss. Additionally, the Clinic maintains a self-insurance program for its long-term disability coverage. The provision for estimated self-insured claims includes estimates of the ultimate costs for both reported claims and claims incurred but not reported.

Laws and regulations concerning government programs, including Medicare, Medicaid and various research grant programs, are complex and subject to varying interpretation. As a result, there is at least a reasonable possibility that recorded estimates will change by a material amount in the near term. As a result of nationwide investigations by governmental agencies, various health care organizations have received requests for information and notices regarding alleged noncompliance with those laws and regulations, which, in some instances, have resulted in organizations entering into significant settlement agreements. Compliance with such laws and regulations may also be subject to future government review and interpretation as well as significant regulatory action, including fines, penalties and potential exclusion from the related programs. The Clinic expects that the level of review and audit to which it and other health care providers are subject will increase. There can be no assurance that regulatory authorities will not challenge the Clinic's compliance with these laws and regulations, and it is not possible to determine the effect (if any) such claims or penalties would have upon the Clinic.

Notes to Consolidated Financial Statements (In Millions)

Note 16. Commitments and Contingencies (Continued)

The Centers for Medicare & Medicaid Services (CMS) implemented a project using recovery audit contractors (RACs) as part of CMS's further efforts to assure accurate payments. The project uses the RACs to search for potentially inaccurate Medicare payments that may have been made to health care providers and that were not detected through existing CMS program integrity efforts. Once a RAC identifies a claim it believes is inaccurate, it makes a deduction from or addition to the provider's Medicare reimbursement in an amount estimated to equal the overpayment or underpayment. The Clinic will deduct from revenue amounts assessed under the RAC audits at the time a notice is received until such time that estimates of net amounts due can be reasonably estimated. RAC assessments against the Clinic are anticipated, however, the outcome of such assessments are unknown and cannot be reasonably estimated.

In March 2010, President Obama signed the Patient Protection and Affordable Care Act (PPACA) into law. PPACA will result in sweeping changes across the health care industry, including how care is provided and paid for. A primary goal of this comprehensive reform legislation is to extend health coverage to approximately 32 million uninsured legal U.S. residents through a combination of public program expansion and private sector health insurance reforms. To fund the expansion of insurance coverage, the legislation contains measures designed to promote quality and cost efficiency in health care delivery and to generate budgetary savings in the Medicare and Medicaid programs. Given that the final regulations and interpretive guidelines have yet to be published, the Clinic is unable to fully predict the impact of PPACA on its operations and financial results. There are multiple lawsuits challenging the constitutionality of major portions of PPACA. To the extent that any significant elements of the law are overturned, additional uncertainty is introduced into the prediction of operational and financial effects. However, if the law is implemented as adopted, the Clinic's management expects that in the coming years, patients who were previously uninsured and unable to pay for care will have basic insurance coverage, and amounts for reimbursement for services from both public and private payors will be reduced and made conditional on various quality measures. Management of the Clinic is studying and evaluating the anticipated effects and developing strategies needed to prepare for implementation, and is preparing to work cooperatively with other constituents to optimize available reimbursement.

The Clinic is a defendant in various lawsuits arising in the ordinary course of business. Although the outcome of these lawsuits cannot be predicted with certainty, management believes the ultimate disposition of such matters will not have a material effect on the Clinic's consolidated financial position or statement of activities.

Note 17. Affiliation

On July 1, 2011, Mayo Clinic Health System—Mankato (Mankato), a wholly owned subsidiary of the Clinic, acquired Queen of Peace Hospital and affiliated clinics in New Prague, Belle Plaine, Le Sueur and Montgomery, Minnesota. Queen of Peace Hospital is a 25-bed critical access hospital and Level III trauma center serving a patient base of 60,000. Established in 1952, Queen of Peace Hospital has been accredited by The Joint Commission since 1966. The hospital and affiliated clinics were renamed Mayo Clinic Health System—New Prague (New Prague).



