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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

▶ The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0047

2012

Open to Public Inspection

A For the 2012 calendar year, or tax year beginning 01-01-2012 , 2012, and ending 12-31-2012

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization
MAYO CLINIC

Doing Business As

Number and street (or P O box if mail is not delivered to street address) | Room/suite
200 FIRST STREET SW

City or town, state or country, and ZIP + 4
ROCHESTER, MN 55905

D Employer identification number
41-6011702

E Telephone number
(507) 538-1297

G Gross receipts $ 5,323,867,843

F Name and address of principal officer
JOHN H NOSEWORTHY MD
200 FIRST STREET SW
ROCHESTER, MN 55905

H(a) Is this a group return for affiliates? ☐ Yes ☑ No

H(b) Are all affiliates included? ☐ Yes ☐ No
If "No," attach a list (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status ☑ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ WWW MAYO EDU

K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation 1919

M State of legal domicile MN

Part I Summary

1 Briefly describe the organization's mission or most significant activities
EDUCATION, RESEARCH AND PATIENT CARE

2 Check this box ▶☐ if the organization discontinued its operations or disposed of more than 25% of its net assets

Activities & Governance

3	Number of voting members of the governing body (Part VI, line 1a)	**3**	31
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	10
5	Total number of individuals employed in calendar year 2012 (Part V, line 2a)	**5**	20,028
6	Total number of volunteers (estimate if necessary)	**6**	761
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	283,755,158
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	11,663,527

		Prior Year	Current Year
Revenue **8**	Contributions and grants (Part VIII, line 1h)	834,802,485	781,802,012
9	Program service revenue (Part VIII, line 2g)	2,705,225,032	2,789,929,988
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	177,683,650	305,708,865
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	21,083,993	22,055,302
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	3,738,795,160	3,899,496,167
Expenses **13**	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	125,503,964	143,121,999
14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	1,748,592,979	1,879,373,407
16a	Professional fundraising fees (Part IX, column (A), line 11e)	2,361,803	1,792,568
b	Total fundraising expenses (Part IX, column (D), line 25) ▶30,769,118		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	1,537,136,633	1,629,309,730
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	3,413,595,379	3,653,597,704
19	Revenue less expenses Subtract line 18 from line 12	325,199,781	245,898,463

		Beginning of Current Year	End of Year
Net Assets or Fund Balances **20**	Total assets (Part X, line 16)	7,570,727,549	8,532,788,121
21	Total liabilities (Part X, line 26)	5,783,939,326	7,081,916,066
22	Net assets or fund balances Subtract line 21 from line 20	1,786,788,223	1,450,872,055

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including my knowledge and belief, it is true, correct, and complete Declaration of prepar preparer has any knowledge

Sign Here

******
Signature of officer

JEFFREY W BOLTON CAO
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name | Preparer's signature

Firm's name ▶

Firm's address ▶

May the IRS discuss this return with the preparer shown above? (see instructio

For Paperwork Reduction Act Notice, see the separate instructions.

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*	1	Yes	
2	Is the organization required to complete *Schedule B, Schedule of Contributors* (see instructions)?	2	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*	3		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*	4	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*	5		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*	6		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*	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8	Yes	
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, 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*	9		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*	10	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.*	11a	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*	11b	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*	11c		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*	11d	Yes	
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	11e	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*	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII*	12a		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 and XII is optional*	12b	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13	Yes	
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	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, Parts I and IV*	14b	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 United States? *If "Yes," complete Schedule F, Parts II and IV*	15	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 United States? *If "Yes," complete Schedule F, Parts III and IV*	16	Yes	
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 (see instructions)*	17	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*	18		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*	19		No
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	20a	Yes	
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	Yes	

Part IV Checklist of Required Schedules *(continued)*

21	Did the organization report more than $5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	**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? *If "Yes," complete Schedule I, Parts I and III*	**22**	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	**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? *If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25*	**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? *If "Yes," complete Schedule L, Part 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? *If "Yes," complete Schedule L, Part I*	**25b**		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified person outstanding as of the end of the organization's tax year? *If "Yes," complete Schedule L, Part II*	**26**		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? *If "Yes," complete Schedule L, Part III*	**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? *If "Yes," complete Schedule L, Part IV*	**28a**		No
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**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 direct or indirect owner? *If "Yes," complete Schedule L, Part IV*	**28c**	Yes	
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**	Yes	
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	**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? *If "Yes," complete Schedule R, Part I*	**33**	Yes	
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1*	**34**	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	**35a**	Yes	
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	**35b**	Yes	
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	**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? *If "Yes," complete Schedule R, Part VI*	**37**		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b 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 . .	1a	1,069		
b	Enter the number of Forms W-2G included in line 1a *Enter -0-* if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		1c	Yes	
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	2a	20,028		
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)		2b	Yes	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year? . . .		3a	Yes	
b	If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in Schedule O*		3b	Yes	
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, securities account, or other financial account)?		4a	Yes	
b	If "Yes," enter the name of the foreign country ▶ CA , GM , MP , CJ 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 as charitable contributions? . . .		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	Yes	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b	Yes	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
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.** See the instructions for additional information the organization must report on Schedule O		13a		
b	Enter the 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 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**	31		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O				
b	Enter the number of voting members included in line 1a, above, who are independent	**1b**	10		
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**		Yes	
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 this 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**		No
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 , IN

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 ☐ Other (explain in Schedule O)

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 during the tax year

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 (507) 538-1297

Part VII Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's **current** key employees, if any See instructions for definition of "key employee "
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than $100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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			
See Additional Data Table										

Part VII **Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees** *(continued)*

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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			
1b **Sub-Total** . . . . . ▶										
c **Total from continuation sheets to Part VII, Section A** . . . . ▶										
d **Total (add lines 1b and 1c)** . . . . . ▶								26,135,756	10,818,693	3,893,587

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization ▶ 3,273

			Yes	No
3	Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*	**3**	Yes	
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? *If "Yes," complete Schedule J for such individual*	**4**	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person*	**5**		No

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year

(A) Name and business address	(B) Description of services	(C) Compensation
MAYO FOUNDATION FOR MEDICAL EDUCATION & 200 FIRST STREET SW ROCHESTER MN 55905	PROCUREMENT AGENT & MEDICAL SUPPORT SERV	373,593,085
MMSI INC 200 FIRST STREET SW ROCHESTER MN 55905	BENEFIT ADMINISTRATION SERVICE	12,370,699
MAYO COLLABORATIVE SERVICES INC 200 FIRST STREET SW ROCHESTER MN 55905	LAB SERVICES	5,476,261
MAYO CLINIC HEALTH SYSTEM--FRANCISCAN ME 700 WEST AVENUE SOUTH LA CROSSE WI 54601	MEDICAL SUPPORT SERVICES	1,968,733
MAYO CLINIC HEALTH SYSTEM--EAU CLAIRE CL 200 FIRST STREET SW ROCHESTER MN 55905	MEDICAL SUPPORT SERVICES	1,273,307

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 of compensation from the organization ▶ 12

Part VIII Statement of Revenue

Check if Schedule O contains a response to any question in this Part VIII . . . . . ☐

				(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	1a 10,028				
	b	Membership dues	1b				
	c	Fundraising events	1c 1,175				
	d	Related organizations	1d 185,663,470				
	e	Government grants (contributions)	1e 286,365,288				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f 309,762,051				
	g	Noncash contributions included in lines 1a-1f $	28,452,788				
	h	**Total.** Add lines 1a-1f	▶	781,802,012			
Program Service Revenue			Business Code				
	2a	PATIENT CARE REVENUE	621110	2,184,675,885	1,901,464,072	282,634,472	577,341
	b	SHARED SERVICES	561000	543,142,004	536,793,897		6,348,107
	c	EDUCATION REVENUE	611600	48,968,972	48,949,497		19,475
	d	MEDICAL PRODUCT SALES	446199	9,627,381	9,627,381		
	e	RESEARCH REVENUE	541700	3,428,129	241,831	1,821,551	1,364,747
	f	All other program service revenue		87,617	87,617		
	g	**Total.** Add lines 2a–2f	▶	2,789,929,988			
	3	Investment income (including dividends, interest, and other similar amounts)	▶	211,701,434		-3,100,496	214,801,930
	4	Income from investment of tax-exempt bond proceeds	▶	1,714,113			1,714,113
	5	Royalties	▶	1,888,561	1,783,309	105,252	
			(i) Real / (ii) Personal				
	6a	Gross rents	1,421,885				
	b	Less rental expenses	2,539,537				
	c	Rental income or (loss)	-1,117,651				
	d	Net rental income or (loss)	▶	-1,117,651		-611,459	-506,192
			(i) Securities / (ii) Other				
	7a	Gross amount from sales of assets other than inventory	1,505,144,060 / 8,971,784				
	b	Less cost or other basis and sales expenses	1,413,339,297 / 8,483,229				
	c	Gain or (loss)	91,804,763 / 488,555				
	d	Net gain or (loss)	▶	92,293,318			92,293,318
Other Revenue	8a	Gross income from fundraising events (not including $ 1,175 of contributions reported on line 1c) See Part IV, line 18	a 2,025				
	b	Less direct expenses	b 9,613				
	c	Net income or (loss) from fundraising events	▶	-7,588			-7,588
	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				
	11a	CAFETERIA/VENDING	722210	10,972,440	10,972,440		
	b	PARKING	812930	4,630,871			4,630,871
	c	MANAGEMENT FEE REVENUE	541610	2,835,357	445,463	2,389,894	
	d	All other revenue		2,853,312	2,026,673	515,944	310,695
	e	**Total.** Add lines 11a–11d	▶	21,291,980			
	12	**Total revenue.** See Instructions	▶	3,899,496,167	2,512,392,180	283,755,158	321,546,817

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)

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	137,346,483	137,346,483		
2 Grants and other assistance to individuals in the United States See Part IV, line 22	3,763,902	3,763,902		
3 Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16	2,011,614	2,011,614		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	19,991,602	13,550,284	6,155,721	285,597
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	8,121,489	7,424,247	678,397	18,845
7 Other salaries and wages	1,459,754,136	1,405,767,237	38,588,143	15,398,756
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	86,896,090	85,285,711	1,196,671	413,708
9 Other employee benefits	211,465,266	200,638,544	8,045,325	2,781,397
10 Payroll taxes	93,144,824	89,321,021	2,841,464	982,339
11 Fees for services (non-employees)				
a Management	2,975,421	2,695,972	154,924	124,525
b Legal	10,390,559	1,150,198	9,175,009	65,352
c Accounting	32,240,574	74,859	32,165,715	
d Lobbying	764,043	272	763,771	
e Professional fundraising services See Part IV, line 17	1,792,568			1,792,568
f Investment management fees	3,424,499		3,424,499	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	524,675,819	204,786,547	315,959,058	3,930,214
12 Advertising and promotion	2,044,854	1,401,439	641,713	1,702
13 Office expenses	86,606,946	76,098,811	8,903,774	1,604,361
14 Information technology	132,059,782	13,524,633	118,397,561	137,588
15 Royalties . .				
16 Occupancy	277,854,201	264,598,076	11,785,117	1,471,008
17 Travel	38,285,464	35,916,981	1,093,329	1,275,154
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	5,218,147	4,833,800	163,644	220,703
20 Interest	46,977,307	2,740,548	44,236,759	
21 Payments to affiliates	57,766,789	57,766,789		
22 Depreciation, depletion, and amortization	124,836,560	123,682,178	1,112,423	41,959
23 Insurance	12,314,852	12,244,852	70,000	
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a MEDICAL SUPPLIES	190,786,042	190,786,042		
b UNRELATED BUSINESS TAX	6,507,108		6,507,108	
c MN CARE TAX	33,961,810	33,961,810		
d BAD DEBT EXPENSE	21,573,650	21,573,650		
e All other expenses	18,045,303	15,286,531	2,535,430	223,342
25 **Total functional expenses.** Add lines 1 through 24e	3,653,597,704	3,008,233,031	614,595,555	30,769,118
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

Check if Schedule O contains a response to any question in this Part X . . . . . ☐

				(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing		2,017,475	1	3,589,644
	2	Savings and temporary cash investments		9,329,102	2	554,195
	3	Pledges and grants receivable, net		200,837,962	3	184,022,797
	4	Accounts receivable, net		382,468,264	4	484,573,360
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L			5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L			6	
	7	Notes and loans receivable, net		48,400,118	7	36,071,710
	8	Inventories for sale or use		3,298,091	8	3,239,288
	9	Prepaid expenses and deferred charges		15,089,234	9	18,111,652
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 2,511,247,272			
	b	Less accumulated depreciation	10b 1,253,831,506	1,142,887,688	10c	1,257,415,766
	11	Investments—publicly traded securities		96,582,824	11	116,840,523
	12	Investments—other securities See Part IV, line 11		3,773,173,428	12	4,448,366,625
	13	Investments—program-related See Part IV, line 11			13	
	14	Intangible assets			14	1,245,417
	15	Other assets See Part IV, line 11		1,896,643,363	15	1,978,757,144
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		7,570,727,549	16	8,532,788,121
Liabilities	17	Accounts payable and accrued expenses		1,867,748,412	17	2,432,659,945
	18	Grants payable			18	
	19	Deferred revenue		50,271,287	19	47,678,295
	20	Tax-exempt bond liabilities		1,405,803,416	20	1,898,206,436
	21	Escrow or custodial account liability Complete Part IV of Schedule D			21	
	22	Loans and other 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		295,720,065	23	276,079,874
	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		2,164,396,146	25	2,427,291,516
	26	**Total liabilities.** Add lines 17 through 25		5,783,939,326	26	7,081,916,066
Net Assets or Fund Balances		**Organizations that follow SFAS 117 (ASC 958), check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		394,471,388	27	-130,926,065
	28	Temporarily restricted net assets		725,544,506	28	875,233,875
	29	Permanently restricted net assets		666,772,329	29	706,564,245
		Organizations that do not follow SFAS 117 (ASC 958), 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		1,786,788,223	33	1,450,872,055
	34	Total liabilities and net assets/fund balances		7,570,727,549	34	8,532,788,121

Part XI Reconcilliation 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	3,899,496,167
2	Total expenses (must equal Part IX, column (A), line 25)	2	3,653,597,704
3	Revenue less expenses Subtract line 2 from line 1	3	245,898,463
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,786,788,223
5	Net unrealized gains (losses) on investments	5	236,770,086
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-818,584,717
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	1,450,872,055

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?	2a		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both ☐ Separate basis ☑ Consolidated basis ☐ Both consolidated and separate basis			
c	If "Yes," to line 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?	2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O			
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?	3a	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	3b	Yes	

Additional Data

Software ID:
Software Version:
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Name: 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 (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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			
BOLTON JEFFREY W CFO/TRUSTEE	1 00 40 00	X		X				0	777,777	59,357
BRIGHAM ROBERT F ASST SECRETARY/TRUSTEE	1 00 40 00	X		X				0	516,616	24,095
BUSKIRK MD STEVEN J TRUSTEE (2/15-12/31)	1 00 40 00	X						0	576,078	52,324
DECKER MD WYATT W VP/TRUSTEE	1 00 40 00	X		X				0	739,688	47,521
GORMAN MD R SCOTT TRUSTEE	1 00 40 00	X						0	361,714	56,216
LEVENTHAL MD JACK P TRUSTEE (1/1-2/15)	1 00 40 00	X						0	392,837	64,836
RUPP MD WILLIAM C VP/TRUSTEE	1 00 40 00	X		X				0	915,355	11,605
ALVARADO LINDA G TRUSTEE (2/17-12/31)	5 00 0 00	X						60,094	0	0
ANDERSON BRADBURY BRAD H TRUSTEE	5 00 0 00	X						0	0	0
BARKSDALE JAMES L TRUSTEE	5 00 0 00	X						4,921	0	0
BROKAW THOMAS J TRUSTEE	5 00 0 00	X						6,192	0	0
CARLSON NELSON MARILYN CHAIR/TRUSTEE	5 00 0 00	X		X				2,601	0	0
CORDOVA FRANCE A TRUSTEE	5 00 0 00	X						2,067	0	0
DAVIS A DANO TRUSTEE	5 00 0 00	X						0	0	0
DI PIAZZA SAMUEL A JR TRUSTEE	5 00 0 00	X						0	0	0
DOUGHERTY MICHAEL E TRUSTEE (11/9-12/31)	5 00 0 00	X						42,395	0	0
GEORGE WILLIAM W TRUSTEE (2/17-12/31)	5 00 0 00	X						45,859	0	0
GONDA LOUIS L TRUSTEE	5 00 0 00	X						0	0	0
HERBERGER ROY A TRUSTEE	5 00 0 00	X						0	0	0
MITCHELL PATRICIA E TRUSTEE	5 00 0 00	X						1,236	0	0
OLSON RONALD L TRUSTEE	5 00 0 00	X						0	0	0
PETERS AULANA L TRUSTEE	5 00 0 00	X						1,621	0	0
POWELL MICHAEL K TRUSTEE	5 00 0 00	X						3,855	0	0
RAYMOND LEE R TRUSTEE (1/1-12/6)	5 00 0 00	X						0	0	0
STEER MD RANDOLPH C TRUSTEE	5 00 0 00	X						3,387	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 (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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			
TATLOCK ANNE E TRUSTEE	5 00 0 00	X						1,876	0	0
EHMAN MD RICHARD L TRUSTEE	40 00 0 00	X						641,439	0	62,427
MILLINER MD DAWN S TRUSTEE	40 00 0 00	X						444,470	0	2,085
NESSE MD ROBERT E TRUSTEE	40 00 0 00	X						688,141	0	18,683
NOSEWORTHY MD JOHN H CEO/PRESIDENT/TRUSTEE	40 00 0 00	X		X				0	1,692,329	55,870
OLSEN MD KERRY D TRUSTEE	40 00 0 00	X						553,890	0	14,627
ROGER MD VERONIQUE L TRUSTEE	40 00 0 00	X						585,804	0	40,261
WEIS SHIRLEY A VP/CAO/TRUSTEE	40 00 0 00	X		X				0	971,605	59,023
FRANCIS JAMES R ASST TREASURER	1 00 40 00			X				0	326,347	58,524
BROWN WILLIAM A ASST TREASURER	1 00 40 00			X				0	210,372	56,925
FROISLAND JEFFREY R ASST TREASURER	1 00 40 00			X				0	258,637	38,803
HOFFMAN MARY J ASST TREASURER	1 00 40 00			X				0	279,686	61,176
HUBERT SHERRY L ASST SECRETARY	1 00 40 00			X				0	241,289	49,176
OVIATT JONATHAN J CLO/SECRETARY	1 00 40 00			X				0	555,778	62,556
THOMAS GREGORY J ASST SECRETARY	1 00 40 00			X				0	462,328	9,159
GORMAN PAUL A ASST TREASURER	40 00 0 00			X				596,419	0	356,484
HAEFLINGER RICKY J ASST TREASURER	40 00 0 00			X				220,349	0	217,086
HOFFMAN III HARRY N TREASURER	40 00 0 00			X				959,096	0	515,354
SCHMIDT BRADLEY D ASST TREASURER	40 00 0 00			X				337,928	0	51,243
BERRY MD DANIEL J CHAIR-ORTHOPEDICS	40 00 0 00				X			631,421	0	52,303
CAMILLERI MD MICHAEL EXEC DEAN FOR DEVELOPMENT	40 00 0 00				X			575,582	0	64,142
CASCINO MD TERRANCE L INTERIM DEAN-MEDICAL SCHOOL	40 00 0 00				X			476,728	0	44,395
COCKERILL MD FRANKLIN R CHAIR-LAB MED & PATH	40 00 0 00				X			528,928	0	62,485
DESCHAMPS MD CLAUDE CHAIR-SURGERY	40 00 0 00				X			595,530	0	58,492
DIASIO MD ROBERT B DIRECTOR-MAYO CANCER CENTER	40 00 0 00				X			587,911	0	15,793

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 (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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			
FOOTE MD ROBERT L CHAIR-RAD ONCOLOGY	40 00 0 00				X			578,359	0	55,671
GERTZ MD MORIE A CHAIR-ROCH INTERN MED	40 00 0 00				X			555,710	0	35,306
HARPER JR MD CHARLES M EXEC DEAN FOR PRACTICE	40 00 0 00				X			759,333	0	60,544
HAYES MD DAVID L PHYSICIAN	40 00 0 00				X			596,305	0	42,618
KING MD BERNARD F CHAIR-RADIOLOGY	40 00 0 00				X			728,309	0	56,596
LA RUSSO MD NICHOLAS F DIRECTOR-CENTER FOR INNOVATION	40 00 0 00				X			671,067	0	8,244
NARR MD BRADLY J CHAIR-ANESTHESIOLOGY	40 00 0 00				X			522,662	0	60,647
NICHOLS III MD FRANCIS C PHYSICIAN	40 00 0 00				X			526,169	0	63,147
RIZZA MD ROBERT A CHAIR RESEARCH COMMITTEE	40 00 0 00				X			661,866	0	15,500
ROCK MD MICHAEL G PHYSICIAN	40 00 0 00				X			643,678	0	62,208
SAWYER NAN B CHAIR-DEPT OF PRACTICE ADMIN	40 00 0 00				X			404,098	0	47,463
SWENSEN MD STEPHEN J PHYSICIAN	40 00 0 00				X			694,305	0	60,424
WALD MD JOHN T CHAIR - CPC EQMT SUBCOMMITTEE	40 00 0 00				X			609,472	0	54,259
WARNER MD MARK A EXEC DEAN FOR EDUCATION	40 00 0 00				X			579,774	0	53,914
PICHELMANN MD MARK A PHYSICIAN	40 00 0 00					X		422,861	398,146	39,115
ATKINSON MD JOHN LD PHYSICIAN	40 00 0 00					X		805,043	0	20,604
DEARANI MD JOSEPH A PHYSICIAN	40 00 0 00					X		778,657	0	55,445
MARSH MD W RICHARD PHYSICIAN	40 00 0 00					X		810,328	0	34,945
MEYER MD FREDRIC B CHAIR-NEURO SURGERY	40 00 0 00					X		823,000	0	67,381
TRASTEK MD VICTOR F FORMER VP	0 00 40 00						X	0	867,707	60,723
FORBES MD GLENN S FORMER CEO	40 00 0 00						X	221,197	0	1,803
SCHWENK MD NINA M FORMER VP	40 00 0 00						X	284,166	0	50,596
GROSSET JESSICA A FORMER KEY EMPLOYEE	0 00 40 00						X	0	274,404	23,671
BROWN JR MD ROBERT D FORMER KEY EMPLOYEE	40 00 0 00						X	311,305	0	44,859
EDWARDS MD BROOKS S FORMER KEY EMPLOYEE	40 00 0 00						X	448,077	0	60,887

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 (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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			
ERLICHMAN MD CHARLES FORMER KEY EMPLOYEE	40 00 0 00						X	401,920	0	57,715
FARRUGIA MD GIANRICO FORMER KEY EMPLOYEE	40 00 0 00						X	503,967	0	52,034
GORES MD GREGORY J FORMER KEY EMPLOYEE	40 00 0 00						X	487,572	0	56,349
GOSTOUT MD BOBBIE S FORMER KEY EMPLOYEE	40 00 0 00						X	562,316	0	41,202
HORLOCKER MD TERESE T FORMER KEY EMPLOYEE	40 00 0 00						X	462,830	0	53,703
SCHNEIDER KENNETH J FORMER KEY EMPLOYEE	40 00 0 00						X	285,534	0	14,669
SIMMONS MD PATRICIA S FORMER KEY EMPLOYEE	40 00 0 00						X	355,615	0	62,525
SMOLDT CRAIG A FORMER KEY EMPLOYEE	40 00 0 00						X	419,924	0	8,244
WOOD MD DOUGLAS L FORMER KEY EMPLOYEE	40 00 0 00						X	620,597	0	67,550

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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

2012

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 described in **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 See **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 - Non-functionally integrated

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?

		Yes	No
(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 supported organization?	**11g(i)**		
(ii) A family member of a person described in (i) above?	**11g(ii)**		
(iii) A 35% controlled entity of a person described in (i) or (ii) above?	**11g(iii)**		

h Provide the following information about the supported organization(s)

(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 monetary support
			Yes	No	Yes	No	Yes	No	
Total									

Part II **Support Schedule for Organizations Described in Sections 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 (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(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 (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(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 Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
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 2012 (line 6, column (f) divided by line 11, column (f)) **14**

15 Public support percentage for 2011 Schedule A, Part II, line 14 **15**

16a **33 1/3% support test—2012.** 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—2011.** If the organization did not check a 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—2012.** 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—2011.** 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 III Support Schedule for Organizations Described in Section 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) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")	537,306,055	286,081,699	546,721,460	834,802,485	781,802,012	2,986,713,711
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	1,941,912,542	2,045,718,507	2,175,100,797	2,446,070,773	2,512,392,180	11,121,194,799
3 Gross receipts from activities that are not an unrelated trade or business under section 513	15,395,969	4,360,503	4,263,677	4,487,634	4,630,871	33,138,654
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5	2,494,614,566	2,336,160,709	2,726,085,934	3,285,360,892	3,298,825,063	14,141,047,164
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						0
b Amounts 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
c Add lines 7a and 7b						0
8 **Public support** (Subtract line 7c from line 6)						14,141,047,164

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9 Amounts from line 6	2,494,614,566	2,336,160,709	2,726,085,934	3,285,360,892	3,298,825,063	14,141,047,164
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	-13,096,658	8,240,020	88,918,239	99,682,684	216,682,004	400,426,289
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975	-3,809,852	3,757,095	4,963,818	20,061,164	11,663,527	36,635,752
c Add lines 10a and 10b	-16,906,510	11,997,115	93,882,057	119,743,848	228,345,531	437,062,041
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)	935,926	1,814,220	2,874,530	52,209	310,695	5,987,580
13 **Total support.** (Add lines 9, 10c, 11, and 12)	2,478,643,982	2,349,972,044	2,822,842,521	3,405,156,949	3,527,481,289	14,584,096,785

14 **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

15	Public support percentage for 2012 (line 8, column (f) divided by line 13, column (f))	15	96 960 %
16	Public support percentage from 2011 Schedule A, Part III, line 15	16	98 340 %

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2012** (line 10c, column (f) divided by line 13, column (f))	17	3 000 %
18	Investment income percentage from **2011** Schedule A, Part III, line 17	18	1 610 %

19a **33 1/3% support tests—2012.** 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—2011.** 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.** Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and 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 - 2008 AMOUNT $ 295,248 2009 AMOUNT $ 1,533,367 2010 AMOUNT $ 2,237,485 2011 AMOUNT $ 52,209 2012 AMOUNT $ 310,695 RECYCLING - 2008 AMOUNT $ 640,678 2009 AMOUNT $ 280,853 2010 AMOUNT $ 637,045

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)

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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

2012

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, Part V, line 35c (Proxy Tax), then

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

Name of the organization	**Employer identification number**
MAYO CLINIC	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 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 function 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		
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-		

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

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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable 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)).

For each "Yes" response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.		(a) Yes	(a) No	(b) 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?	Yes		764,043
j	Total Add lines 1c through 1i			764,043
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 carry over 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) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."

1	Dues, assessments and similar amounts from members	1	
2	Section 162(e) nondeductible lobbying and political expenditures **(do not include amounts of political expenses for which the section 527(f) tax was paid).**		
a	Current year	2a	
b	Carryover from last year	2b	
c	Total	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 carry over 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, Part II-A (affiliated group list), Part II-A, line 2, and Part II-B, line 1 Also, complete this part for any additional information

Identifier	Return Reference	Explanation
EXPLANATION OF LOBBYING ACTIVITIES	PART II-B, LINE 1	DURING 2012, 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 2012, 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 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 2012, THE EXPENSES ASSOCIATED WITH THE ABOVE LOBBYING ACTIVITIES THAT ARE REPORTED ON MFMER'S 2012 FEDERAL FORM 990 TOTALED $ 1,043,112
PART IV, SUPPLEMENTAL INFORMATION		THE AMOUNT IN "OTHER ACTIVITIES" REPRESENTS A PORTION OF PROFESSIONAL DUES ATTRIBUTABLE TO LOBBYING

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SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2012

Open to Public Inspection

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 can 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 education) ☐ Preservation of an historically important land area
☐ Protection of natural habitat ☐ Preservation of a certified historic structure
☐ Preservation of open space

2 Complete lines 2a through 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	2a
b	Total acreage restricted by conservation easements	2b
c	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax 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? ☐ Yes ☐ No

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 section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIII, 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 (ASC 958), 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 XIII, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116 (ASC 958), 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 (ASC 958) 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 acquisition, 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
- b ☐ Scholarly research
- c ☐ Preservation for future generations
- d ☐ Loan or exchange programs
- e ☐ Other

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

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 XIII and complete the following table

		Amount
c	Beginning balance	1c
d	Additions during the year	1d
e	Distributions during the year	1e
f	Ending balance	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 XIII Check here if the explanation has been provided in Part XIII ☐

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	1,780,921,634	1,371,788,199	18,928,464	12,902,219	9,408,019
b	Contributions	52,562,392	58,600,014	1,305,111,196	5,193,334	6,537,258
c	Net investment earnings, gains, and losses	240,953,623	418,416,458	75,605,239	1,556,243	-2,690,556
d	Grants or scholarships					
e	Other expenditures for facilities and programs	39,093,758	67,883,037	27,856,700	723,332	352,502
f	Administrative expenses					
g	End of year balance	2,035,343,891	1,780,921,634	1,371,788,199	18,928,464	12,902,219

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as

- a Board designated or quasi-endowment ▶ 42 680 %
- b Permanent endowment ▶ 35 210 %
- c Temporarily restricted endowment ▶ 22 110 %

The percentages in lines 2a, 2b, and 2c should equal 100%

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 XIII 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	9,477,289	56,290,788		65,768,077
b Buildings		1,591,336,200	680,086,997	911,249,203
c Leasehold improvements				
d Equipment		854,142,995	573,744,509	280,398,486
e Other				
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* ▶				1,257,415,766

Part VII Investments—Other Securities. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A) MAYO POOLED INVESTMENTS	4,388,656,376	F
(B) BOND-RELATED TRUSTEE HELD INVESTMENTS	59,390,249	F
(C) TECH BASED VENTURES	320,000	C
Total. *(Column (b) must equal Form 990, Part X, col (B) line 12)* ▶	4,448,366,625	

Part VIII Investments—Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Total. *(Column (b) must equal Form 990, Part X, col (B) line 13)* ▶		

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) DUE FROM AFFILIATES	1,216,725,527
(2) INVESTMENTS IN SUBSIDIARIES	600,699,331
(3) CONTRIBUTED ASSETS PENDING DISPOSAL	13,332,594
(4) ART	3,167,394
(5) TRUSTS	144,832,298
Total. *(Column (b) must equal Form 990, Part X, col.(B) line 15.)* . . . . . ▶	1,978,757,144

Part X Other Liabilities. See Form 990, Part X, line 25.

1 (a) Description of liability	(b) Book value
Federal income taxes	
DUE TO AFFILIATES	2,308,911,129
DEFERRED COMPENSATION LIABILITY	116,840,523
FEDERAL INCOME TAXES	1,539,864
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25)* ▶	2,427,291,516

2. Fin 48 (ASC 740) Footnote In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII ☑

Part XI Reconciliation 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 XIII)	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 XIII)	4b			
c	Add lines **4a** and **4b**			4c	
5	Total revenue Add lines **3** and **4c.** (This must equal Form 990, Part I, line 12)			5	

Part XII Reconciliation 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 XIII)	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 XIII)	4b			
c	Add lines **4a** and **4b**			4c	
5	Total expenses Add lines **3** and **4c.** (This must equal Form 990, Part I, line 18)			5	

Part XIII Supplemental 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, line 2, Part XI, lines 2d and 4b, and Part XII, 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 COMPLEMENT 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, LINE 2	AT DECEMBER 31, 2012 AND 2011, 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 2009 THROUGH 2011 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 2009 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 2009 UNTIL DECEMBER 31, 2013 AS OF DECEMBER 31, 2012, 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, 2012 AND 2011, THE RESERVE FOR UNRECOGNIZED TAX BENEFITS WAS NOT SIGNIFICANT, AND AS A RESULT, THERE IS NO LONGER A RESERVE FOR UNRECOGNIZED TAX BENEFITS RECORDED THE CLINIC'S PRACTICE IS TO RECOGNIZE INTEREST AND/OR PENALTIES RELATED TO INCOME TAX MATTERS IN INCOME TAX EXPENSE

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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

2012

Open to Public Inspection

Name of the organization
MAYO CLINIC

Employer identification number
41-6011702

Part I

			YES	NO
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?	1	Yes	
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?	2	Yes	
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	3		No
4	Does the organization maintain the following?			
a	Records indicating the racial composition of the student body, faculty, and administrative staff?	4a	Yes	
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	4b	Yes	
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	4c	Yes	
d	Copies of all material used by the organization or on its behalf to solicit contributions?	4d	Yes	
	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?	5a		No
b	Admissions policies?	5b		No
c	Employment of faculty or administrative staff?	5c		No
d	Scholarships or other financial assistance?	5d		No
e	Educational policies?	5e		No
f	Use of facilities?	5f		No
g	Athletic programs?	5g		No
h	Other extracurricular activities?	5h		No
	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?	6a	Yes	
b	Has the organization's right to such aid ever been revoked or suspended?	6b		No
	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	7	Yes	

Part II 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

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SCHEDULE F (Form 990)

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2012

Open to Public Inspection

Name of the organization
MAYO CLINIC

Employer identification number
41-6011702

Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 14b.

1 **For grantmakers.** 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 **For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of grant funds outside the United States.

3 Activites per Region (The following Part I, line 3 table can be duplicated if additional space is needed)

	(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e g , fundraising, program services, investments, 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 and investments in region
	See Add'l Data					
3a	Sub-total	0	3,171			6,677,678
b	Total from continuation sheets to Part I	0	229			867,227,773
c	**Totals** (add lines 3a and 3b)	0	3,400			873,905,451

Part II **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than $5,000. Part II can be duplicated if additional space is needed.

1 (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 of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
See Add'l Data								

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter . . . . ▶ 0

3 Enter total number of other organizations or entities . . . . . ▶ 34

Part III **Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
RESEARCH SUBAWARD	GUNNAR B WALLIN	1	11,000	CHECK, ELECTRONIC FUND, OR WIRE TRANSFER			
RESEARCH SUBAWARD	NICHOLAS J TALLEY MD	1	5,000	CHECK, ELECTRONIC FUND, OR WIRE TRANSFER			
RESEARCH SUBAWARD	TSEGAHUN MANYAZEWAL	1	7,000	CHECK, ELECTRONIC FUND, OR WIRE TRANSFER			
RESEARCH SUBAWARD	YEWONDWOSSEN T MENGISTU	1	11,250	CHECK, ELECTRONIC FUND, OR WIRE TRANSFER			

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, Return by a U.S. Transferor of Property to a Foreign Corporation (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 organizationmay be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (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

Part V Supplemental Information

Complete this part to provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

Identifier	ReturnReference	Explanation
PROCEDURE FOR MONITORING GRANTS OUTSIDE THE U S		SCHEDULE F, PART I, LINE 2 FEDERAL AWARDS THAT ARE SUBCONTRACTED TO OTHER ORGANIZATIONS ARE MONITORED BY MAYO CLINIC AS PRESCRIBED IN OMB CIRCULAR A-133 SEE ALSO SCHEDULE I, PART IV FOR ADDITIONAL INFORMATION ON MAYO CLINIC'S PROCEDURES FOR MONITORING THE USE OF GRANT FUNDS AS THE SAME PROCEDURES APPLY TO DOMESTIC AND FOREIGN GRANTS GENERAL INFORMATION ON ACTIVITIES OUTSIDE THE UNITED STATES IS REPORTED BASED ON WHERE PAYMENTS WERE REMITTED OUR CURRENT REPORTING SYSTEM DOES NOT TRACK ACTIVITIES OUTSIDE THE UNITED STATES BY LOCATION OF SERVICE
METHOD USED TO ACCCOUNT FOR EXPENDITURES		SCHEDULE F, PART I, LINE 3 ACCRUAL METHOD

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 AND GREENLAND)	RESEARCH SUBAWARD	87,638	CHECK, ELECTRONIC FUND, OR WIRE TRANSFER			
		EUROPE (INCLUDING ICELAND AND GREENLAND)	RESEARCH SUBAWARD	204,539	CHECK, ELECTRONIC FUND, OR WIRE TRANSFER			
		EUROPE (INCLUDING ICELAND AND GREENLAND)	RESEARCH SUBAWARD	118,874	CHECK, ELECTRONIC FUND, OR WIRE TRANSFER			
		EUROPE (INCLUDING ICELAND AND GREENLAND)	RESEARCH SUBAWARD	11,814	CHECK, ELECTRONIC FUND, OR WIRE TRANSFER			
		MIDDLE EAST AND NORTH AFRICA	RESEARCH SUBAWARD	13,929	CHECK, ELECTRONIC FUND, OR WIRE TRANSFER			
		MIDDLE EAST AND NORTH AFRICA	RESEARCH SUBAWARD	7,640	CHECK, ELECTRONIC FUND, OR WIRE TRANSFER			
		MIDDLE EAST AND NORTH AFRICA	RESEARCH SUBAWARD	97,000	CHECK, ELECTRONIC FUND, OR WIRE TRANSFER			
		NORTH AMERICA	RESEARCH SUBAWARD	13,200	CHECK, ELECTRONIC FUND, OR WIRE TRANSFER			
		NORTH AMERICA	RESEARCH SUBAWARD	166,393	CHECK, ELECTRONIC FUND, OR WIRE TRANSFER			
		NORTH AMERICA	RESEARCH SUBAWARD	49,390	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	35,728	CHECK, ELECTRONIC FUND, OR WIRE TRANSFER			
		NORTH AMERICA	RESEARCH SUBAWARD	74,624	CHECK, ELECTRONIC FUND, OR WIRE TRANSFER			
		NORTH AMERICA	RESEARCH SUBAWARD	22,580	CHECK, ELECTRONIC FUND, OR WIRE TRANSFER			
		NORTH AMERICA	RESEARCH SUBAWARD	62,500	CHECK, ELECTRONIC FUND, OR WIRE TRANSFER			
		NORTH AMERICA	RESEARCH SUBAWARD	8,400	CHECK, ELECTRONIC FUND, OR WIRE TRANSFER			
		NORTH AMERICA	RESEARCH SUBAWARD	8,150	CHECK, ELECTRONIC FUND, OR WIRE TRANSFER			
		NORTH AMERICA	RESEARCH SUBAWARD	8,495	CHECK, ELECTRONIC FUND, OR WIRE TRANSFER			
		NORTH AMERICA	RESEARCH SUBAWARD	10,435	CHECK, ELECTRONIC FUND, OR WIRE TRANSFER			
		NORTH AMERICA	RESEARCH SUBAWARD	7,200	CHECK, ELECTRONIC FUND, OR WIRE TRANSFER			
		NORTH AMERICA	RESEARCH SUBAWARD	27,810	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	8,100	CHECK, ELECTRONIC FUND, OR WIRE TRANSFER			
		NORTH AMERICA	RESEARCH SUBAWARD	36,264	CHECK, ELECTRONIC FUND, OR WIRE TRANSFER			
		NORTH AMERICA	RESEARCH SUBAWARD	75,385	CHECK, ELECTRONIC FUND, OR WIRE TRANSFER			
		SUB-SAHARAN AFRICA	RESEARCH SUBAWARD	131,696	CHECK, ELECTRONIC FUND, OR WIRE TRANSFER			

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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. Form 990-EZ filers are not required to complete this part.