Notes to Consolidated Financial Statements (In Millions)

Note 17. Affiliation (Continued)

The affiliation furthers the Clinic's strategy to build a network of affiliated providers and expand the availability of health care resources within the Mayo Clinic Health System network. The affiliation was effective July 1, 2011, with Mankato being the sole member of New Prague with no transfer of consideration. In conjunction with the affiliation, liabilities were assumed and a contribution was received as follows:

Fair value of assets	\$	24.6
Liabilities assumed		8.4
Contribution received in affiliation	\$	<u>16.2</u>

On January 30, 2012, Mayo Clinic Jacksonville, a wholly owned subsidiary of the Clinic, entered into an integration agreement with Satilla Health Services, Inc. (Satilla), a Georgia nonprofit corporation located in Waycross, Georgia. Established in 1987, Satilla operates a 231-bed acute-care hospital, primary and specialty clinics, and two nursing homes, with a patient base of 155,000. The affiliation furthers the Clinic's strategy to build a network of affiliated providers and expands the availability of health care resources within the region. The affiliation will commence on the closing date, March 1, 2012, with Mayo Clinic Jacksonville being the sole member of Satilla with no transfer of consideration. The hospital and affiliated clinics and nursing homes will be renamed Mayo Clinic Health System in Waycross.

Supplemental Information



Independent Auditor's Report on the Supplemental Information

Board of Trustees
Mayo Clinic

Our audits were made for the purpose of forming an opinion on the basic consolidated financial statements taken as a whole. The supplemental information is presented for purposes of additional analysis and is not a required part of the basic consolidated financial statements. Such information has been subjected to the auditing procedures applied in the audits of the basic consolidated financial statements and, in our opinion, is fairly stated in all material respects in relation to the basic consolidated financial statements taken as a whole.

McGladrey & Pullen, LLP

Minneapolis, Minnesota
February 16, 2012



Mayo Clinic

Mayo Clinic Florida
Statements of Financial Position
December 31, 2011 and 2010 (In Millions)

Assets	2011	2010
Current Assets		
Cash and cash equivalents	\$ 0.1	\$ 0.1
Accounts receivable for medical services, less allowances for uncollectible accounts of \$33.9 in 2011 and \$62.3 in 2010	87.7	81.6
Estimated third-party payor settlements	-	5.1
Inventories	5.3	2.5
Other current assets	0.6	0.4
Due from affiliates	55.5	32.9
Total current assets	149.2	122.6
Other Long-Term Assets	1.0	0.6
Property, Plant and Equipment, net	204.7	218.4
Interest in the Net Assets of Mayo Clinic	-	0.6
Total assets	\$ 354.9	\$ 342.2
Liabilities and Net Assets		
Current Liabilities		
Accrued expenses	\$ 13.6	\$ 11.9
Due to affiliates	33.4	34.6
Total current liabilities	47.0	46.5
Long-Term Debt	127.0	127.1
Other Long-Term Liabilities	2.6	2.5
Total liabilities	176.6	176.1
Net Assets		
Unrestricted	177.9	165.6
Temporarily restricted	0.3	0.4
Permanently restricted	0.1	0.1
Total net assets	178.3	166.1
Total liabilities and net assets	\$ 354.9	\$ 342.2



Mayo Clinic

Mayo Clinic Florida
Statements of Activities
Years Ended December 31, 2011 and 2010 (In Millions)

	2011				2010			
	Unrestricted	Temporarily Restricted	Permanently Restricted	Total	Unrestricted	Temporarily Restricted	Permanently Restricted	Total
Revenue, gains and other support								
Net medical service revenue	\$ 388.2	\$ -	\$ -	\$ 388.2	\$ 359.8	\$ -	\$ -	\$ 359.8
Other	8.3	-	-	8.3	8.0	-	-	8.0
Net assets released from restrictions	0.1	(0.1)	-	-	1.0	(1.0)	-	-
Total revenue, gains and other support	396.6	(0.1)	-	396.5	368.8	(1.0)	-	367.8
Expenses								
Salaries and benefits	92.9	-	-	92.9	84.6	-	-	84.6
Supplies and services	206.7	-	-	206.7	197.9	-	-	197.9
Facilities	27.7	-	-	27.7	28.7	-	-	28.7
Provision for uncollectible accounts	10.9	-	-	10.9	13.1	-	-	13.1
Finance and investment	6.1	-	-	6.1	6.0	-	-	6.0
Total expenses	344.3	-	-	344.3	330.3	-	-	330.3
Income (loss) from current activities	52.3	(0.1)	-	52.2	38.5	(1.0)	-	37.5
Interaffiliate transfers	(40.0)	-	-	(40.0)	(28.6)	-	-	(28.6)
Increase (decrease) in net assets	12.3	(0.1)	-	12.2	9.9	(1.0)	-	8.9
Net assets at beginning of year	165.6	0.4	0.1	166.1	155.7	1.4	0.1	157.2
Net assets at end of year	<u>\$ 177.9</u>	<u>\$ 0.3</u>	<u>\$ 0.1</u>	<u>\$ 178.3</u>	<u>\$ 165.6</u>	<u>\$ 0.4</u>	<u>\$ 0.1</u>	<u>\$ 166.1</u>