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

OMB No 1545-0047

2012

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 email 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

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions? Yes	(iii) No	(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
MOORE WALLACERR DONNELLY 111 SOUTH WACKER DRIVE CHICAGO, IL 606064301	DIRECT MAIL SERVICES		No	0	1,502,421	-1,502,421
GRAY PLANT MOOTY 500 IDS CENTER 80 SOUTH 80TH ST MINNEAPOLIS, MN 55402	CONSULTS ON LEGAL ISSUES		No	0	29,032	-29,032
LISA SELLNER 31 JUNCTION OVERLOOK STRASBURG, VA 22657	WRITER ON DIRECT MAIL PIECES		No	0	18,545	-18,545
MAUREEN OTIS 4850 WRIGHT RD STE 168 STAFFORD, TX 77477	CONSULTS ON LEGAL ISSUES		No	0	19,078	-19,078
PENTERA 8650 COMMERECE PARK PLACE SUITE G INDIANAPOLIS, IN 46268	CONSULTS ON DIRECT MAILING & WEB ACTIVITIES		No	0	23,370	-23,370
PARADYSZ MATERA & CO 215 PARK AVE SOUTH NEW YORK, NY 10003	CONSULTING		No	0	94,099	-94,099
M R STRATEGIC SERVICES 2120 L STREET NW 6TH FLOOR WASHINGTON, DC 20037	CONSULTING		No	0	90,024	-90,024
NNE MARKETING LLC 754 MASSACHUSETTS AVE ARLINGTON, MA 02476	CONSULTING		No	0	16,000	-16,000
Total . . . . . ▶					1,792,569	-1,792,569

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 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than $5,000.

Revenue / Direct Expenses		(a) Event #1 (event type)	(b) Event #2 (event type)	(c) Other events (total number)	(d) Total events (add col (a) through col (c))
Revenue	1 Gross receipts				
	2 Less Contributions				
	3 Gross income (line 1 minus line 2)				
Direct Expenses	4 Cash prizes				
	5 Noncash 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 line 3, column (d), and line 10 ▶				

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.

Revenue / Direct Expenses		(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				
Direct Expenses	2 Cash prizes				
	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 _____

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 Enter 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 of the third party

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 Supplemental Information. Complete this part to provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

Identifier	Return Reference	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

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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

2012

Open to Public Inspection

Name of the organization
MAYO CLINIC

Employer identification number
41-6011702

Part I Financial Assistance and Certain Other Community Benefits at Cost

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

7 Financial Assistance and Certain Other Community Benefits at Cost

Financial Assistance 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 Financial Assistance at cost (from Worksheet 1)			16,844,279		16,844,279	0 460 %
b Medicaid (from Worksheet 3, column a)			111,469,032	20,223,434	91,245,598	2 510 %
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d **Total** Financial Assistance and Means-Tested Government Programs			128,313,311	20,223,434	108,089,877	2 970 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			26,440		26,440	0 %
f Health professions education (from Worksheet 5)			215,845,266	48,968,972	166,876,294	4 590 %
g Subsidized health services (from Worksheet 6)			305,830,407	135,042,903	170,787,504	4 700 %
h Research (from Worksheet 7)			532,156,165	3,406,501	528,749,664	14 560 %
i Cash and in-kind contributions for community benefit (from Worksheet 8)			561,441		561,441	0 020 %
j **Total.** Other Benefits			1,054,419,719	187,418,376	867,001,343	23 870 %
k **Total.** Add lines 7d and 7j			1,182,733,030	207,641,810	975,091,220	26 840 %

Part II **Community Building Activities** Complete this if the organization conducted any community building activities during the tax year, and describe in Part VI how its community building activities promoted the health of the communities it serves.

		(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
1	Physical improvements and housing			1,000		1,000	0 %
2	Economic development			75,000		75,000	0 %
3	Community support			1,132,920		1,132,920	0 030 %
4	Environmental improvements						
5	Leadership development and training for community members						
6	Coalition building			416,000		416,000	0 010 %
7	Community health improvement advocacy						
8	Workforce development			25,000		25,000	0 %
9	Other						
10	**Total**			1,649,920		1,649,920	0 040 %

Part III **Bad Debt, Medicare, & Collection Practices**

Section A. Bad Debt Expense

				Yes	No
1	Did the organization report bad debt expense in accordance with Heathcare Financial Management Association Statement No 15?		1		No
2	Enter the amount of the organization's bad debt expense Explain in Part VI the methodology used by the organization to estimate this amount	2	21,573,650		
3	Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit	3			
4	Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements				

Section B. Medicare

5	Enter total revenue received from Medicare (including DSH and IME)	5	
6	Enter Medicare allowable costs of care relating to payments on line 5	6	
7	Subtract line 6 from line 5 This is the surplus (or shortfall)	7	
8	Describe 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

9a	Did the organization have a written debt collection policy during the tax year?	9a	Yes	
b	If "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 IV **Management Companies and Joint Ventures** (owned 10% or more by officers, directors, trustees, key employees, and physicians—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					

Part V Facility Information

Section A. Hospital Facilities

(list in order of size from largest to smallest—see instructions)
How many hospital facilities did the organization operate during the tax year?
1

	Name, address, and primary website address	Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (Describe)	Facility reporting group
1	MAYO CLINIC 200 FIRST STREET SW ROCHESTER,MN 55905						X				

Part V Facility Information *(continued)*

Section B. Facility Policies and Practices

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

Name of hospital facility or facility reporting group MAYO CLINIC

For single facility filers only: line Number of Hospital Facility (from Schedule H, Part V, Section A) 1

			Yes	No
Community Health Needs Assessment (Lines 1 through 8c are optional for tax years begining on or before March 23, 2012)				
1	During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 9	1		
	If "Yes," indicate what the CHNA report 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 the community health 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)			
2	Indicate the tax year the hospital facility last conducted a CHNA 20 ___			
3	In conducting its most recent CHNA, did the hospital facility take into account input from representatives of the community served by the hospital facility, including those with special knowledge of or expertise in public health? 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 CHNA 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 CHNA report widely available to the public?	5		
	If "Yes," indicate how the CHNA report 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)			
6	If the hospital facility addressed needs identified in its most recently conducted CHNA, indicate how (check all that apply to date)			
a	☐ Adoption of an implementation strategy that addresses each of the community health needs identified through the CHNA			
b	☐ Execution of the implementation strategy			
c	☐ Participation in the development of a community-wide plan			
d	☐ Participation in the execution of a community-wide 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 its 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 CHNA? If "No," explain in Part VI which needs it has not addressed and the reasons why it has not addressed such needs	7		
8a	Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?	8a		
b	If "Yes" to line 8a, did the organization file Form 4720 to report the section 4959 excise tax?	8b		
c	If "Yes" to line 8b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? $_____			

Part V Facility Information *(continued)*

Financial Assistance Policy		Yes	No
9 Did the hospital facility have in place during the tax year a written financial assistance policy that Explained eligibility criteria for financial assistance, and whether such assistance includes free or discounted care?	**9**	Yes	
10 Used federal poverty guidelines (FPG) to determine eligibility for providing *free* care?	**10**	Yes	
If "Yes," indicate the FPG family income limit for eligibility for free care 200 000000000000% If "No," explain in Part VI the criteria the hospital facility used			
11 Used FPG to determine eligibility for providing *discounted* care?	**11**	Yes	
If "Yes," indicate the FPG family income limit for eligibility for discounted care 400 000000000000% If "No," explain in Part VI the criteria the hospital facility used			
12 Explained the basis for calculating amounts charged to patients?	**12**	Yes	
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)			
13 Explained the method for applying for financial assistance?	**13**	Yes	
14 Included measures to publicize the policy within the community served by the hospital facility?	**14**	Yes	
If "Yes," indicate how the hospital facility publicized the policy (check all that apply)			
a ☑ The policy was posted on the hospital facility's website			
b ☐ The policy was attached to 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 on admission to the hospital facility			
f ☑ The policy was available upon request			
g ☑ Other (describe in Part VI)			
Billing and Collections			
15 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?	**15**	Yes	
16 Check all of the following 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			
e ☐ Other similar actions (describe in Part VI)			
17 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?	**17**		No
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)			

Part V Facility Information *(continued)*

18 Indicate which efforts the hospital facility made before initiating any of the actions listed in line 17 (check all that apply)

- **a** ☑ Notified individuals of the financial assistance policy on admission
- **b** ☑ Notified individuals of the financial assistance policy prior to discharge
- **c** ☑ Notified individuals 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)

Policy Relating to Emergency Medical Care

		Yes	No
19 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?	**19**	Yes	
If "No," indicate why			
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)			

Charges to Individuals Eligible for Assistance under the FAP (FAP-Eligible Individuals)

20 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 its 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)			
21 During the tax year, did the hospital facility charge any FAP-eligible individuals 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?	**21**		No
If "Yes," explain in Part VI			
22 During the tax year, did the hospital facility charge any FAP-eligible individuals an amount equal to the gross charge for any service provided to that individual?	**22**		No
If "Yes," explain in Part VI			

Part V Facility Information *(continued)*

Section C. Other Health Care 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 health care 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, Part V, Section A, and Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 10, 11, 12h, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22

2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any 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

8 **Facility reporting group(s).** If applicable, for each hospital facility in a facility reporting group provide the descriptions required for Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 10, 11, 12h, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22

Identifier	ReturnReference	Explanation
		PART I, LINE 6A THE ANNUAL REPORT IS PART OF A CONSOLIDATED REPORT PREPARED BY MAYO CLINIC
		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 $170,787,504
		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 $ 21573650

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
		PART III, LINE 4 FOOTNOTE FROM MAYO CLINIC 2012 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 THE FILING ORGANIZATION REPORTS BAD DEBT IN ACCORDANCE WITH GENERALLY ACCEPTED ACCOUNTING PRINCIPLES (GAAP) HEALTHCARE FINANCIAL MANAGEMENT ASSOCIATION STATEMENT 15 IS FOLLOWED TO THE EXTENT THAT IT ALIGNS WITH THE GUIDELINES SET FORTH BY GAAP

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 $368,734,511 BASED ON MEDICARE REIMBURSEMENT OF $310,061,997 AND COSTS OF $678,796,507 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
		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 REASONABLE ATTEMPTS 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 FINANCIAL ASSISTANCE IS OFFERED TO ANY PATIENT IF THE FACTS AND CIRCUMSTANCES SUGGEST THAT THE PATIENT DOES NOT HAVE THE ABILITY TO PAY THEIR BILL IN WHOLE OR IN PART 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 14G 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
MAYO CLINIC		PART V, SECTION B, LINE 18E FINANCIAL ASSISTANCE INFORMATION IS AVAILABLE TO EVERY PATIENT VIA MAYO'S PUBLIC WEBSITE, FROM CUSTOMER SERVICE AND PATIENT ACCESS LOCATIONS, AND IS REFERENCED ON MAYO'S AUTHORIZATION FORMS AND STATEMENTS IN ADDITION, BROCHURES ARE AVAILABLE IN THE ADMISSIONS AREA AND THE PROCESS OF HOW TO APPLY IS AVAILABLE ON THE MAYO CLINIC WEBSITE UPON ADMISSION, IF THE PATIENT DOES NOT HAVE INSURANCE OR EXPRESSES AN INABILITY TO PAY, MAYO DISCUSSES ALL AVAILABLE OPTIONS INCLUDING STATE AND FEDERAL FUNDING AS WELL AS CHARITY CARE MONTHLY STATEMENTS ARE SENT TO PATIENTS THAT OUTLINE CURRENT CHARGES AND ACTIONS WITH INSURANCE AND INCLUDES INFORMATION ABOUT MAYO'S CHARITY CARE POLICY SOME MAYO SITES UTILIZE ADVOCATES TO CONTACT THE PATIENT UPON DISCHARGE TO HELP THEM SECURE GOVENMENTAL ASSISTANCE OR FINANCIAL ASSISTANCE EACH CHARITY CARE REVIEW IS DOCUMENTED IN MAYO'S BILLING SYSTEM AND COMMUNICATED TO THE PATIENT COMPLETED CHARITY CARE FORMS ARE MAINTAINED EITHER IN PAPER OR ELECTRONIC FORMAT THE PATIENT IS INFORMED REGARDING THE OUTCOME OF THE REVIEW MAYO OFTEN IDENTIFIES CHARITY CARE OPPORTUNITIES AFTER THE PATIENT HAS BEEN DISMISSED IN MANY CASES, THIS IS DUE TO LIMITED INSURANCE COVERAGE OR INSURANCE DENIALS AFTER THE SERVICE WAS PERFORMED IN THESE CASES, WHEN A PATIENT EXPRESSES AN INABILITY TO PAY FOR THEIR SERVICES, STAFF WILL INITIATE A CHARITY REVIEW AS INDICATED BY THE FINANCIAL ASSISTANCE POLICY, WHICH IS AVAILABLE FOR EVERY PATIENT AT MAYOCLINIC ORG

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 WIDELY PUBLICIZE THIS POLICY IN THE COMMUNITIES THAT THE INDIVIDUAL MAYO CLINIC AFFILIATED SITES SERVE MAYO CLINIC AFFILIATED SITES MAKE COPIES 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
		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
		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 MAYO CLINIC IS THE FIRST AND LARGEST INTEGRATED, NOT-FOR-PROFIT GROUP PRACTICE IN THE WORLD 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 " MORE THAN 3,800 STAFF PHYSICIANS AND SCIENTISTS, 3,600 RESIDENTS, FELLOWS, AND STUDENTS, AND 50,900 ALLIED HEALTH STAFF WORK AT MAYO CLINIC, WHICH HAS SITES IN ROCHESTER, MINNESOTA, JACKSONVILLE, FLORIDA, AND SCOTTSDALE/PHOENIX, ARIZONA, AS WELL AS A REGIONAL NETWORK OF HOSPITALS AND CLINICS IN MINNESOTA, WISCONSIN, AND IOWA COLLECTIVELY, MORE THAN HALF A MILLION PEOPLE ARE TREATED EACH YEAR 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

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Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

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

2012

Open to Public Inspection

Name of the organization
MAYO CLINIC

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. Part II can be duplicated 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 . . . . . ▶ 258

3 Enter total number of other organizations listed in the line 1 table . . . . . ▶ 42

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. Part III can be duplicated 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	150	3,657,165			
(2) RESEARCH GRANTS	2	46,588			
(3) FINANCIAL HARDSHIP	25	60,149			

Part IV **Supplemental Information.**

Complete this part to provide the information required in Part I, line 2, Part III, column (b), 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

Additional Data

Return to Form

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
ADVOCATE HEALTH AND HOSPITALS CORPORATION DBA ADVOCATE S SUBURBAN HOSP2025 WINDSOR DR OAK BROOK,IL 60523	36-2169147	501(C)(3)	13,200				SUPPORT RESEARCH PROGRAM
AGILEX TECHNOLOGIES INC5155 PARKSTONE DR CHANTILLY,VA 20151	20-5967657		195,512				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
AGNESIAN HEALTHCARE INC DBA FON DU LAC REGIONAL CLINIC420 E DIVISION ST FOND DU LAC,WI 54935	39-0807236	501(C)(3)	10,400				SUPPORT RESEARCH PROGRAM
ALASKA NATIVE TRIBAL HEALTH CONSORTIUM400 AMBASSADOR DR ANCHORAGE,AK 99508	92-0162721	501(C)(3)	293,270				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 CANCER CENTER 960 SOUTH COLUMBIA RD GRAND FORKS,ND 58206	45-0368330	501(C)(3)	75,730				SUPPORT RESEARCH PROGRAM
AMERICAN CANCER SOCIETY INC250 WILLIAMS STREET NW ATLANTA,GA 30303	13-1788491	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
AMERICAN INDIAN CANCER FOUNDATION800 IDS CENTER 80 SOUTH 8TH ST MINNEAPOLIS, MN 55402	27-0300026	501(C)(3)	5,000				SUPPORT RESEARCH PROGRAM
ARBOR RESEARCH COLLABORATIVE FOR HEALTH315 W HURON ST STE 360 ANN ARBOR, MI 48103	38-3289521	501(C)(3)	29,885				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
ARIZONA STATE UNIVERSITYPO BOX 875812 TEMPE,AZ 852875812	86-0196696	STATE OF AZ	184,061				SUPPORT RESEARCH PROGRAM
ATLANTA REGIONAL CCOPST JOSEPHS HOSPITAL5665 PEACHTREE DUNWOODY RD NE ATLANTA,GA 30342	58-0566257	501(C)(3)	5,500				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
BASSETT MEDICAL CENTER ONE ATWELL RD COOPERSTOWN,NY 13326	13-5596796	501(C)(3)	6,000				SUPPORT RESEARCH PROGRAM
BAYLOR COLLEGE OF MEDICINEPO BOX 4708 HOUSTON,TX 772104708	74-1613878	501(C)(3)	678,137				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 INSTITUTE OF METABOLIC DISEASE3812 ELM STREET DALLAS,TX 75226	75-1921898	501(C)(3)	126,561				SUPPORT RESEARCH PROGRAM
BE THE MATCH FOUNDATION3001 BROADWAY STREET NE NO 601 MINNEAPOLIS,MN 554131753	41-1704734	501(C)(3)	10,000				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
BEAUFORT COUNTY HOSPITAL628 E 12TH ST WASHINGTON,NC 27889	56-0675676	501(C)(3)	7,200				SUPPORT RESEARCH PROGRAM
BENAROYA RESEARCH INSTITUTE AT VIRGINIA MASON1201 9TH AVE SEATTLE,WA 981012795	91-0653422	501(C)(3)	347,188				SUPPORT RESEARCH PROGRAM

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

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BETH ISRAEL DEACONESS MEDICAL CENTER330 BROOKLINE AVE BOSTON,MA 02215	66-6000763	501(C)(3)	122,393				SUPPORT RESEARCH PROGRAM
BIOLOGICS INC120 WESTON OAKS CT CARY,NC 27513	56-1861614		9,500				SUPPORT RESEARCH PROGRAM

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BLACK DATA PROCESSING ASSOCIATION SE MN CHAPTER423 MANOR BROOK LANE NW ROCHESTER,MN 55901	41-1929150	501(C)(3)	25,000				SUPPORT CHARITABLE PROGRAMS
BOCA RATON REGIONAL HOSPITAL INC800 MEADOWS RD BOCA RATON,FL 33486	59-1006663	501(C)(3)	7,200				SUPPORT RESEARCH PROGRAM

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BOLDER OPTIONS2100 STEVENS AVE S MINNEAPOLIS,MN 55404	41-1909480	501(C)(3)	15,000				SUPPORT CHARITABLE PROGRAMS
BOYS AND GIRLS CLUB OF ROCHESTER1026 EAST CENTER STREET ROCHESTER,MN 55904	41-1945875	501(C)(3)	201,375				SUPPORT CHARITABLE PROGRAMS

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

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BRIDGEPORT HOSPITAL 267 GRANT ST BRIDGEPORT,CT 06610	06-0646554	501(C)(3)	40,329				SUPPORT RESEARCH PROGRAM
BRIGHAM AND WOMENS HOSPITAL INC75 FRANCIS ST BOSTON,MA 02115	04-2312909	501(C)(3)	225,035				SUPPORT RESEARCH PROGRAM

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

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CAMP VICTORY MINISTRIES INC58212 403RD AVE ZUMBRO FALLS,MN 55991	31-1710184	501(C)(3)	10,000				SUPPORT CHARITABLE PROGRAMS
CANCER CENTER OF KANSAS PAPO BOX 1458 WICHITA,KS 672011458	48-1181579		121,422				SUPPORT RESEARCH PROGRAM

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

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CANCER RESEARCH FOR THE OZARKS1730 E REPUBLIC RD STE V SPRINGFIELD,MO 65804	43-1908796		15,330				SUPPORT RESEARCH PROGRAM
CARL T HAYDEN MEDICAL RESEARCH FOUNDATION 650 E INDIAN SCHOOL RD RS151B PHOENIX,AZ 85012	86-0907729	501(C)(3)	9,044				SUPPORT RESEARCH PROGRAM

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

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CARLE CANCER CENTER 602 W UNIVERSITY AVE URBANA,IL 618012594	37-1188284		24,290				SUPPORT RESEARCH PROGRAM
CARNEGIE INSTITUTION OF WASHINGTON1530 P STREET NW WASHINGTON,DC 20005	53-0196523	501(C)(3)	9,047				SUPPORT RESEARCH PROGRAM

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

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CASE WESTERN RESERVE UNIVERSITYWOLSTEIN RESEARCH BLDG 2-501 10900 EUCLID AVE LC 7284 CLEVELAND,OH 44106	34-1018992	501(C)(3)	96,347				SUPPORT RESEARCH PROGRAM
CEDAR RAPIDS ONCOLOGY ASSOCIATES 525 10TH ST SE CEDAR RAPIDS,IA 524031206	42-1280144	501(C)(3)	5,534				SUPPORT RESEARCH PROGRAM

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

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CELEBRATION OF A CITY INCPO BOX 007 ROCHESTER, MN 559030007	41-1479891	501(C)(3)	6,000				SUPPORT CHARITABLE PROGRAMS
CENTERPHASE SOLUTION INC600 E CRESCENT AVE STE 205 UPPER SADDLE RIVER, NJ 07458	27-1102680		31,750				SUPPORT RESEARCH PROGRAM

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

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CENTRAL MAINE MEDICAL CENTER12 HIGH ST STE 205 LEWISTON,ME 04240	01-0211494	501(C)(3)	6,000				SUPPORT RESEARCH PROGRAM
CHANNEL ONE INC131 35TH ST SE ROCHESTER,MN 55904	41-1379713	501(C)(3)	17,500				SUPPORT CHARITABLE PROGRAMS

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

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CHARTERHOUSE INC211 SECOND STREET NW ROCHESTER,MN 55901	41-1405254	501(C)(3)	10,243				SUPPORT CHARITABLE PROGRAMS
CHICAGO ASSOCIATON FOR RESEARCH & EDUCATION IN SCIENCE 5TH AVE ROOSEVELT RD BLDG 1 RM C347 C347 HINES,IL 60141	36-3334177	501(C)(3)	10,435				SUPPORT RESEARCH PROGRAM

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

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CHILDREN OF DESTINY 3270 19TH STREET NW SUITE 208 ROCHESTER, MN 55901	06-1777757	501(C)(3)	15,000				SUPPORT CHARITABLE PROGRAMS
CHILDREN'S DENTAL HEALTH SERVICES903 WEST CENTER RM 8 ROCHESTER, MN 55902	20-3677586	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
CHILDRENS HOSPITAL CORPORATION300 LONGWOOD AVE BOSTON,MA 02115	04-2774441	501(C)(3)	399,438				SUPPORT RESEARCH PROGRAM
CHILDRENS HOSPITAL MEDICAL CENTER3333 BURNET AVENUE CINCINNATI,OH 452293039	31-0833936	501(C)(3)	24,581				SUPPORT RESEARCH PROGRAM

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

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CHILDRENS MEMORIAL HOSPITAL2300 CHILDRENS PLAZA CHICAGO,IL 60614	36-2170833	501(C)(3)	104,142				SUPPORT RESEARCH PROGRAM
CHORAL ARTS ENSEMBLE OF ROCHESTER1001 14TH STREET NW ROOM/STE 900 ROCHESTER,MN 55901	36-3465792	501(C)(3)	14,600				SUPPORT CHARITABLE PROGRAMS

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

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CHRISTIANA CARE HEALTH SERVICES INCPO BOX 2653 WILMINGTON,DE 19805	51-0103684	501(C)(3)	9,919				SUPPORT RESEARCH PROGRAM
CITY OF ROCHESTER201 4TH STREET SE ROCHESTER,MN 55904	41-6005494	CITY OF ROCHESTER,MN	26,000				SUPPORT COMMUNITY PROGRAMS

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

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CLEVELAND CLINIC FOUNDATIONPO BOX 931653 CLEVELAND,OH 44193	34-0714585	501(C)(3)	331,269				SUPPORT RESEARCH PROGRAM
CLINICAL DATA INTERCHANGE STANDARDS CONSORTIUM INCPO BOX 2068 ROUND ROCK,TX 78680	04-3503931	501(C)(3)	129,190				SUPPORT RESEARCH PROGRAM

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

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COLORADO CANCER RESEARCH PROGRAM1720 S BELLAIRE ST STE 701 DENVER,CO 80222	84-1090476	501(C)(3)	68,532				SUPPORT RESEARCH PROGRAM
COLORADO STATE UNIVERSITY8008 CAMPUS DELIVERY FORT COLLINS,CO 805238008	84-6000545	STATE OF CO	22,418				SUPPORT RESEARCH PROGRAM

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

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COLUMBIA UNIVERSITY 630 W 168TH ST UNIT 39 NEW YORK,NY 10032	13-5598093	501(C)(3)	21,587				SUPPORT RESEARCH PROGRAM
COLUMBUS CCOP DBA COLUMBUS COMMUNITY CLINICAL ONCOLOGY PROGRAM1335 DUBLIN RD STE 124A COLUMBUS,OH 43215	31-1290751	501(C)(3)	26,753				SUPPORT RESEARCH PROGRAM

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

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COMMUNITY DENTAL CARE INC1670 BEAM AVENUE NO 204 MAPLEWOOD,MN 551091159	04-3692982	501(C)(3)	50,000				SUPPORT CHARITABLE PROGRAMS
COMMUNITY FOOD RESPONSE810 3RD AVE SE ROCHESTER,MN 55904	41-1757102	501(C)(3)	6,500				SUPPORT CHARITABLE PROGRAMS

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

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CONSULTING RADIOLOGISTS LTD1221 NICOLLET MALL STE 600 MINNEAPOLIS,MN 55403	41-0974675		8,800				SUPPORT RESEARCH PROGRAM
CORNELL UNIVERSITYPO BOX 6838 ITHACA,NY 148516838	15-0532082	501(C)(3)	51,182				SUPPORT RESEARCH PROGRAM

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

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COTTON ONEIL CLINIC 901 GARFIELD TOPEKA,KS 666061695	48-6341644		19,200				SUPPORT RESEARCH PROGRAM
DANA FARBER CANCER INSTITUTE INC44 BINNEY ST BOSTON,MA 021156084	04-2263040	501(C)(3)	896,522				SUPPORT RESEARCH PROGRAM

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

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DARTMOUTH-HITCHCOCK MEDICAL CENTERONE MEDICAL CENTER DRIVE LEBANON,NH 03756	02-0222140	501(C)(3)	9,500				SUPPORT RESEARCH PROGRAM
DAYTON CLINICAL ONCOLOGY PROGRAM INC 3525 SOUTHERN BLVD KETTERING,OH 454291221	31-1100389	501(C)(3)	73,256				SUPPORT RESEARCH PROGRAM

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DEACONESS BILLINGS CLINIC2800 10TH AVE N PO BOX 37000 BILLINGS,MT 59101	81-0231784	501(C)(3)	9,605				SUPPORT RESEARCH PROGRAM
DELOITTE CONSULTING LLPLOCKBOX 6447 1615 BRETT ROAD NEW CASTLE,DE 197202425	06-1454513		136,252				SUPPORT RESEARCH PROGRAM

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DINE COLLEGE FINANCE AND ACCOUNTINGONE CIRCLE DRIVE TSAILE,AZ 86556	86-0215931		68,878				SUPPORT RESEARCH PROGRAM
DIVERSITY COUNCIL1130 1/1 7TH ST NW ROCHESTER,MN 55901	41-1709139	501(C)(3)	50,000				SUPPORT CHARITABLE PROGRAMS

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DONALD GUTHRIE FOUNDATION FOR EDUCATION & RESEARCH INC1 GUTHRIE SQUARE SAYRE,PA 18840	24-6022957	501(C)(3)	7,790				SUPPORT RESEARCH PROGRAM
DUKE UNIVERSITYDUMC 3934 DURHAM,NC 27710	56-0532129	501(C)(3)	6,421,653				SUPPORT RESEARCH PROGRAM

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DYSLEXIA INSTITUTE OF MINNESOTA INC847 5TH ST NW ROCHESTER,MN 55901	41-1633734	501(C)(3)	15,000				SUPPORT CHARITABLE PROGRAMS
ELDER NETWORK1130 1/2 7TH ST NW SUITE 205 ROCHESTER,MN 55901	41-1704390	501(C)(3)	20,000				SUPPORT CHARITABLE PROGRAMS

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EMORY UNIVERSITY SCHOOL OF MEDICINE 1365-B CLIFTON RD RMB 4404 ATLANTA,GA 30322	58-0566256	501(C)(3)	208,457				SUPPORT RESEARCH PROGRAM
ERLANGER HEALTH SYSTEM975 E 3RD ST CHATTANOOGA,TN 37403	62-6000101	STATE OF TX	7,200				SUPPORT RESEARCH PROGRAM

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

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ESSENTIA INSTITUTE OF RURAL HEALTH502 E SECOND ST DULUTH,MN 55805	27-1291124	501(C)(3)	62,940				SUPPORT RESEARCH PROGRAM
FLORIDA STATE UNIVERSITYOFFICE STUDENT FINANCIAL SERV A1500 UNIVERSITY CENTER TALLAHASSEE,FL 323069936	59-1961248	501(C)(3)	32,878				SUPPORT RESEARCH PROGRAM

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

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FRANCISCAN SKEMP FOUNDATION OF ARCADIA INC27980 SOUTH ST JOSEPHS AVE ARCADIA,WI 54612	39-1322480	501(C)(3)	9,949				SUPPORT CHARITABLE PROGRAMS
FRED HUTCHINSON CANCER RESEARCH CENTER1100 FAIRVIEW AVE N SEATTLE,WA 98109	23-7156071	501(C)(3)	70,220				SUPPORT RESEARCH PROGRAM

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GAMEHAVEN COUNCIL INC BOY SCOUTS OF AMERICA1124 SE 11TH ST ROCHESTER,MN 559044097	41-0698309	501(C)(3)	20,000				SUPPORT CHARITABLE PROGRAMS
GEISINGER HEALTH SYSTEM100 N ACADEMY AVE STATE COLLEGE,PA 16801	23-6291113	501(C)(3)	11,012				SUPPORT RESEARCH PROGRAM

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GEISINGER MEDICAL CENTER100 N ACADEMY AVE DANVILLE,PA 178222001	24-0795959	501(C)(3)	58,504				SUPPORT RESEARCH PROGRAM
GEORGE MASON UNIVERSITY4400 UNIVERSITY DR FAIRFAX,VA 22030	54-0836354	STATE OF VA	125,194				SUPPORT RESEARCH PROGRAM

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GIFT OF LIFE INC705 2ND STREET SW ROCHESTER,MN 55901	41-1495845	501(C)(3)	26,000				SUPPORT CHARITABLE PROGRAMS
GIRL SCOUTS OF MINNESOTA AND WISCONSIN RIVER VALLEYS INC400 ROBERT STREET SOUTH ST PAUL,MN 55107	41-0693910	501(C)(3)	25,000				SUPPORT CHARITABLE PROGRAMS

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GREAT PLAINS TRIBAL CHAIRMENS HEALTH BOARD1770 RAND RD RAPID CITY,SD 57702	46-0420063	501(C)(3)	8,997				SUPPORT RESEARCH PROGRAM
GREATER ROCHESTER ADVOCATES FOR UNIVERSITIES AND COLLEGES310 S BROADWAY STE 300 ROCHESTER,MN 55904	36-3517407	501(C)(3)	7,500				SUPPORT CHARITABLE PROGRAMS

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GROUP HEALTH COOPERATIVE CONTINUING MEDICAL EDUCATION201 16TH AVE E SEATTLE,WA 98112	91-0511770	501(C)(3)	232,983				SUPPORT RESEARCH PROGRAM
H LEE MOFFIT CANCER CENTER AND RESEARCH INSTITUTE INC12902 MAGNOLIA DR TAMPA,FL 33612	59-2451713	501(C)(3)	81,650				SUPPORT RESEARCH PROGRAM

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

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HEALTH RESEARCH INCPO BOX 2966 BUFFALO,NY 142402966	14-1402155	501(C)(3)	51,917				SUPPORT RESEARCH PROGRAM
HEALTHPARTNERS RESEARCH FOR EDUCATION AND RESEARCHPO BOX 1524 MAIL STOP 21111R MINNEAPOLIS,MN 554401524	41-1670163	501(C)(3)	173,130				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
HEMATOLOGY ONCOLOGY ASSOCIATES OF THE QUAD CITIES1351 E KIMBERLY RD STE 100 BETTENDORF,IA 52722	42-1423259		6,000				SUPPORT RESEARCH PROGRAM
HEMATOLOGYONCOLOGY ASSOCIATES OF CNY CCOP 5008 BRITTONFIELD PKWY EAST SYRACUSE,NY 13057	16-1184100		14,400				SUPPORT RESEARCH PROGRAM

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

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HEMOPHILIA FOUNDATION OF MINNESOTA DAKOTAS INC 750 S PLAZA DR STE 207 MENDOTA HEIGHTS,MN 55120	41-6032276	501(C)(3)	10,000				SUPPORT CHARITABLE PROGRAMS
HITTITE MICROWAVE CORPORATION2 ELIZABETH DR CHELMSFORD,MA 01824	04-2854672		449,674				SUPPORT RESEARCH PROGRAM

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

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HOLY CROSS HOSPITAL 1500 FOREST GLEN RD SILVER SPRING, MD 209101483	52-0738041	501(C)(3)	19,160				SUPPORT RESEARCH PROGRAM
HONORS CHOIRS OF SOUTHEAST MINNESOTA 1001 14TH STREET NW ROCHESTER, MN 559012534	41-1747145	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

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HOPI TRIBEPO BOX 123 KYKOTSMOVI,AZ 86039	86-0134082		7,236				SUPPORT RESEARCH PROGRAM
HUGO W MOSER RESEARCH INSTITUTE AT KENNEDY KRIEGER INC707 NORTH BROADWAY BALTIMORE,MD 212051832	52-1524967	501(C)(3)	36,638				SUPPORT RESEARCH PROGRAM

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

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IHC HEALTH SERVICES INC INTERMOUNTAIN WORKMED1685 W 2200 S WEST VALLEY CITY, UT 84119	94-2854057	501(C)(3)	413,542				SUPPORT RESEARCH PROGRAM
IMMPORT THERAPEUTICS INC DBA ANTIGEN DISCOVERY INC1 TECHNOLOGY DR STE E309 IRVINE, CA 92618	05-0543092		55,000				SUPPORT RESEARCH PROGRAM

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

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INDIANA UNIVERSITY575 RILEY HOSPITAL DR RM 004 INDIANAPOLIS,IN 46202	35-6001673	STATE OF IN	75,685				SUPPORT RESEARCH PROGRAM
INSTITUTE FOR CANCER RESEARCH333 COTTMAN AVE PHILADELPHIA,PA 19111	23-6296135	501(C)(3)	11,705				SUPPORT RESEARCH PROGRAM

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

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INTER AMERICAN HEART FOUNDATION INC7272 GREENVILLE AVE DALLAS,TX 752314596	75-2605363	501(C)(3)	125,000				SUPPORT RESEARCH PROGRAM
INTERNATIONAL BUSINESS MACHINESPO BOX 88808 ATLANTA,GA 303568808	13-0871985		581,999				SUPPORT RESEARCH PROGRAM

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

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IOWA ONCOLOGY RESEARCH ASSOCIATION 300 E LOCUST ST STE 350 DES MOINES,IA 503091854	42-1104334	501(C)(3)	68,393				SUPPORT RESEARCH PROGRAM
ISD 535EDUCATIONAL SERVICES CENTER 334 16TH ST SE ROCHESTER,MN 55904	41-6002803		30,103				SUPPORT RESEARCH PROGRAM & SUPPORT EDUCATIONAL PROGRAMS

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

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J CRAIG VENTER INSTITUTE9704 MEDICAL CENTER DR ROCKVILLE,MD 20850	52-1842938	501(C)(3)	5,985				SUPPORT RESEARCH PROGRAM
JOHNS HOPKINS UNIVERSITY1101 E 33RD ST STE D200 BALTIMORE,MD 21218	52-0595110	501(C)(3)	1,244,996				SUPPORT RESEARCH PROGRAM

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

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KAISER FOUNDATION RESEARCH INSTITUTE 1800 HARRISON ST 16TH FL OAKLAND,CA 946123433	94-1105628	501(C)(3)	7,700				SUPPORT RESEARCH PROGRAM
KANSAS STATE UNIVERSITY1800 DENISON AVE MANHATTAN,KS 665065660	48-0771751	STATE OF KS	34,560				SUPPORT RESEARCH PROGRAM

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

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LEHIGH VALLEY HOSPITAL 1200 S CODAR CREST BLVD ALLENTOWN,PA 181036202	23-1689692	501(C)(3)	37,500				SUPPORT RESEARCH PROGRAM
LINDNER CENTER OF HOPE 4075 OLD WESTERN ROW RD MASON,OH 45040	13-4343743	501(C)(3)	61,856				SUPPORT RESEARCH PROGRAM

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

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LRGHEALTHCARE80 HIGHLAND ST LACONIA,NH 03246	02-0222150	501(C)(3)	36,000				SUPPORT RESEARCH PROGRAM
LUNA INNOVATIONS INC 2851 COMMERCE ST BLACKSBURG,VA 24060	54-1560050		127,417				SUPPORT RESEARCH PROGRAM

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

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MARSHALL UNIVERSITY RESEARCH CORPORATION EDWARD COMP CANCER CENTER401 11TH ST STE 1400 HUNTINGTON,WV 25701	55-0683361	501(C)(3)	8,050				SUPPORT RESEARCH PROGRAM
MARSHFIELD CLINIC1000 NORTH OAK AVE MARSHFIELD,WI 544495777	39-0452970	501(C)(3)	14,167				SUPPORT RESEARCH PROGRAM