Additional Data

Software ID:
Software Version:
EIN: 41-6011702
Name: MAYO CLINIC

Form 990, Special Condition Description:

Special Condition Description

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

4d. Other program services
(Code) (Expenses \$ 87,561,197 including grants of \$ 84,130,011) (Revenue \$ 518,437,905) COMMUNITY CONTRIBUTIONS COMMUNITY GIVING IS A SIGNIFICANT, TIME-HONORED PART OF MAYO'S HERITAGE AND IT TAKES MANY FORMS MAYO'S FOUNDERS CREATED AN ORGANIZATION WHERE SUPPORTING THE COMMUNITY IS INTEGRAL TO OUR MISSION QUALITY PATIENT CARE, RESEARCH AND EDUCATION ARE ONLY POSSIBLE IN A THRIVING, VIBRANT COMMUNITY, WITH GOOD SCHOOLS, A WELL-TRAINED WORK FORCE AND AMENITIES THAT MAKE ROCHESTER A DESIRABLE PLACE TO LIVE OUR COMMUNITY CONTINUES TO CHANGE AND EVOLVE LIKE LARGER METROPOLITAN COUNTERPARTS, ROCHESTER FACES FUNDAMENTAL SOCIO-ECONOMIC CHALLENGES SUCH AS HUNGER, POVERTY AND UNEQUAL ACCESS TO HEALTHCARE WE HAVE EXCELLENT SCHOOLS, BUT MANY STUDENTS STRUGGLE BECAUSE OF LANGUAGE DIFFERENCES OR PROBLEMS AT HOME AT THE SAME TIME, THERE ARE NEW COLLABORATIVE RELATIONSHIPS IN ROCHESTER FORMED TO HELP WELCOME INCREASINGLY DIVERSE NEWCOMERS MAYO'S COMMUNITY CONTRIBUTIONS ARE THE RESULT OF NEEDS-BASED ASSESSMENTS AND FALL INTO SUCH BROAD CATEGORIES AS HEALTHCARE, DIVERSITY, HOUSING, EDUCATION-WORKFORCE, DEVELOPMENT, AND YOUTH, ESPECIALLY AT-RISK YOUTH MAYO STRIVES TO MAINTAIN A PROGRAM THAT IS FISCALLY RESPONSIBLE AND SOCIALLY ACCOUNTABLE MAYO'S CORNERSTONE STRATEGIES FOR COMMUNITY CONTRIBUTIONS ARE AS FOLLOWS - MAYO PROVIDES FINANCIAL AND IN-KIND SUPPORT TO THE SALVATION ARMY GOOD SAMARITAN MEDICAL AND DENTAL CLINICS, AND THE ZUMBRO VALLEY MENTAL HEALTH CENTER TO SERVE LOCAL CITIZENS AND FAMILIES WHO CANNOT OTHERWISE AFFORD CARE - MAYO PARTICIPATES IN THE COMMUNITY HEALTH ACCESS COLLABORATIVE GROUP, A PARTNERSHIP OF APPROXIMATELY 30 LOCAL AND REGIONAL COMMUNITY HEALTH CARE ORGANIZATIONS THE COLLABORATIVE ANALYZES NEEDS AND CREATES SOLUTIONS FOR HEALTH CARE ACCESS, HEALTH EDUCATION AND PREVENTION FOR ALL MEMBERS OF THE ROCHESTER COMMUNITY AND IN THE SOUTHEAST MINNESOTA REGION - MAYO SUPPORTS ROCHESTER PATIENT HOSPITALITY HOUSES SUCH AS THE RONALD MCDONALD HOUSE, THE HOPE LODGE, AND THE GIFT OF LIFE TRANSPLANT HOUSE THESE FACILITIES PROVIDE PATIENTS WITH SERIOUS AND COMPLICATED ILLNESSES WITH A HOME-LIKE PLACE TO LIVE DURING THEIR LENGTHY VISITS TO ROCHESTER FOR EXTENDED CARE - MAYO PARTNERS WITH THE OLMSTED COUNTY HEALTH DEPARTMENT, OLMSTED COUNTY MEDICAL CENTER, AND OTHER AREA HEALTH PROVIDERS TO PREPARE FOR AND COORDINATE RESPONSES TO EMERGENCY HEALTH ISSUES - MAYO'S CENTER FOR TRANSLATIONAL SCIENCE ACTIVITIES (CTSA) SEEKS TO IMPROVE PATIENT CARE AND OVERALL COMMUNITY HEALTH BY WORKING WITH OLMSTED COUNTY AND REGIONAL COMMUNITIES ON HEALTH ISSUES THAT MATTER TO THEIR MEMBERS, COLLABORATING WITH DIVERSE COMMUNITY MEMBERS TO CONDUCT RESEARCH RELEVANT TO THEM, AND HELPING COMMUNITY MEDICAL PROVIDERS INCORPORATE PRACTICE-BASED RESEARCH AND RESEARCH-BASED CHANGE FUNDRAISING MAYO CLINIC CONDUCTS A VERY SUBSTANTIAL DEVELOPMENT PROGRAM STAFFED BY MORE THAN 200 EMPLOYEES, AND CONSISTENT WITH PAST EXPERIENCE, THE ORGANIZATION EXPECTS CONTRIBUTIONS FROM INDIVIDUALS, FOUNDATIONS, CORPORATIONS AND OTHERS, TO APPROACH OR EXCEED \$250 MILLION PER YEAR FOR THE FORESEEABLE FUTURE EVEN THOUGH THE EXPENSES ASSOCIATED WITH THIS ACTIVITY ARE REPORTED IN THE FUNDRAISING COLUMN, MAYO CLINIC FEELS THAT THEY ARE TRULY PROGRAM SERVICE RELATED FUNDRAISING EXPENDITURES TOTALED APPROXIMATELY \$31.2 MILLION FOR THE YEARHEALTH INFORMATION MAYO CLINIC IS USED AS A MEANS OF MAKING AVAILABLE TO THE MEDICAL COMMUNITY AND TO THE GENERAL PUBLIC THE RESULTS OF MAYO'S RESEARCH AND EDUCATION PROGRAMS MAYO CLINIC PUBLISHES MAYO CLINIC PROCEEDINGS FOR PHYSICIANS AND OTHER MEDICAL PERSONNEL SHARED SERVICES VARIOUS SHARED SERVICES THROUGHOUT MAYO PROVIDE GENERAL INFRASTRUCTURE AND SUPPORT SERVICES TO THE AFFILIATES OF MAYO CLINIC

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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)							(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former				
ANDERSON BRADBURY BRAD H TRUSTEE	5 00	X						0	0	0	
BARKSDALE JAMES L TRUSTEE/FORMER CHAIR	5 00	X						6,257	0	0	
BOLTON JEFFREY W TRUSTEE (2/18/11-12/31/11)/CFO	40 00	X		X				0	715,940	50,237	
BRIGHAM ROBERT F TRUSTEE (2/18/11-12/31/11)/ASST SECRETARY	1 00	X		X				0	444,651	21,448	
BROKAW THOMAS TOM J TRUSTEE	5 00	X						3,634	0	0	
CARLSON NELSON MARILYN TRUSTEE/CHAIR	5 00	X		X				7,637	0	0	
CORDOVA PHD FRANCE A TRUSTEE	5 00	X						4,043	0	0	
DAVIS A DANO TRUSTEE	5 00	X						0	0	0	
DECKER MD WYATT W TRUSTEE/VICE PRESIDENT (7/1/11- 12/31/11)	1 00	X		X				196,336	654,026	40,890	
DI PIAZZA SAMUEL A JR TRUSTEE	5 00	X						3,058	0	0	
EHMAN MD RICHARD L TRUSTEE/PHYSICIAN	40 00	X						599,177	0	54,686	
GONDA LOUIS L TRUSTEE	5 00	X						7,523	0	0	
GORMAN MD R SCOTT TRUSTEE	1 00	X						0	436,855	44,449	
HERBERGER PHD ROY A TRUSTEE	5 00	X						0	0	0	
KORSMO JEFFREY O FORMER TRUSTEE (1/1/11-2/18/11)	40 00	X						306,813	0	42,089	
LEVENTHAL MD JACK P TRUSTEE/PHYSICIAN	1 00	X						0	414,346	14,004	
MILLINER MD DAWN S TRUSTEE/PHYSICIAN	40 00	X						457,942	0	34,192	
MITCHELL PATRICIA E TRUSTEE	5 00	X						4,088	0	0	
NESSE MD ROBERT E TRUSTEE/CEO MAYO CLINIC HEALTH SYSTEM	40 00	X						750,847	0	15,004	
NOSEWORTHY MD JOHN H PRESIDENT/CEO/TRUSTEE	40 00	X		X				0	1,988,892	14,004	
OLSEN MD KERRY D TRUSTEE/PHYSICIAN	40 00	X						544,028	0	34,236	
OLSON RONALD L TRUSTEE	5 00	X						22,906	0	0	
PETERS AULANA L TRUSTEE	5 00	X						1,916	0	0	
POWELL MICHAEL K TRUSTEE (2/18/11-12/31/11)	5 00	X						75,900	0	0	
PRICE HUGH B FORMER TRUSTEE (1/1/11-2/18/11)	5 00	X						0	0	0	