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

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MARYLAND ONCOLOGY HEMATOLOGYPO BOX 75581 BALTIMORE,MD 212755581	11-3652573		163,846				SUPPORT RESEARCH PROGRAM
MASSACHUSETTS GENERAL HOSPITAL PHYSICIANS ORGANIZATION INC NEUROGENETICS D55 FRUIT ST BLDG RM 205 BOSTON,MA 021142622	04-2807148	501(C)(3)	30,995				SUPPORT RESEARCH PROGRAM

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

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MASSACHUSETTS INSTITUTE OF TECHNOLOGY77 MASSACHUSETTS AVE CAMBRIDGE,MA 021394307	04-2103594	501(C)(3)	169,185				SUPPORT RESEARCH PROGRAM
MAYO CLINIC - METHODIST HOSPITAL201 WEST CENTER STREET ROCHESTER,MN 55902	41-0739106	501(C)(3)	82,057				SUPPORT CHARITABLE PROGRAMS

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

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MAYO CLINIC - SAINT MARYS HOSPITAL1216 SECOND STREET SW ROCHESTER,MN 55902	41-0944601	501(C)(3)	525,280				SUPPORT CHARITABLE PROGRAMS
MAYO CLINIC ARIZONA 13400 EAST SHEA BOULEVARD SCOTTSDALE,AZ 85259	86-0800150	501(C)(3)	40,295,434				SUPPORT CHARITABLE PROGRAMS

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

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MAYO CLINIC FLORIDA 4201 BELFORT ROAD JACKSONVILLE,FL 32216	59-0714831	501(C)(3)	3,612,478				SUPPORT CHARITABLE PROGRAMS
MAYO CLINIC HEALTH SYSTEM IN WAYCROSS INC 1900 TEBEAU STREET WAYCROSS,GA 31501	58-1667166	501(C)(3)	28,689				SUPPORT CHARITABLE PROGRAMS

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

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MAYO CLINIC HEALTH SYSTEM--ALBERT LEA1000 FIRST DRIVE NW AUSTIN,MN 55912	41-1404075	501(C)(3)	554,371				SUPPORT CHARITABLE PROGRAMS
MAYO CLINIC HEALTH SYSTEM--AUSTIN FOUNDATION300 EIGHTH AVE NW AUSTIN,MN 55912	30-0107471	501(C)(3)	404,254				SUPPORT CHARITABLE PROGRAMS

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

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MAYO CLINIC HEALTH SYSTEM--CANNON FALLS 1116 WEST MILL STREET CANNON FALLS, MN 55009	20-4156428	501(C)(3)	1,096,124				SUPPORT CHARITABLE PROGRAMS
MAYO CLINIC HEALTH SYSTEM--CHIPPEWA VALLEY INC1501 THOMPSON STREET BLOOMER, WI 54724	39-0980343	501(C)(3)	92,641				SUPPORT CHARITABLE PROGRAMS

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

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MAYO CLINIC HEALTH SYSTEM--EAU CLAIRE HOSPITAL INC1221 WHIPPLE STREET EAU CLAIRE,WI 54702	39-0813418	501(C)(3)	316,889				SUPPORT CHARITABLE PROGRAMS
MAYO CLINIC HEALTH SYSTEM--FAIRMONT800 CLINIC CIRCLE FAIRMONT,MN 56031	41-0760836	501(C)(3)	409,247				SUPPORT CHARITABLE PROGRAMS

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

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MAYO CLINIC HEALTH SYSTEM--FRANCISCAN HEALTHCARE FOUNDATION INC700 WEST AVE SOUTH LA CROSSE,MN 54601	39-1186647	501(C)(3)	960,289				SUPPORT CHARITABLE PROGRAMS
MAYO CLINIC HEALTH SYSTEM--FRANCISCAN HEALTHCARE FOUNDATION-SPARTA INC WEST MAIN AND K STREET SPARTA,WI 54656	39-1423234	501(C)(3)	164,312				SUPPORT CHARITABLE PROGRAMS

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

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MAYO CLINIC HEALTH SYSTEM--FRANCISCAN MEDICAL CENTER INC700 WEST AVE SOUTH LA CROSSE,MN 54601	39-0806374	501(C)(3)	54,863				SUPPORT CHARITABLE PROGRAMS
MAYO CLINIC HEALTH SYSTEM--HOME HEALTH & HOSPICE INC2620 STEIN BLVD EAU CLAIRE,WI 54701	39-1491516	501(C)(3)	57,250				SUPPORT CHARITABLE PROGRAMS

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MAYO CLINIC HEALTH SYSTEM--LAKE CITY904 LAKESHORE DRIVE SOUTH LAKE CITY,MN 55041	41-1906820	501(C)(3)	138,665				SUPPORT CHARITABLE PROGRAMS
MAYO CLINIC HEALTH SYSTEM--MANKATO1025 MARSH STREET MANKATO,MN 56002	41-1236756	501(C)(3)	564,696				SUPPORT CHARITABLE PROGRAMS

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MAYO CLINIC HEALTH SYSTEM--MANKATO HEALTH CARE FOUNDATION1025 MARSH STREET MANKATO,MN 56002	41-1663357	501(C)(3)	244,635				SUPPORT CHARITABLE PROGRAMS
MAYO CLINIC HEALTH SYSTEM--NORTHLAND INC 1222 E WOODLAND AVE BARRON,WI 54812	39-0920634	501(C)(3)	209,671				SUPPORT CHARITABLE PROGRAMS

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MAYO CLINIC HEALTH SYSTEM--OAKRIDGE INC 13025 EIGHTH STREET OSSEO, WI 54758	39-1029430	501(C)(3)	42,379				SUPPORT CHARITABLE PROGRAMS
MAYO CLINIC HEALTH SYSTEM--RED CEDAR INC 2321 STOUT ROAD MENOMONIE, WI 54751	51-0190875	501(C)(3)	450,857				SUPPORT CHARITABLE PROGRAMS

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MAYO CLINIC HEALTH SYSTEM--RED WING701 HEWIT BOULEVARD RED WING,MN 55066	41-1713783	501(C)(3)	6,061				SUPPORT CHARITABLE PROGRAMS
MAYO CLINIC HEALTH SYSTEM--SPRINGFIELD625 NORTH JACKSON AVENUE SPRINGFIELD,MN 56087	41-1893827	501(C)(3)	28,362				SUPPORT CHARITABLE PROGRAMS

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MAYO CLINIC HEALTH SYSTEM--ST JAMES1101 MOULTON PARSONS DR PO BOX 460 ST JAMES,MN 56081	41-0797368	501(C)(3)	6,023				SUPPORT CHARITABLE PROGRAMS
MAYO CLINIC HEALTH SYSTEM--ST JAMES HEALTH CARE FOUNDATION1101 MOULTON PARSONS DR PO BOX 460 ST JAMES,MN 56081	41-1444129	501(C)(3)	115,064				SUPPORT CHARITABLE PROGRAMS

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MAYO CLINIC JACKSONVILLE4500 SAN PABLO ROAD JACKSONVILLE,FL 32224	59-3337028	501(C)(3)	39,624,007				SUPPORT CHARITABLE PROGRAMS
MAYO FOUNDATION FOR MEDICAL EDUCATION AND RESEARCH200 FIRST STREET SW ROCHESTER,MN 55905	41-1506440	501(C)(3)	4,692,568				SUPPORT CHARITABLE PROGRAMS

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MEDCENTER ONE INC DBA MEDCENTER ONE HEALTH SYSTEMS300 N 7TH STREET BISMARCK,ND 58501	45-0226700	501(C)(3)	72,734				SUPPORT RESEARCH PROGRAM
MEDICAL UNIVERSITY OF SOUTH CAROLINAPO BOX 250754 100 DOUGHTY ST STE 205 CHARLESTON,SC 29425	57-6000722		33,879				SUPPORT RESEARCH PROGRAM

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MEDICOMP INCPO BOX 932874 ATLANTA,GA 311932874	52-2283535		472,649				SUPPORT RESEARCH PROGRAM
MEDSTAR HEALTH RESEARCH INSTITUTEPO BOX 418223 BOSTON,MA 022418223	52-6056274	501(C)(3)	6,500				SUPPORT RESEARCH PROGRAM

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MEMORIAL SLOAN-KETTERING CANCER CENTERBOX 303 1275 YORK AVE NEW YORK, NY 10021	13-1624182	501(C)(3)	9,500				SUPPORT RESEARCH PROGRAM
MERCY HOSPITAL195 FORE RIVER PKWY STE 360 PORTLAND, ME 04102	01-0211534	501(C)(3)	6,000				SUPPORT RESEARCH PROGRAM

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MERCY PHYSICIANS OF OKLAHOMA4300 W MEMORIAL RD OKLAHOMA CITY,OK 731208304	27-0473057		15,600				SUPPORT RESEARCH PROGRAM
MERITCARE HOSPITAL720 FOURTH ST N FARGO,ND 58122	45-0226909	501(C)(3)	57,122				SUPPORT RESEARCH PROGRAM

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MICHIGAN TECHNOLOGICAL UNIVERSITYHAROLD MEESE BLDG RM 103 1400 TOWNSEND DR HOUGHTON,MI 49931	38-6005955	STATE OF MI	9,226				SUPPORT RESEARCH PROGRAM
MIDWEST BIOMEDICAL RESEARCH FOUNDATION PO BOX 300662 KANSAS CITY,MO 641300662	43-1496422	501(C)(3)	10,435				SUPPORT RESEARCH PROGRAM

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MINNEAPOLIS MEDICAL RESEARCH FOUNDATION HENNEPIN CTY MEDICAL EXAMINERS OFFICE 530 CHICAGO AVE MINNEAPOLIS,MN 55415	41-1677920	501(C)(3)	96,568				SUPPORT RESEARCH PROGRAM
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

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MINNESOTA CHILDREN'S MUSEUM10 WEST SEVENTH STREET ST PAUL,MN 55102	41-1354181	501(C)(3)	10,000				SUPPORT CHARITABLE PROGRAMS
MINNESOTA COUNTIES COMPUTER COOPERATIVE 100 EMPIRE DR STE 201 ST PAUL,MN 551031886	41-1675476		935,281				SUPPORT RESEARCH PROGRAM

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MINNESOTA ZOO FOUNDATION13000 ZOO BOULEVARD APPLE VALLEY,MN 55124	51-0147653	501(C)(3)	10,500				SUPPORT CHARITABLE PROGRAMS
MISSOURI BAPTIST MEDICAL CENTER3015 N BALLAS ROAD ST LOUIS,MO 63131	43-0652656	501(C)(3)	30,965				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
MISSOURI VALLEY CANCER CONSORTIUM CCOP7070 SPRING ST OMAHA,NE 68106	47-0773531	501(C)(3)	55,814				SUPPORT RESEARCH PROGRAM
MONTANA CANCER CORSORTIUM90 POLY DR SUITE 2 BILLINGS,MT 59101	81-0503295	501(C)(3)	5,562				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
MOUNT SINAI SCHOOL OF MEDICINE1255 FIFTH AVENUE STE C-2 NEW YORK, NY 10029	13-6171197	501(C)(3)	263,305				SUPPORT RESEARCH PROGRAM
NATIONAL ASSOCIATION FOR THE ADVANCEMENT OF COLORED PEOPLEPO 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
NATIONAL FOUNDATION FOR THE CENTERS FOR DISEASE CONTROL AND PREVENTION INC55 PARK PLACE STE 400 ATLANTA,GA 30303	58-2106707	501(C)(3)	102,752				SUPPORT RESEARCH PROGRAM
NATIVE AMERICAN CANCER RESEARCH CORPORATION3022 S NOVA RD PINE,CO 804707830	31-1674625	501(C)(3)	58,865				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
NAVAL RESEARCH LABORATORY4555 OVERLOOK AVE SW WASHINGTON,DC 203755328	53-0197019		75,000				SUPPORT RESEARCH PROGRAM
NEUROVISTA CORPORATION100 4TH AVE N STE 600 SEATTLE,WA 98109	33-1064291		279,407				SUPPORT RESEARCH PROGRAM

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

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NEW HAMPSHIRE ONCOLOGY HEMATOLOGY PA200 TECHNOLOGY DR HOOKSETT,NH 03106	02-0335060		23,100				SUPPORT RESEARCH PROGRAM
NEW MEXICO CANCER CARE ALLIANCEPO BOX 4428 ALBUQUERQUE,NM 871964428	02-0624051	501(C)(3)	14,032				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
NORTHEAST ARKANSAS CLINIC CHARITABLE FOUNDATION INC DBA NEA BAPTISTS CLINIC311 E MATHEWS AVE JONESBORO,AR 72401	71-0850123	501(C)(3)	9,600				SUPPORT RESEARCH PROGRAM
NORTHEASTERN UNIVERSITY360 HUNTINGTON AVE BOSTON,MA 021150195	04-1679980	501(C)(3)	290,114				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
NORTHWESTERN UNIVERSITY750 N KALE SHORE DR SUITE 680 CHICAGO,IL 606113008	36-2167817	501(C)(3)	78,795				SUPPORT RESEARCH PROGRAM
NYU DEPARTMENT OF RADIOLOGY560 1ST AVE NEW YORK,NY 100164998	13-5562309	STATE OF NY	94,198				SUPPORT RESEARCH PROGRAM

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

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OHIO STATE UNIVERSITY 558 DOAN HALL 410 W 10TH AVENUE COLUMBUS,OH 43210	31-6025986	STATE OF OH	79,042				SUPPORT RESEARCH PROGRAM
OHIO STATE UNIVERSITY RESEARCH FOUNDATION 1010 LINCOLN TOWER 1800 CANNON DR COLUMBUS,OH 432101230	31-6401599	501(C)(3)	10,963				SUPPORT RESEARCH PROGRAM

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

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OLMSTED COUNTY151 4TH ST SE ROCHESTER,MN 55904	41-6005859		326,914				SUPPORT RESEARCH PROGRAM
OLMSTED COUNTY HISTORICAL SOCIETY 1195 WEST CIRCLE DRIVE SW ROCHESTER,MN 55902	41-0718368	501(C)(3)	10,000				SUPPORT CHARITABLE PROGRAMS

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

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OLMSTED MEDICAL CENTERPO BOX 4300 ROCHESTER, MN 559034300	41-0855367	501(C)(3)	1,208,092				SUPPORT RESEARCH PROGRAM
ONCOLOGY HEMATOLOGY ASSOCIATES OF CENTRAL ILLINOIS PC8940 N WOOD SAGE RD PEORIA, IL 61615	37-1331017		153,822				SUPPORT RESEARCH PROGRAM

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

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OREGON HEALTH & SCIENCES UNIVERSITY 3181 SW SAM JACKSON PARK ROAD PORTLAND,OR 972393098	93-1176109	STATE OF OR	62,498				SUPPORT RESEARCH PROGRAM
OREGON STATE UNIVERSITY100 LASELLS STEWART CENTER CORVALLIS,OR 97331	93-6022772	501(C)(3)	42,287				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 INSTITUTE FOR RESEARCH AND EDUCATION INCPO BOX V-38 PALO ALTO,CA 943040038	77-0207331	501(C)(3)	38,697				SUPPORT RESEARCH PROGRAM
PALO ALTO MEDICAL FOUNDATION RESEARCH INSTITUTE860 BRYANT ST PALO ALTO,CA 943012707	94-1156581	501(C)(3)	49,655				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 HEALTH SERVICES3800 PARK NICOLETT BLVD MINNEAPOLIS, MN 554169963	41-0834920	501(C)(3)	280,130				SUPPORT RESEARCH PROGRAM
PHILIPS ELECTRONICS NORTH AMERICA CORP DBA PHILIPS RESEARCH NORTH AMERICA345 SCARBOROUGH RD BRIARCLIFF MANOR, NY 10510	13-3429115		356,791				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
PHYSICIANS CLINIC OF IOWA PC600 SEVENTH ST SE CEDAR RAPIDS,IA 524012112	42-1462899		9,600				SUPPORT RESEARCH PROGRAM
POTTSTOWN HOSPITAL CO LLC1600 E HIGH ST POTTSTOWN,PA 194645093	06-1694708		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
POUDRE VALLEY HOSPITAL1024 LEMAY AVE FORT COLLINS,CO 80521	84-1262971	501(C)(3)	17,500				SUPPORT RESEARCH PROGRAM
POVERELLO FOUNDATION 1216 SECOND STREET SW ROCHESTER,MN 55902	41-1494881	501(C)(3)	1,042,015				SUPPORT CHARITABLE PROGRAMS

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

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PRINCE WILLIAM HOSPITAL8700 SUDLEY RD MANASSA,VA 200104415	54-0696355	501(C)(3)	10,800				SUPPORT RESEARCH PROGRAM
PRO BONO INSTITUTE 1025 CONNECTICUT AVENUE NW NO 205 WASHINGTON,DC 20036	52-1991509	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

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PROVENA HOSPITALS333 NORTH MADISON ST JOLIET,IL 604356595	36-4195126	501(C)(3)	7,200				SUPPORT RESEARCH PROGRAM
PUGET SOUND BLOOD CENTER921 TERRY AVE SEATTLE,WA 981041239	91-1019655	501(C)(3)	18,115				SUPPORT RESEARCH PROGRAM

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

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RAPID CITY REGIONAL HOSPITAL353 FAIRMONT BLVD RAPID CITY,SD 57709	46-0319070	501(C)(3)	17,838				SUPPORT RESEARCH PROGRAM
RECTOR AND VISITORS OF THE UNIVERSITY OF VIRGINIA DBA UNIVERSITY OF VIRGINIPO BOX 400202 CHARLOTTESVILLE,VA 229044202	54-6001796	STATE OF VA	34,476				SUPPORT RESEARCH PROGRAM

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

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REGENSTRIEF INSTITUTE INC1050 WISHARD BLVD RG 6TH INDIANAPOLIS,IN 46202	30-0007730	501(C)(3)	388,590				SUPPORT RESEARCH PROGRAM
REGENTS OF THE UNIV OF MN DBA UNIVERSITY OF MN2221 UNIV AVE SE STE 111 MINNEAPOLIS,MN 55414	41-6007513	STATE OF MN	2,548,523				SUPPORT RESEARCH PROGRAM

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

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REGENTS OF THE UNIVERSITY OF CALIFORNIA1156 HIGH ST SANTA CRUZ,CA 950641077	94-1539563	501(C)(3)	147,542				SUPPORT RESEARCH PROGRAM
REGENTS OF THE UNIVERSITY OF COLORADO4200 E 9TH AVE BOX 8188 DENVER,CO 802660001	84-6000555	STATE OF CO	411,541				SUPPORT RESEARCH PROGRAM

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

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REX HOSPITAL INC4420 LAKE BOONE TR RALEIGH,NC 27607	56-1509260	501(C)(3)	49,431				SUPPORT RESEARCH PROGRAM
RHODE ISLAND HOSPITAL 593 EDDY ST PROVIDENCE,RI 029034970	05-0258954	501(C)(3)	9,500				SUPPORT RESEARCH PROGRAM

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

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ROCHESTER AREA FOUNDATION400 SOUTH BROADWAY SUITE 300 ROCHESTER,MN 55904	41-6017740	501(C)(3)	50,000				SUPPORT CHARITABLE PROGRAMS
ROCHESTER AREA MATH SCIENCE PARTNERSHIP INC1700 N BROADWAY ROCHESTER,MN 559064144	20-5617159	501(C)(3)	25,150				SUPPORT CHARITABLE PROGRAMS