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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
RAYMOND LEE R TRUSTEE	5 00	X						0	0	0
ROGER MD VERONIQUE L TRUSTEE (2/18/11-12/31/11)	40 00	X						570,309	0	32,203
RUPP MD WILLIAM C VICE PRESIDENT/TRUSTEE	1 00	X		X				0	740,718	8,205
SCHWENK MD NINA M FORMER TRUSTEE/FORMER VICE PRESIDENT (1/1/11-2/18	40 00	X		X				274,298	0	12,804
SMOLDT CRAIG A FORMER TRUSTEE (1/1/11-2/18/11)	40 00	X						373,981	0	8,088
STEER MDPHD RANDOLPH C TRUSTEE	5 00	X						60,447	0	0
TATLOCK ANNE E TRUSTEE	5 00	X						3,581	0	0
TRASTEK MD VICTOR F FORMER TRUSTEE/FORMER VP (1/1/11-7/1/11)	1 00	X		X				0	870,893	55,974
WEIS SHIRLEY A TRUSTEE/VICE PRESIDENT & CAO	40 00	X		X				0	1,043,302	51,357
ZERHOUNI MD ELIAS A FORMER TRUSTEE (1/1/11-2/18/11)	5 00	X						0	0	0
BROWN WILLIAM A ASSISTANT TREASURER	40 00			X				0	207,705	46,891
FRANCIS JAMES R ASSISTANT TREASURER	40 00			X				0	325,258	48,929
FROISLAND JEFFREY R ASSISTANT TREASURER	40 00			X				0	246,881	32,446
GORMAN PAUL A ASSISTANT TREASURER (2/18/11-12/31/11)	40 00			X				653,084	0	222,957
HAEFLINGER RICKY J ASSISTANT TREASURER (2/18/11-12/31/11)	40 00			X				210,338	0	84,940
HOFFMAN HARRY N TREASURER	40 00			X				1,171,780	0	316,415
HOFFMAN MARY J ASSISTANT TREASURER	1 00			X				0	261,849	51,188
HUBERT SHERRY L ASSISTANT SECY	40 00			X				0	240,053	40,711
OVIATT JONATHAN J SECRETARY	40 00			X				0	597,819	55,898
SCHMIDT BRADLEY D ASSISTANT TREASURER (2/18/11-12/31/11)	40 00			X				378,866	0	42,078
THOMAS GREGORY J ASSISTANT SECY	1 00			X				0	391,090	8,140
BERRY MD DANIEL J CHAIR - ORTHOPEDICS	40 00				X			593,812	0	45,226
CAMILLERI MD MICHAEL PHYSICIAN	40 00				X			668,953	0	59,813
CASCINO MD TERRANCE L EXECUTIVE DEAN FOR EDUCATION	40 00				X			525,186	0	55,799
COCKERILL MD FRANKLIN R CHAIR - LAB MED & PATH	40 00				X			537,881	0	61,001