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ROCHESTER ART CENTER 40 CIVIC DRIVE SE ROCHESTER,MN 55904	41-0799310	501(C)(3)	25,000				SUPPORT CHARITABLE PROGRAMS
ROCHESTER ARTS COUNCIL30 CIVIC CENTER DRIVE SE ROCHESTER,MN 55904	20-4748879	501(C)(3)	5,000				SUPPORT CHARITABLE PROGRAMS

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ROCHESTER BETTER CHANCE FOUNDATION727 2ND ST SW ROCHESTER,MN 55902	41-1237746	501(C)(3)	11,000				SUPPORT CHARITABLE PROGRAMS
ROCHESTER CIVIC THEATRE INC20 CIVIC CENTER DR SE ROCHESTER,MN 55904	41-0829271	501(C)(3)	17,200				SUPPORT CHARITABLE PROGRAMS

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ROCHESTER REPERTORY PO BOX 608 ROCHESTER, MN 55903	41-1540218	501(C)(3)	5,000				SUPPORT CHARITABLE PROGRAMS
ROCHESTER SYMPHONY ORCHESTRA & CHORALE 400 S BROADWAY SUITE 302 ROCHESTER, MN 55904	41-1764434	501(C)(3)	27,000				SUPPORT CHARITABLE PROGRAMS

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

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ROCKY MOUNTAIN CANCER CENTERS LLP 7951 E MAPLEWOOD AVE STE 300 GREENWOOD VILLAGE,CO 80111	84-1457488		22,202				SUPPORT RESEARCH PROGRAM
RONALD MCDONALD HOUSE OF ROCHESTER MINNESOTA INC850 2ND STREET SW ROCHESTER,MN 55902	41-1344744	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

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RUTGERS THE STATE UNIVERSITY OF NJ249 UNIVERSITY AVE NEWARK,NJ 07102	22-6001086	STATE OF NJ	394,775				SUPPORT RESEARCH PROGRAM
SAINT LOUIS UNIVERSITY HOSPITAL3635 VISTA GRAND ST LOUIS,MO 63110	43-0654872	501(C)(3)	128,836				SUPPORT RESEARCH PROGRAM

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

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SALVATION ARMY2445 PRIOR AVE N ROSEVILLE,MN 55113	41-0698597	501(C)(3)	1,500	48,391	COST	MEDICAL SUPPLIES	SUPPORT CHARITABLE PROGRAMS
SCRIPPS RESEARCH INSTITUTE10550 N TORREY PINES RD LA JOLLA,CA 920371000	33-0435954	501(C)(3)	23,413				SUPPORT RESEARCH PROGRAM

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

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SEATTLE BIOMEDICAL RESEARCH INSTITUTE307 WESTLAKE AVE N STE 500 SEATTLE,WA 98109	91-0961784	501(C)(3)	43,833				SUPPORT RESEARCH PROGRAM
SEATTLE INSTITUTE FOR CARDIAC RESEARCH7900 E GREEN LAKE DR N STE 302 SEATTLE,WA 98103	91-2029051	501(C)(3)	346,776				SUPPORT RESEARCH PROGRAM

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

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SIOUX VALLEY CLINICPO BOX 5039 SIOUX FALLS,SD 571175039	46-0447693	501(C)(3)	5,350				SUPPORT RESEARCH PROGRAM
SIOUXLAND HEMATOLOGY ONCOLOGY ASSOCIATES LLP230 NEBRASKA STREET SIOUX CITY,IA 51101	42-1320886		112,986				SUPPORT RESEARCH PROGRAM

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SOMALI COMMUNITY RESETTLEMENT OF OLMSTED COUNTY1312 1/2 7TH ST NW STE 206 ROCHESTER,MN 55901	31-1668255	501(C)(3)	20,000				SUPPORT CHARITABLE PROGRAMS
SOUTH DAKOTA HEALTH RESEARCH FOUNDATION 1400 W 22ND ST SIOUX FALLS,SD 57105	46-0450378	501(C)(3)	178,201				SUPPORT RESEARCH PROGRAM

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SOUTHEASTERN MINNESOTA CENTER FOR INDEPENDENT LIVING INC 2200 SECOND ST SW ROCHESTER,MN 55902	41-1387414	501(C)(3)	15,775				SUPPORT CHARITABLE PROGRAMS
SOUTHERN BAPTIST HOSPITAL FLORIDA INC DBA BAPTIST MEDICAL CENTER800 PRUDENTIAL DR JACKSONVILLE,FL 32207	59-0747311	501(C)(3)	10,800				SUPPORT RESEARCH PROGRAM

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SOUTHERN MINNESOTA REGIONAL LEGAL SERVICES INC903 WEST CENTER ST 130 ROCHESTER,MN 55902	41-1316151	501(C)(3)	30,000				SUPPORT CHARITABLE PROGRAMS
SPARTANBURG REGIONAL HEALTHCARE SYSTEMPO BOX 651602 CHARLOTTE,NC 282651602	57-6000934		6,215				SUPPORT RESEARCH PROGRAM

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SPECTRUM HEALTH HOSPITALS DBA GRAND RAPIDS CLINICAL ONCOLOGY100 MICHIGAN NE GRAND RAPIDS,MI 49503	38-1360529	501(C)(3)	41,481				SUPPORT RESEARCH PROGRAM
ST CLOUD HOSPITAL1406 6TH AVE N ST CLOUD,MN 56303	41-0695596	501(C)(3)	129,017				SUPPORT RESEARCH PROGRAM

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

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ST JOSEPH MERCY HOSPITALBOX 223087 PITTSBURGH,PA 152512087	38-3175878		183,617				SUPPORT RESEARCH PROGRAM
ST LUKES HOSPITAL801 OSTRUM ST BETHLEHEM,PA 18015	23-1352213	501(C)(3)	7,200				SUPPORT RESEARCH PROGRAM

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

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ST VINCENT HOSPITAL835 S VAN BUREN ST GREEN BAY,WI 54307	39-0817529	501(C)(3)	58,585				SUPPORT RESEARCH PROGRAM
STANFORD UNIVERSITY 1450 PAGE MILL RD STANFORD,CA 94304	94-1156365	501(C)(3)	724,455				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 ELIZABETH MEDICAL CENTER OF BOSTON INC736 CAMBRIDGE ST BOSTON,MA 02135	27-2473667		7,200				SUPPORT RESEARCH PROGRAM
THE BOARD OF TRUSTEES OF THE UNIVERSITY OF ILLINOIS DBA UNIV OF ILLINOIS506 S WRIGHT 209 HAB MC-339 URBANA,IL 61801	37-6000511	501(C)(3)	318,468				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 BUCK INSTITUTE FOR RESEARCH ON AGING8001 REDWOOD BLVD NOVATO,CA 94945	94-3030609	501(C)(3)	170,294				SUPPORT RESEARCH PROGRAM
THE CARL AND EDYTH LINDER CENTER FOR RESEARCH AND EDUCATION AT THE CHRIST H7759 UNIVERSITY DR STE G WEST CHESTER,OH 45069	26-3885165	501(C)(3)	5,500				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
THE GENERAL HOSPITAL CORPORATION55 FRUIT BOSTON,MA 02114	04-2697983	501(C)(3)	54,783				SUPPORT RESEARCH PROGRAM
THE GENEVA FOUNDATION PO BOX 98687 LAKEWOOD,WA 98496	91-1593913	501(C)(3)	183,389				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 MEDICAL COLLEGE OF WISCONSIN INC FROEDTERT HOSPITAL DEPT OF RADIOLOGY-FEC 9200 W WISCONSIN AVE MILWAUKEE,WI 53226	39-0806261	501(C)(3)	669,367				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
THE METHODIST HOSPITAL RESEARCH INSTITUTEPO BOX 4805 HOUSTON,TX 77030	87-0721923	501(C)(3)	13,300				SUPPORT RESEARCH PROGRAM
THE MINNESOTA OPERA 620 N 1ST ST MINNEAPOLIS,MN 55401	41-0946789	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
THE MIRIAM HOSPITAL164 SUMMIT AVE PROVIDENCE,RI 02903	05-0258905	501(C)(3)	59,687				SUPPORT RESEARCH PROGRAM
THE REGENTS OF THE UNIVERSITY OF CALIFORNIA SAN FRANCISCO1855 FOLSOM ST BOX 0812 SAN FRANCISCO,CA 94143	94-6036493	STATE OF CA	673,303				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 RESEARCH FOUNDATION OF STATE UNIVERSITY OF NEW YORK 750 E ADAMS ST SYRACUSE,NY 13210	14-1368361	501(C)(3)	60,983				SUPPORT RESEARCH PROGRAM
THE SPARTANBURG REGIONAL HEALTHCARE SYSTEM FOUNDATIONPO BOX 8040 SPARTANBURG,SC 29305	57-0937166	501(C)(3)	8,234				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 SUQUAMISH TRIBEPO BOX 767 SUQUAMISH,WA 983920617	91-0854725		10,000				SUPPORT RESEARCH PROGRAM
TOLEDO COMMUNITY HOSPITAL ONCOLOGY PROGRAM3232 CENTRAL PARK WEST SUITE C TOLEDO,OH 43617	34-1434759	501(C)(3)	52,771				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
TREASURER VIRGINIA TECH CE702 UNIVERSITY CITY BLVD VIRGINIA TECH MAIL CODE 0272 BLACKSBURG,VA 24061	54-6001805	STATE OF VA	98,373				SUPPORT RESEARCH PROGRAM
TRINITY HEALTH MICHIGAN DBA ST JOSEPH MERCY PORT HURON2601 ELECTRIC AVE PORT HURAN,MI 48060	38-2113393	501(C)(3)	51,594				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 RD STE 6163 HANOVER,NH 03755	02-0222111	501(C)(3)	398,837				SUPPORT RESEARCH PROGRAM
TRUSTEES OF THE UNIVERSITY OF PENNSYLVANIA3620 LOCUST WALK SUITE 1100 SH-DH PHILADELPHIA,PA 191046302	23-1352685	501(C)(3)	385,955				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
TRUVEN HEALTH ANALYTICS INC777 E EISENHOWER PARKWAY ANN ARBOR,MI 48108	06-1467923		76,302				SUPPORT RESEARCH PROGRAM
U OF MASS MED SCHOOL 55 LAKE AVE NORTH WORCESTER,MA 01655	04-3167352	STATE OF MA	26,757				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
UC REGENTS UNIV OF CALIFORNIA-SD - CME9500 GILMAN DR MC 0617 LA JOLLA,CA 920930617	95-6006144	STATE OF CA	409,518				SUPPORT RESEARCH PROGRAM
UC REGENTSBIOCHEMICAL GENETIC DEPT OF PEDIATRICS 08309500 GILMAN DRIVE LA JOLLA,CA 920930830	33-0833316	STATE OF CA	140,022				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)	416,000				SUPPORT CHARITABLE PROGRAMS
UNIVERSITY OF ALABAMA AT BIRMINGHAM1665 UNIVERSITY BLVD STE 327 BIRMINGHAM,AL 352940022	63-6005396	STATE OF AL	460,592				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 ARIZONA PO BOX 3520 TUCSON,AZ 857223520	74-2652689	501(C)(3)	41,111				SUPPORT RESEARCH PROGRAM
UNIVERSITY OF CHICAGO 5747 S ELLIS AVE 122 CHICAGO,IL 606371043	36-2177139	501(C)(3)	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
UNIVERSITY OF CINCINNATI51 GOODMAN DR CINCINNATI,OH 452210333	31-6000989	STATE OF OH	37,029				SUPPORT RESEARCH PROGRAM
UNIVERSITY OF FLORIDA PO BOX 113001 GAINESVILLE,FL 326113001	59-6002052	STATE OF FL	30,567				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 HAWAII AT HILO CONFERENCE CENTER200 WEST KAWILI ST HILO,HI 967244091	99-6000354	STATE OF HI	57,600				SUPPORT RESEARCH PROGRAM
UNIVERSITY OF IOWA105 JESSUP HALL IOWA CITY,IA 52242	42-6004813	STATE OF IA	65,000				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
UNIVERSITY OF KANSAS MEDICAL CENTER RESEARCH INSTITUTE INC 3901 RAINBOW BLVD MALL STOP 1039 KANSAS CITY,MO 66160	48-1108830	501(C)(3)	339,660				SUPPORT RESEARCH PROGRAM
UNIVERSITY OF LOUISVILLE RESEARCH FOUNDATION INC529 S JACKSON ST LOUISVILLE,KY 40202	61-1029626	501(C)(3)	16,909				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
UNIVERSITY OF MARYLAND655 W BALTIMORE ST BALTIMORE,MD 21201	52-6002033	STATE OF MD	7,322				SUPPORT RESEARCH PROGRAM
UNIVERSITY OF MEMPHIS 807 JEFFERSON AVE MEMPHIS,TN 38105	62-0648618		22,754				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 MICHIGAN MEDICAL SCHOOLOFFICE OF CMEG12000 TOWSLEY CENTER BOX 0201 1500 E MEDICAL CENTER DR ANN ARBOR, MI 481090201	38-6006309	STATE OF MI	529,487				SUPPORT RESEARCH PROGRAM
UNIVERSITY OF MISSOURI KANSAS CITY224 ADMINISTRATIVE CENTER 5100 ROCKHILL RD KANSAS CITY, MO 641102499	43-6003859	STATE OF MO	9,000				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
UNIVERSITY OF NEBRASKA DBA UNIV OF NEBRASKA MEDICAL CENTER986800 NEBRASKA MEDICAL CENTER OMAHA,NE 681985050	47-0049123	STATE OF NE	38,368				SUPPORT RESEARCH PROGRAM
UNIVERSITY OF NORTH CAROLINA AT CHAPEL HILL DBA UNC CENTER FOR HEART & VASC104 AIRPORT DR CAMPUS BOX 1220 CHAPEL HILL,NC 275991220	56-6001393	501(C)(3)	38,433				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 TEXASPO BOX 305010 DENTON,TX 79430	75-6002149	STATE OF TX	23,516				SUPPORT RESEARCH PROGRAM
UNIVERSITY OF PITTSBURGH4200 5TH AVE PITTSBURGH,PA 15260	25-0965591	501(C)(3)	119,161				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 TEXAS 5323 HARRY HINES BLVD DALLAS,TX 753908573	75-6002868	STATE OF TX	160,069				SUPPORT RESEARCH PROGRAM
UNIVERSITY OF TEXAS DEPARTMENT OF ANATOMY & NEUROSCIENCE301 UNIVERSITY BLVD GALVESTON,TX 775550144	74-6000949	STATE OF TX	16,292				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 TEXAS HEALTH SCIENCE CENTER-HOUSTON6431 FANNIN ST STE 6168 HOUSTON,TX 77030	74-1761309	501(C)(3)	16,599				SUPPORT RESEARCH PROGRAM
UNIVERSITY OF UTAH110 S FORT DOUGLAS BLVD SALT LAKE CITY,UT 84113	87-6000525	STATE OF UT	67,890				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 VERMONT 128 LAKESIDE AVE SUITE 100 BURLINGTON,VT 05401	03-0179440	STATE OF VT	311,777				SUPPORT RESEARCH PROGRAM
UNIVERSITY OF WISCONSIN -LA CROSSE HSC BUILDING 1725 STATE STREET LACROSSE,WI 54601	39-1805963	STATE OF WI	88,873				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 MEDICAL SCHOOL600 HIGHLAND AVE MADISON,WI 53792	39-6006492	STATE OF WI	336,910				SUPPORT RESEARCH PROGRAM
UT MD ANDERSON CANCER CENTER DEPT OF CMECONFERENCE SERVICE UNIT 1381 PO BOX 301439 HOUSTON,TX 772301439	74-6001118	STATE OF TX	130,781				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
UTHSCSA-DEPT OF SURGERY7703 FLOYD CURL DR MC7870 SAN ANTONIO,TX 782293900	74-1586031	STATE OF TX	21,843				SUPPORT RESEARCH PROGRAM
VANDERBILT UNIVERSITY 1285 MRB IV NASHVILLE,TN 372320575	62-0476822	501(C)(3)	35,898				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
VASSAR COLLEGE124 RAYMOND AVE POUGHKEEPSIE,NY 12604	14-1338587	501(C)(3)	28,161				SUPPORT RESEARCH PROGRAM
VIRGINIA CANCER SPECIALISTS PC8503 ARLINGTON BLVD STE 320 FAIRFAX,VA 22031	54-1795091		25,470				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 COMMONWEALTH UNIVERSITY910 W FRANKLIN ST RICHMOND,VA 23284	54-6001758	STATE OF VA	82,499				SUPPORT RESEARCH PROGRAM
VITALHEALTH SOFTWARE INC1676 VIEW POND ST SE KENTWOOD,MI 49508	20-3890717		154,000				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
WAKE FOREST UNIVERSITY SCHOOL OF MEDICINE SECTION ON HEMATOLOGY & ONCOLO MEDICAL CENTER BLVD WINSTON SALEM,NC 27157	56-0532138	501(C)(3)	68,397				SUPPORT RESEARCH PROGRAM
WASHINGTON UNIVERSITY WUSM CMECAMPUS BOX 8063 660 S EUCLID AVE ST LOUIS,MO 63110	43-0653611	501(C)(3)	245,526				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
WAYNE STATE UNIVERSITY4201 SAINT ANTOINE BLVD DETROIT,MI 482012153	38-6028429	STATE OF MI	73,734				SUPPORT RESEARCH PROGRAM
WICHITA COMMUNITY CLINICAL ONCOLOGY PROGRAM DBA CHRISTI REGIONAL MED CENTER 929 N SAINT FRANCIS WICHITA,KS 67214	48-1172106	501(C)(3)	15,862				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 559870600	41-0713914	501(C)(3)	930,246				SUPPORT RESEARCH PROGRAM
YALE UNIVERSITYPO BOX 7619 NEW HAVEN,CT 06519	06-0646973	501(C)(3)	175,586				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
YESHIVA UNIVERSITY 1300 MORRIS PARK AVE BRONX,NY 104611930	13-1624225	501(C)(3)	145,309				SUPPORT RESEARCH PROGRAM
YMCA CAMP OLSON4160 LITTLE BOY RD NE LONGVILLE,MN 56655	41-0967781	501(C)(3)	9,000				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 INC 709 FIRST AVE SW ROCHESTER,MN 55902	41-0807581	501(C)(3)	65,000				SUPPORT CHARITABLE PROGRAMS
YUKON-KUSKOKWIM HEALTH CORPORATIONPO BOX 528 BETHEL,AK 995590528	92-0041414	501(C)(3)	102,039				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
ZUMBRO VALLEY MENTAL HEALTH CENTER INC343 WOOD LAKE DR SE ROCHESTER,MN 55904	41-6052022	501(C)(3)	80,000				SUPPORT CHARITABLE PROGRAMS
UNIVERSITY OF PUERTO RICOPO BOX 365067 SAN JUAN,PR 009365067	66-0433762	TERRITORY OF US	16,547				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
ROCHESTER DOWNTOWN ALLIANCE FOUNDATION 220 S BROADWAY STE 100 ROCHESTER, MN 55904	26-1845537	501(C)(3)	75,000				SUPPORT CHARITABLE PROGRAMS
ROCHESTER AREA CHAMBER OF COMMERCE 220 S BROADWAY STE 100 ROCHESTER, MN 55904	41-0506950	501(C)(3)	113,100				SUPPORT CHARITABLE PROGRAMS

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Schedule J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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.

OMB No 1545-0047

2012

Open to Public Inspection

Name of the organization
MAYO CLINIC

Employer identification number
41-6011702

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropiate 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 of 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 filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III			
	☑ 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?	**4a**		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**	Yes	
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**	Yes	
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.			
5	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?	**5a**		No
b	Any related organization?	**5b**		No
	If "Yes," to line 5a or 5b, describe in Part III			
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?	**6a**		No
b	Any related organization?	**6b**		No
	If "Yes," to line 6a or 6b, describe in Part III			
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 accured pursuant to a contract that was subject to the initial contract exception described in Regulations 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**		

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

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, applicable column (D) and (E) amounts for that individual

(A) Name and Title	**(B)** Breakdown of W-2 and/or 1099-MISC compensation			**(C)** Retirement and other deferred compensation	**(D)** Nontaxable benefits	**(E)** Total of columns (B)(i)-(D)	**(F)** Compensation reported as deferred in prior Form 990
	(i) Base compensation	**(ii)** Bonus & incentive compensation	**(iii)** Other reportable compensation				
See Additional Data Table							

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II
Also complete this part for any additional information

Identifier	Return Reference	Explanation
	PART I, LINE 1A	TRAVEL FOR COMPANIONS IS AVAILABLE TO ALL TRUSTEES SO THAT SPOUSES CAN ACCOMPANY THEM TO THE SITE OF BOARD MEETINGS IN 2012, 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 EXTERNAL TRUSTEES MAY BE REIMBURSED FOR TRAVEL EXPENSES THE FILING ORGANIZATION REIMBURSES TRUSTEES FOR ACTUAL TRAVEL EXPENSES UP TO THE MAXIMUM COST OF FIRST CLASS TRAVEL DURING A REVIEW OF SOME COMPENSATION ITEMS, IT WAS REALIZED THAT SOME SMALL AMOUNTS OF REIMBURSED EXPENSES ESCAPED TAXATION IN PRIOR YEARS THE CORRECTIONS WERE MADE IN 2012 AND PAYMENTS OF THE TAX IMPACT WERE TREATED AS TAXABLE COMPENSATION THE FOLLOWING INDIVIDUALS WERE IMPACTED BROWN JR , M D , ROBERT D CAMILLERI M D , MICHAEL DESCHAMPS M D , CLAUDE FORBES M D , GLENN S NESSE M D , ROBERT E OLSEN M D , KERRY D 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 REQUIRED UNLESS THE BENEFIT IS PAID DIRECTLY TO THE VENDOR ONE 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
	PART I, LINES 4B-C	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) ATKINSON M D , JOHN L D 117,204 BERRY M D , DANIEL J 80,215 BOLTON, JEFFREY W 80,495 BRIGHAM, ROBERT F 55,113 BROWN JR , M D , ROBERT D 10,989 BUSKIRK M D , STEVEN J 71,314 CAMILLERI M D , MICHAEL 68,546 CASCINO M D , TERRANCE L 50,702 COCKERILL M D , FRANKLIN R 49,291 DEARANI M D , JOSEPH A 82,389 DECKER M D , WYATT W 70,148 DESCHAMPS M D , CLAUDE 74,211 DIASIO M D , ROBERT B 71,177 EDWARDS M D , BROOKS S 50,902 EHMAN M D , RICHARD L 83,284 ERLICHMAN M D , CHARLES 32,469 FARRUGIA M D , GIANRICO 42,089 FOOTE M D , ROBERT L 70,614 FORBES M D , GLENN S 132,843 FRANCIS, JAMES R 12,794 FROISLAND, JEFFREY R 463 GERTZ M D , MORIE A 64,669 GORES M D , GREGORY J 51,466 GORMAN M D , R SCOTT 30,639 GORMAN, PAUL A 59,017 GOSTOUT M D , BOBBIE S 66,080 GROSSET, JESSICA A 4,163 HARPER JR , M D , CHARLES M 89,902 HAYES M D , DAVID L 68,799 HOFFMAN III, HARRY N 151,234 HOFFMAN, MARY J 5,541 HORLOCKER M D , TERESE T 46,076 KING M D , BERNARD F 102,884 LA RUSSO M D , NICHOLAS F 88,846 LEVENTHAL M D , JACK P 30,078 MARSH M D , W RICHARD 117,169 MEYER M D , FREDRIC B 121,369 MILLINER M D , DAWN S 41,408 NARR M D , BRADLY J 58,382 NESSE M D , ROBERT E 85,127 NICHOLS III, M D , FRANCIS C 48,308 NOSEWORTHY M D , JOHN H 271,361 OLSEN M D , KERRY D 64,626 OVIATT, JONATHAN J 65,197 PICHELMANN M D , MARK A 27,287 RIZZA M D , ROBERT A 84,215 ROCK M D , MICHAEL G 81,615 ROGER M D , VERONIQUE L 74,701 RUPP M D , WILLIAM C 133,241 SAWYER, NAN B 29,745 SCHMIDT, BRADLEY D 18,459 SCHNEIDER, KENNETH J 7,302 SCHWENK M D , NINA M 7,452 SIMMONS M D , PATRICIA S 13,149 SMOLDT, CRAIG A 33,035 SWENSEN M D , STEPHEN J 91,253 THOMAS, GREGORY J 39,049 TRASTEK M D , VICTOR F 133,194 WALD M D , JOHN T 61,413 WARNER M D , MARK A 62,316 WEIS, SHIRLEY A 145,708 WOOD M D , DOUGLAS L 79,606 RICHARD EHMAN, M D RECEIVED STOCK AS A RESULT OF MAYOS ROYALTY SHARING PLAN THAT HAD A FAIR MARKET VALUE OF $398,760
SUPPLEMENTAL INFORMATION	PART III	COMPENSATION PAID TO BOARD MEMBERS IS PRIMARILY FOR PROFESSIONAL RESPONSIBILITIES AS PHYSICIANS, ADMINISTRATORS, OR EMPLOYEES OF THE ORGANIZATION PART I, LINE 3 THE FILING ORGANIZATION RELIED ON A RELATED ORGANIZATION FOR ESTABLISHING THE TOP MANAGEMENT OFFICIAL'S COMPENSATION SEE CORE 990 PART VI SECTION B LINE 15 FOR FURTHER INFORMATION REGARDING THE PROCESS UTILIZED

Additional Data

Return to Form

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)	693,020	0	84,757	37,595	21,762	837,134	0
BRIGHAM ROBERT F	(I)	0	0	0	0	0	0	0
	(II)	457,288	0	59,328	246	23,849	540,711	0
BUSKIRK MD STEVEN J	(I)	0	0	0	0	0	0	0
	(II)	499,515	0	76,563	37,484	14,840	628,402	0
DECKER MD WYATT W	(I)	0	0	0	0	0	0	0
	(II)	660,036	0	79,652	27,185	20,336	787,209	0
GORMAN MD R SCOTT	(I)	0	0	0	0	0	0	0
	(II)	319,788	0	41,926	45,525	10,691	417,930	0
LEVENTHAL MD JACK P	(I)	0	0	0	0	0	0	0
	(II)	344,891	0	47,946	47,946	16,890	457,673	0
RUPP MD WILLIAM C	(I)	0	0	0	0	0	0	0
	(II)	765,942	0	149,413	154	11,451	926,960	0
EHMAN MD RICHARD L	(I)	551,058	0	90,381	41,823	20,604	703,866	0
	(II)	0	0	0	0	0	0	0
MILLINER MD DAWN S	(I)	397,826	0	46,644	21	2,064	446,555	0
	(II)	0	0	0	0	0	0	0
NESSE MD ROBERT E	(I)	593,641	0	94,500	0	17,263	705,404	0
	(II)	0	0	0	0	1,420	1,420	0
NOSEWORTHY MD JOHN H	(I)	0	0	0	0	0	0	0
	(II)	1,400,539	0	291,790	40,843	15,027	1,748,199	0
OLSEN MD KERRY D	(I)	451,333	0	102,557	44	14,583	568,517	0
	(II)	0	0	0	0	0	0	0
ROGER MD VERONIQUE L	(I)	502,511	0	83,293	35,057	5,204	626,065	0
	(II)	0	0	0	0	0	0	0
WEIS SHIRLEY A	(I)	0	0	0	0	0	0	0
	(II)	820,314	0	151,291	44,546	14,477	1,030,628	0
FRANCIS JAMES R	(I)	0	0	0	0	0	0	0
	(II)	311,297	0	15,050	34,432	24,092	384,871	0
BROWN WILLIAM A	(I)	0	0	0	0	0	0	0
	(II)	208,775	0	1,597	35,696	21,229	267,297	0
FROISLAND JEFFREY R	(I)	0	0	0	0	0	0	0
	(II)	257,441	0	1,196	26,083	12,720	297,440	0
HOFFMAN MARY J	(I)	0	0	0	0	0	0	0
	(II)	273,136	0	6,550	32,745	28,431	340,862	0
HUBERT SHERRY L	(I)	0	0	0	0	0	0	0
	(II)	240,635	0	654	27,239	21,937	290,465	0
OVIATT JONATHAN J	(I)	0	0	0	0	0	0	0
	(II)	486,490	0	69,288	39,892	22,664	618,334	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				
THOMAS GREGORY J	(I)	0	0	0	0	0	0	0
	(II)	397,937	0	64,391	89	9,070	471,487	0
GORMAN PAUL A	(I)	359,871	176,203	60,345	330,331	26,153	952,903	176,203
	(II)	0	0	0	0	0	0	0
HAEFLINGER RICKY J	(I)	176,269	42,989	1,091	199,500	17,586	437,435	42,989
	(II)	0	0	0	0	0	0	0
HOFFMAN III HARRY N	(I)	540,934	262,990	155,172	486,975	28,379	1,474,450	262,990
	(II)	0	0	0	0	0	0	0
SCHMIDT BRADLEY D	(I)	317,508	0	20,420	35,672	15,571	389,171	0
	(II)	0	0	0	0	0	0	0
BERRY MD DANIEL J	(I)	548,597	0	82,824	31,698	20,605	683,724	0
	(II)	0	0	0	0	0	0	0
CAMILLERI MD MICHAEL	(I)	487,881	3,923	83,778	40,658	23,484	639,724	0
	(II)	0	0	0	0	0	0	0
CASCINO MD TERRANCE L	(I)	387,950	0	88,778	22,691	21,704	521,123	0
	(II)	0	0	0	0	0	0	0
COCKERILL MD FRANKLIN R	(I)	473,212	0	55,716	40,381	22,104	591,413	0
	(II)	0	0	0	0	0	0	0
DESCHAMPS MD CLAUDE	(I)	517,039	0	78,491	37,888	20,604	654,022	0
	(II)	0	0	0	0	0	0	0
DIASIO MD ROBERT B	(I)	506,354	0	81,557	154	15,639	603,704	0
	(II)	0	0	0	0	0	0	0
FOOTE MD ROBERT L	(I)	504,039	0	74,320	32,754	22,917	634,030	0
	(II)	0	0	0	0	0	0	0
GERTZ MD MORIE A	(I)	484,083	0	71,627	20,822	14,484	591,016	0
	(II)	0	0	0	0	0	0	0
HARPER JR MD CHARLES M	(I)	654,846	0	104,487	39,557	20,987	819,877	0
	(II)	0	0	0	0	0	0	0
HAYES MD DAVID L	(I)	453,892	0	142,413	19,707	22,911	638,923	0
	(II)	0	0	0	0	0	0	0
KING MD BERNARD F	(I)	620,998	0	107,311	39,772	16,824	784,905	0
	(II)	0	0	0	0	0	0	0
LA RUSSO MD NICHOLAS F	(I)	568,961	0	102,106	0	8,244	679,311	0
	(II)	0	0	0	0	0	0	0
NARR MD BRADLY J	(I)	460,848	0	61,814	37,484	23,163	583,309	0
	(II)	0	0	0	0	0	0	0
NICHOLS III MD FRANCIS C	(I)	470,808	0	55,361	32,773	30,374	589,316	0
	(II)	0	0	0	0	0	0	0
RIZZA MD ROBERT A	(I)	565,468	0	96,398	0	15,500	677,366	0
	(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				
ROCK MD MICHAEL G	(I)	554,737	0	88,941	47,784	14,424	705,886	0
	(II)	0	0	0	0	0	0	0
SAWYER NAN B	(I)	371,461	0	32,637	37,719	9,744	451,561	0
	(II)	0	0	0	0	0	0	0
SWENSEN MD STEPHEN J	(I)	568,766	0	125,539	35,594	24,830	754,729	0
	(II)	0	0	0	0	0	0	0
WALD MD JOHN T	(I)	546,058	0	63,414	29,680	24,579	663,731	0
	(II)	0	0	0	0	0	0	0
WARNER MD MARK A	(I)	496,698	1,000	82,076	39,250	14,664	633,688	0
	(II)	0	0	0	0	0	0	0
PICHELMANN MD MARK A	(I)	394,505	0	28,356	9,475	11,571	443,907	0
	(II)	290,839	0	107,307	8,922	9,147	416,215	0
ATKINSON MD JOHN LD	(I)	683,135	0	121,908	0	20,604	825,647	0
	(II)	0	0	0	0	0	0	0
DEARANI MD JOSEPH A	(I)	693,751	0	84,906	29,741	25,704	834,102	0
	(II)	0	0	0	0	0	0	0
MARSH MD W RICHARD	(I)	684,275	0	126,053	20,276	14,669	845,273	0
	(II)	0	0	0	0	0	0	0
MEYER MD FREDRIC B	(I)	696,635	0	126,365	37,551	29,830	890,381	0
	(II)	0	0	0	0	0	0	0
TRASTEK MD VICTOR F	(I)	0	0	0	0	0	0	0
	(II)	720,852	0	146,855	43,418	17,305	928,430	0
FORBES MD GLENN S	(I)	74,397	0	146,800	0	1,803	223,000	0
	(II)	0	0	0	0	0	0	0
SCHWENK MD NINA M	(I)	274,672	0	9,494	41,734	8,862	334,762	0
	(II)	0	0	0	0	0	0	0
GROSSET JESSICA A	(I)	0	0	0	0	0	0	0
	(II)	266,981	0	7,423	67	23,604	298,075	0
BROWN JR MD ROBERT D	(I)	296,023	0	15,282	28,904	15,955	356,164	0
	(II)	0	0	0	0	0	0	0
EDWARDS MD BROOKS S	(I)	394,110	0	53,967	29,845	31,042	508,964	0
	(II)	0	0	0	0	0	0	0
ERLICHMAN MD CHARLES	(I)	350,019	0	51,901	47,784	9,931	459,635	0
	(II)	0	0	0	0	0	0	0
FARRUGIA MD GIANRICO	(I)	460,193	0	43,774	25,461	26,573	556,001	0
	(II)	0	0	0	0	0	0	0
GORES MD GREGORY J	(I)	432,833	0	54,739	37,431	18,918	543,921	0
	(II)	0	0	0	0	0	0	0
GOSTOUT MD BOBBIE S	(I)	492,616	0	69,700	38,449	2,753	603,518	0
	(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				
HORLOCKER MD TERESE T	(I)	415,231	0	47,599	33,099	20,604	516,533	0
	(II)	0	0	0	0	0	0	0
SCHNEIDER KENNETH J	(I)	276,526	0	9,008	245	14,424	300,203	0
	(II)	0	0	0	0	0	0	0
SIMMONS MD PATRICIA S	(I)	335,852	0	19,763	48,101	14,424	418,140	0
	(II)	0	0	0	0	0	0	0
SMOLDT CRAIG A	(I)	372,168	0	47,756	0	8,244	428,168	0
	(II)	0	0	0	0	0	0	0
WOOD MD DOUGLAS L	(I)	427,155	0	193,442	45,223	22,327	688,147	0
	(II)	0	0	0	0	0	0	0

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Schedule K (Form 990)

Department of the Treasury
Internal Revenue Service

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 Part VI.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2012

Open to Public Inspection

Name of the organization
MAYO CLINIC

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
D	CITY OF ROCHESTER	41-6005494	771902GD9	04-04-2012	192,662,250	TO FINANCE ACQUISITION & CONSTRUCTION OF HEALTH CARE FACILITIES		X		X		X

Part II Proceeds

		A	B	C	D
1	Amount of bonds retired				
2	Amount of bonds legally defeased				
3	Total proceeds of issue	80,683,218	325,948,187	293,208,150	194,830,108
4	Gross proceeds in reserve funds				
5	Capitalized interest from proceeds	5,666,177	8,864,264		4,949,479
6	Proceeds in refunding escrows				
7	Issuance costs from proceeds	538,346	2,230,808	2,088,829	1,523,766
8	Credit enhancement from proceeds				
9	Working capital expenditures from proceeds				
10	Capital expenditures from proceeds	74,478,695	87,603,115		128,966,826
11	Other spent proceeds	227,250,000	227,250,000	291,119,321	
12	Other unspent proceeds	59,390,036			59,390,036
13	Year of substantial completion	2008	2010		

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue?		X	X		X			X
15	Were the bonds issued as part of an advance refunding issue?		X		X		X		X
16	Has the final allocation of proceeds been made?	X		X		X			X
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		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		X		
2	Are there any lease arrangements that may result in private business use of bond-financed property?		X		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 of bond-financed property?	X		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		X		
c	Are there any research agreements that may result in private business use of bond-financed property?	X		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		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%		0%		0 00000%		%	
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%		0%		0%		%	
6	Total of lines 4 and 5	0%		0%		0%		%	
7	Does the bond issue meet the private security or payment test?		X		X		X		
8a	Has there been a sale or disposition of any of the bond financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		X		X		X		
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of	%		%		%		%	
c	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1 141-12 and 1 145-2?								
9	Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1 141-12 and 1 145-2?	X		X		X			

Part IV Arbitrage

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has the issuer filed Form 8038-T?		X		X		X		X
2	If "No" to line 1, did the following apply?								
a	Rebate not due yet?		X	X			X	X	
b	Exception to rebate?		X		X	X			X
c	No rebate due?	X			X		X		X
	If you checked "No rebate due" in line 2c, provide in Part VI the date the rebate computation was performed								
3	Is the bond issue a variable rate issue?		X	X			X		X
4a	Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X		X		X		X
b	Name of provider								
c	Term of hedge								
d	Was the hedge superintegrated?								
e	Was a hedge terminated?								