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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
DESCHAMPS MD CLAUDE CHAIR - SURGERY	40 00				X			563,975	0	51,009
DIASIO MD ROBERT B DIRECTOR - MAYO CANCER CENTER	40 00				X			577,465	0	39,948
FARRUGIA MD GIANRICO PHYSICIAN	40 00				X			477,440	0	39,392
GERTZ MD MORIE CHAIR-ROCH INTERN MED	40 00				X			683,231	0	48,336
HARPER JR MD CHARLES M EXEC DEAN FOR PRACTICE	40 00				X			857,528	0	55,564
HAYES MD DAVID L PHYSICIAN	40 00				X			540,454	0	55,282
KING MD BERNARD F CHAIR-RADIOLOGY	40 00				X			736,116	0	48,009
LA RUSSO MD NICHOLAS F DIRECTOR -CENTER FOR INNOVATION	40 00				X			576,454	0	9,228
LINDOR MD KEITH PHYSICIAN	40 00				X			495,970	0	52,651
LYDDY PHD JAMES P FMR CHAIR - DEPT OF DEVELOPMENT	40 00				X			712,374	0	1,167
NARR MD BRADLY J CHAIR - ANESTHESIOLOGY	40 00				X			496,468	0	52,213
NICHOLS MD FRANCIS C PHYSICIAN	40 00				X			510,962	0	51,425
RIZZA MD ROBERT A EXECUTIVE DEAN FOR RESEARCH	40 00				X			561,059	0	14,064
ROCK MD MICHAEL G PHYSICIAN	40 00				X			694,415	0	58,557
SAWYER NAN B CHAIR-DEPT OF PRACTICE ADMIN	40 00				X			380,732	0	37,650
SWENSEN MD STEPHEN J PHYSICIAN	40 00				X			660,394	0	48,407
ATKINSON MD JOHN L PHYSICIAN	40 00					X		783,773	0	19,968
MARSH MD W RICHARD PHYSICIAN	40 00					X		828,484	0	50,550
MEYER MD FREDRIC B PHYSICIAN	40 00					X		792,089	0	25,468
PARK MD SOON J PHYSICIAN	40 00					X		828,880	0	49,748
SCHAFF MD HARTZELL PHYSICIAN	40 00					X		755,498	0	14,004
FORBES MD GLENN S FORMER CEO	40 00						X	691,526	0	14,004
BROWN JR MD ROBERT D DEPT CHAIR/FORMER KEY EMPL	40 00						X	302,769	0	30,652
EDWARDS MD BROOKS S DIR TRANSPLANT CTR/FORMER KEY EMPL	40 00						X	443,248	0	53,477
ERLICHMAN MD CHARLES DEPT CHAIR/FORMER KEY EMPLOYEE	40 00						X	396,020	0	48,762

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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
GORES MD GREGORY J DIVISION CHAIR/FORMER KEY EMPLOYEE	40 00						X	491,528	0	44,611
GOSTOUT MD BOBBIE S DEPT CHAIR/FORMER KEY EMPLOYEE	40 00						X	560,240	0	32,369
GROSSET JESSICA A IT CHAIR/FORMER KEY EMPLOYEE	0 00						X	0	275,319	22,968
HERMAN MD DAVID C PHYSICIAN/FORMER KEY EMPLOYEE	40 00						X	272,622	0	39,350
HORLOCKER MD TERESE T PHYSICIAN/FORMER KEY EMPLOYEE	40 00						X	428,466	0	46,293
SCHNEIDER KENNETH J HR CHAIR/FORMER KEY EMPLOYEE	40 00						X	271,610	0	14,230
SIMMONS MD PATRICIA S PHYSICIAN/FORMER KEY EMPLOYEE	40 00						X	303,534	0	52,166
WALD MD JOHN T PHYSICIAN/FORMER KEY EMPLOYEE	40 00						X	589,746	0	46,211
WARNER MD MARK A PHYSICIAN/FORMER KEY EMPLOYEE	40 00						X	520,117	0	46,513
WOOD MD DOUGLAS L PHYSICIAN/FORMER KEY EMPLOYEE	40 00						X	602,878	0	55,776