Part IV Arbitrage *(Continued)*

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
5a	Were gross proceeds invested in a guaranteed investment contract (GIC)?		X		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?								
6	Were any gross proceeds invested beyond an available temporary period?		X		X		X		X
7	Has the organization established written procedures to monitor the requirements of section 148?	X		X		X		X	

Part V Procedures To Undertake Corrective Action

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has 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?	X		X		X		X	

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 THE DIFFERENCE BETWEEN PART I, COLUMN (E) AND PART II, LINE 3 FOR BOND ISSUE D IS INVESTMENT EARNINGS PART IV 2C COLUMN A CALCULATION PERFORMED JANUARY 4, 2011
SCHEDULE K, PART II, LINE 11, COLUMN B	OTHER SPENT PROCEEDS	

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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, line 38a or 40b.
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

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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) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected? Yes	No

2 Enter the amount of tax incurred by 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-EZ, Part V, line 38a, or Form 990, Part IV, line 26, or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization? To	From	(e) Original principal amount	(f) Balance due	(g) In default? Yes	No	(h) Approved by board or committee? Yes	No	(i) Written agreement? 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 assistance	(d) Type of assistance	(e) Purpose of assistance
(1)		44,800	MERIT SCHOLARSHIPS	EDUCATIONAL

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

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SCHEDULE M (Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

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

OMB No 1545-0047

2012

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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) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1	Art—Works of art	X	4		
2	Art—Historical treasures				
3	Art—Fractional interests				
4	Books and publications				
5	Clothing and household goods				
6	Cars and other vehicles				
7	Boats and planes				
8	Intellectual property				
9	Securities—Publicly traded	X	227	10,136,281	MEAN MARKET VALUE
10	Securities—Closely held stock	X	1	950,000	MEAN MARKET VALUE
11	Securities—Partnership, LLC, or trust interests	X	4	15,000,000	MARKET VALUE
12	Securities—Miscellaneous				
13	Qualified conservation contribution—Historic structures				
14	Qualified conservation contribution—Other				
15	Real estate—Residential				
16	Real estate—Commercial	X	1	2,000,000	EXPERTS
17	Real estate—Other				
18	Collectibles	X	1		
19	Food inventory				
20	Drugs and medical supplies				
21	Taxidermy				
22	Historical artifacts	X	2		
23	Scientific specimens				
24	Archeological artifacts				
25	Other ▶ (OTHER MISCELLANEOUS)	X	44	366,507	MARKET VALUE
26	Other ▶ ( )				
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** 9

			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 noncash contributions?	32a	Yes	
b	If "Yes," describe in Part II			
33	If the organization did not report an amount 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, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. 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

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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.

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2012

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 BROWN, WILLIAM A FRANCIS, JAMES R FROISLAND, JEFFREY R GROSSET, JESSICA A HUBERT, SHERRY L NOSEWORTHY M D , JOHN H OVIATT, JONATHAN J THOMAS, GREGORY J TRASTEK M D , VICTOR F 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 BRIGHAM, ROBERT F BROWN, WILLIAM A EDWARDS M D , BROOKS S FRANCIS, JAMES R FROISLAND, JEFFREY R GROSSET, JESSICA A HOFFMAN III, HARRY N HOFFMAN, MARY J HUBERT, SHERRY L NESSE M D , ROBERT E NOSEWORTHY M D , JOHN H OVIATT, JONATHAN J SAWYER, NAN B SCHMIDT, BRADLEY D THOMAS, GREGORY J TRASTEK M D , VICTOR F WEIS, SHIRLEY A THE FOLLOWING INDIVIDUALS ARE EMPLOYED BY A RELATED ORGANIZATION BRIGHAM, ROBERT F BUSKIRK M D , STEVEN J HOFFMAN, MARY J LEVENTHAL M D , JACK P PICHELMANN M D , MARK A 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 BUSKIRK M D , STEVEN J HOFFMAN, MARY J LEVENTHAL M D , JACK P RUPP M D , WILLIAM C THE FOLLOWING INDIVIDUALS ARE EMPLOYED BY A RELATED ORGANIZATION DECKER M D , WYATT W GORMAN M D , R SCOTT THOMAS, GREGORY J 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 , WYATT W FROISLAND, JEFFREY R GORMAN M D , R SCOTT THOMAS, GREGORY J TRASTEK M D , VICTOR F FRANKLIN R COCKERILL M D & RICHARD L EHMAN M D HAVE A BUSINESS RELATIONSHIP AS THEY SERVE AS AN OFFICER, DIRECTOR, OR TRUSTEE OF LOBSS NETWORK SUPPORT 2002, INC , A RELATED TAXABLE ENTITY FRANKLIN R COCKERILL M D , RICHARD L EHMAN M D , GIANRICO FARRUGIA M D , JEFFREY R FROISLAND, NAN B SAWYER, & JOHN T WALD M D HAVE A BUSINESS RELATIONSHIP AS THEY SERVE AS AN OFFICER, DIRECTOR, OR TRUSTEE OF MAYO COLLABORATIVE SERVICES, INC , A RELATED TAXABLE ENTITY JEFFREY W BOLTON & JONATHAN J OVIATT HAVE A BUSINESS RELATIONSHIP AS THEY SERVE AS AN OFFICER, DIRECTOR, OR TRUSTEE OF MAYO HOLDING COMPANY, A RELATED TAXABLE ENTITY JEFFREY R FROISLAND, HARRY N HOFFMAN III, & JONATHAN J OVIATT HAVE A BUSINESS RELATIONSHIP AS THEY SERVE AS AN OFFICER, DIRECTOR, OR TRUSTEE OF MAYO INSURANCE COMPANY, LTD , A RELATED TAXABLE ENTITY FRANKLIN R COCKERILL M D & RICHARD L EHMAN M D HAVE A BUSINESS RELATIONSHIP AS THEY SERVE AS AN OFFICER, DIRECTOR, OR TRUSTEE OF MAYO MEDICAL LABORATORIES NEW ENGLAND, INC , A RELATED TAXABLE ENTITY JEFFREY W BOLTON, SCOTT R GORMAN M D , ROBERT E NESSE M D , JONATHAN J OVIATT, & MICHAEL G ROCK M D HAVE A BUSINESS RELATIONSHIP AS THEY SERVE AS AN OFFICER, DIRECTOR, OR TRUSTEE OF MMSI, INC , A RELATED TAXABLE ENTITY JEFFREY W BOLTON & RICHARD L EHMAN M D HAVE A BUSINESS RELATIONSHIP AS THEY SERVE AS AN OFFICER, DIRECTOR, OR TRUSTEE OF RESOUNDANT, INC , A RELATED TAXABLE ENTITY JEFFREY R FROISLAND & GREGORY J THOMAS HAVE A BUSINESS RELATIONSHIP AS THEY SERVE AS AN OFFICER, DIRECTOR, OR TRUSTEE OF SUPERBLOCK 3 PROPERTY OWNERS' ASSOCIATION, A RELATED TAXABLE ENTITY

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION A, LINE 3	MAYO FOUNDATION FOR MEDICAL EDUCATION AND RESEARCH AND OTHER RELATED COMPANIES PROVIDE MANAGEMENT SERVICES TO THE ENTIRE SYSTEM OF ENTITIES WHICH WOULD INCLUDE THE FILING ORGANIZATION SINCE THE ENTITIES ARE RELATED ORGANIZATIONS, COMPENSATION FOR THE OFFICERS, DIRECTORS, KEY EMPLOYEES, AND HIGHEST COMPENSATED EMPLOYEES HAS BEEN DISCLOSED IN PART VII AND SCHEDULE J AS REQUIRED

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION A, LINE 4	THE BYLAWS WERE CHANGED TO ALLOW FOR A TEMPORARY CHANGE IN THE NUMBER OF PUBLIC TRUSTEES

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 REVIEWED BY THE TAX DIRECTOR 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 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 THIS POLICY APPLIES TO THE ORGANIZATION'S DISREGARDED ENTITY

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 15B	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 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 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

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION C, LINE 19	MAYO CLINIC'S ARTICLES OF INCORPORATION ARE AVAILABLE THROUGH THE SECRETARY OF STATE'S 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
OTHER FEES	FORM 990, PART IX, LINE 11G	I/C PURCHASED SERVICES PROGRAM SERVICE EXPENSES 84,177,246 MANAGEMENT AND GENERAL EXPENSES 304,967,591 FUNDRAISING EXPENSES 115,153 TOTAL EXPENSES 389,259,990 OTHER PURCHASED SERVICES PROGRAM SERVICE EXPENSES 120,609,301 MANAGEMENT AND GENERAL EXPENSES 10,991,467 FUNDRAISING EXPENSES 3,815,061 TOTAL EXPENSES 135,415,829

Identifier	Return Reference	Explanation
CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990, PART XI, LINE 9	REFUNDS OF CONTRIBUTIONS -276,035 PENSION-POST RETIREMENT (PER FASB ASC 715) -853,235,164 PLEDGE CHANGE (PER FASB ASC 958-20) -712,566 CHANGE IN INVESTMENT IN TAXABLE SUBSIDIARY - MHC -72,340,169 LOSSES ON UNCOLLECTIBLE PLEDGES -20,660,664 ASSETS OF DISREGARDED ENTITY 128,639,881

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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.

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2012

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" to Form 990, Part IV, line 33.)

(a) Name, address, and EIN (if applicable) 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
(1) MAYO COLLABORATIVE SERVICES LLC 200 FIRST STREET SW ROCHESTER, MN 55905 41-6011702	LAB SERVICES	MN	0	181,702,022	MAYO CLINIC

Part II Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" to 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 entity? Yes	No
See Additional Data Table							

Part III **Identification of Related Organizations Taxable as a Partnership** (Complete if the organization answered "Yes" to 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? Yes	(h) No	(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership
(1) FRANKLIN HEATING STATION 119 THIRD ST SW ROCHESTER, MN 55902 41-0264830	UTILITY	MN	MAYO CLINIC	EXCLUDED	388	44,623,471		No	93,307	Yes		84 050 %
(2) PHYSICIAN SOFTWARE SYSTEMS LLC 3333 WARRENVILLE ROAD SUITE 200 LISLE, IL 60532 45-3414836	HEALTHCARE RELATED SOFTWARE	IL	N/A									

Part IV **Identification of Related Organizations Taxable as a Corporation or Trust** (Complete if the organization answered "Yes" to 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	(i) Section 512 (b)(13) controlled entity? Yes	(i) No
See Additional Data Table									

Part V Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35b, or 36.)

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

		Yes	No
1	During the tax year, did the orgranization 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 or **(iv)** rent from a controlled entity	**1a** Yes	
b	Gift, grant, or capital contribution to related organization(s)	**1b** Yes	
c	Gift, grant, or capital contribution from related organization(s)	**1c** Yes	
d	Loans or loan guarantees to or for related organization(s)	**1d**	**No**
e	Loans or loan guarantees by related organization(s)	**1e**	**No**
f	Dividends from related organization(s)	**1f** Yes	
g	Sale of assets to related organization(s)	**1g**	**No**
h	Purchase of assets from related organization(s)	**1h** Yes	
i	Exchange of assets with related organization(s)	**1i**	**No**
j	Lease of facilities, equipment, or other assets to related organization(s)	**1j** Yes	
k	Lease of facilities, equipment, or other assets from related organization(s)	**1k** Yes	
l	Performance of services or membership or fundraising solicitations for related organization(s)	**1l** Yes	
m	Performance of services or membership or fundraising solicitations by related organization(s)	**1m** Yes	
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	**1n**	**No**
o	Sharing of paid employees with related organization(s)	**1o** Yes	
p	Reimbursement paid to related organization(s) for expenses	**1p** Yes	
q	Reimbursement paid by related organization(s) for expenses	**1q** Yes	
r	Other transfer of cash or property to related organization(s)	**1r** Yes	
s	Other transfer of cash or property from related organization(s)	**1s** 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-s)	(c) Amount involved	(d) Method of determining amount involved
See Additional Data Table			

Part VI **Unrelated Organizations Taxable as a Partnership** (Complete if the organization answered "Yes" to Form 990, Part IV, line 37.)

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under section 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate 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		Yes	No	

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

Part VII Supplemental Information

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

Identifier	Return Reference	Explanation

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	(i) Section 512(b)(13) controlled entity? Yes	(i) No
HEALTH TRADITION HEALTH PLAN 1808 EAST MAIN STREET ONALASKA, WI 54650 39-1545987	MEDICAL SERVICES COMPANY	WI	N/A	C				Yes	
LOBSS NETWORK SUPPORT 2002 INC 200 FIRST STREET SW ROCHESTER, MN 55905 48-1276150	ADMINISTRATIVE SERVICES	MN	N/A	C				Yes	
MAYO CLINIC GBS MAURITIUS 2ND FLOOR EBENE MEWS 57 EBENE CYBERCITY MP	HEALTHCARE MANAGEMENT	MP	N/A	C				Yes	
MAYO CLINIC HEALTH SYSTEM-- DECORAH CLINIC PHYSICIANS 907 MONTGOMERY STREET DECORAH, IA 52101 41-1711329	PATIENT CARE - CLINIC	IA	N/A	C				Yes	
MAYO CLINIC HEALTH SYSTEM-- FARIBAULT 635 FIRST STREET SE FARIBAULT, MN 55021 41-1817179	PATIENT CARE - CLINIC	MN	N/A	C				Yes	
MAYO CLINIC HEALTH SYSTEM-- PHARMACY & HOME MEDICAL INC 1221 WHIPPLE STREET EAU CLAIRE, WI 54703 39-1528920	PHARMACY SERVICES	WI	N/A	C				Yes	
MAYO COLLABORATIVE SERVICES INC 200 FIRST STREET SW ROCHESTER, MN 55905 41-1346366	REFERENCE LAB SERVICES	MN	N/A	C				Yes	
MAYO HOLDING COMPANY 200 FIRST STREET SW ROCHESTER, MN 55905 41-1578020	HOLDING COMPANY	MN	MAYO CLINIC	C	2,324,114	108,048,108	100 000 %	Yes	
MAYO INSURANCE COMPANY LTD 200 FIRST STREET SW ROCHESTER, MN 55905	SELF INSURANCE POOL	CJ	MAYO CLINIC	C	6,617,980	138,837,704	100 000 %	Yes	
MAYO MEDICAL LABORATORIES NEW ENGLAND INC 265 BALLARDVALE STREET WILMINGTON, MA 01887 04-3323713	LABORATORY SERVICES	MA	N/A	C				Yes	
MAYO REGIONAL PRACTICES OF ARIZONA 13400 EAST SHEA BOULEVARD SCOTTSDALE, AZ 85259 06-1190278	THIRD PARTY ADMINISTRATION SERVICES	AZ	N/A	C				Yes	
MMSI INC 21 FIRST STREET SW ROCHESTER, MN 55905 41-1547003	THIRD PARTY ADMINISTRATION SERVICES	MN	N/A	C				Yes	
RESOUNDANT INC 221 1ST AVE SW ROCHESTER, MN 55902 46-1661978	MANUFACTURING MEDICAL DEVICE COMPONENT	MN	N/A	C				Yes	
ROCHESTER AIRPORT COMPANY ROUTE 2 ROCHESTER, MN 55902 41-0506870	AIRPORT MANAGEMENT	MN	MAYO CLINIC	C	109,840	1,783,346	100 000 %	Yes	
SATILLA HEALTH ENTERPRISES INC 1900 TEBEAU STREET WAYCROSS, GA 31501 58-1717222	HEALTHCARE	GA	N/A	C				Yes	

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	(i) Section 512(b)(13) controlled entity?	
								Yes	No
SATILLA HEALTHNET INC 1900 TEBEAU STREET WAYCROSS, GA 31501 58-2151076	HEALTH SERVICES	GA	N/A	C				Yes	
SATILLA REGIONAL SPECIALTY PHYSICIANS INC 1900 TEBEAU STREET WAYCROSS, GA 31501 20-4363143	PHYSICIAN OFFICES	GA	N/A	C				Yes	
SIT ALPHA II BOND FUND LTD CLIFTON HOUSE 75 FORTH ST GRAND CAYMAN KY1-1108 CJ 98-0648163	INVESTMENT MANAGEMENT	CJ	N/A	C				Yes	
SUPERBLOCK 3 PROPERTY OWNERS ASSOCIATION 13400 E SHEA BLVD SCOTTSDALE, AZ 85259 86-0870505	COMMERCIAL PROPERTY OWNERS ASSOCIATION	AZ	N/A	C				Yes	
THE STABILE BUILDING OWNERS' ASSOCIATION 200 FIRST STREET SW ROCHESTER, MN 55905 20-8994499	COMMERCIAL PROPERTY OWNERS ASSOCIATION	MN	MAYO CLINIC	C			85 000 %	Yes	
CHARITABLE LEAD TRUST	CHARITABLE TRUST	CA	N/A	T				Yes	
PERPETUAL TRUST	CHARITABLE TRUST	ND	N/A	T				Yes	
PERPETUAL TRUST	CHARITABLE TRUST	LA	N/A	T				Yes	
PERPETUAL TRUST (2)	CHARITABLE TRUST	MA	N/A	T				Yes	
PERPETUAL TRUST	CHARITABLE TRUST	MO	N/A	T				Yes	
PERPETUAL TRUST	CHARITABLE TRUST	AZ	N/A	T				Yes	
CHARITABLE REMAINDER TRUST	CHARITABLE TRUST	CO	N/A	T				Yes	
CHARITABLE REMAINDER TRUST (6)	CHARITABLE TRUST	FL	N/A	T				Yes	
CHARITABLE REMAINDER TRUST	CHARITABLE TRUST	FL	N/A	T				Yes	
CHARITABLE REMAINDER TRUST	CHARITABLE TRUST	IL	N/A	T				Yes	

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	(i) Section 512(b)(13) controlled entity?	
								Yes	**No**
CHARITABLE REMAINDER TRUST	CHARITABLE TRUST	LA	N/A	T				Yes	
CHARITABLE REMAINDER TRUST	CHARITABLE TRUST	MI	N/A	T				Yes	
CHARITABLE REMAINDER TRUST (68)	CHARITABLE TRUST	MN	N/A	T				Yes	
CHARITABLE REMAINDER TRUST (77)	CHARITABLE TRUST	MN	N/A	T				Yes	
CHARITABLE REMAINDER TRUST	CHARITABLE TRUST	NC	N/A	T				Yes	
CHARITABLE REMAINDER TRUST (2)	CHARITABLE TRUST	TX	N/A	T				Yes	

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

(a) Name of other organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
CHARTERHOUSE INC	A	232,875	GAAP
CHARTERHOUSE INC	J	79,825	GAAP
CHARTERHOUSE INC	K	179,364	GAAP
CHARTERHOUSE INC	L	97,032	GAAP
CHARTERHOUSE INC	R	536,256	GAAP
CHARTERHOUSE INC	S	3,338,259	GAAP
FRANKLIN HEATING STATION	P	30,445,379	GAAP
GOLD CROSS AMBULANCE SERVICE	C	25,000,000	GAAP
GOLD CROSS AMBULANCE SERVICE	P	5,606,257	GAAP
GOLD CROSS AMBULANCE SERVICE	Q	126,089	GAAP
MAYO CLINIC - METHODIST HOSPITAL	C	90,000,000	GAAP
MAYO CLINIC - METHODIST HOSPITAL	J	30,044,539	GAAP
MAYO CLINIC - METHODIST HOSPITAL	P	25,871,004	GAAP
MAYO CLINIC - METHODIST HOSPITAL	Q	87,614,307	GAAP
MAYO CLINIC - METHODIST HOSPITAL	R	471,028	GAAP
MAYO CLINIC - METHODIST HOSPITAL	S	41,575,910	GAAP
MAYO CLINIC - SAINT MARYS HOSPITAL	B	95,342	GAAP
MAYO CLINIC - SAINT MARYS HOSPITAL	C	40,000,000	GAAP
MAYO CLINIC - SAINT MARYS HOSPITAL	J	63,561,256	GAAP
MAYO CLINIC - SAINT MARYS HOSPITAL	P	69,334,751	GAAP
MAYO CLINIC - SAINT MARYS HOSPITAL	Q	156,407,924	GAAP
MAYO CLINIC - SAINT MARYS HOSPITAL	R	626,952	GAAP
MAYO CLINIC - SAINT MARYS HOSPITAL	S	94,754,801	GAAP
MAYO CLINIC ARIZONA	B	39,074,898	GAAP
MAYO CLINIC ARIZONA	C	13,758,132	GAAP

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

(a) Name of other organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
MAYO CLINIC ARIZONA	J	54,802,838	GAAP
MAYO CLINIC ARIZONA	P	62,488,522	GAAP
MAYO CLINIC ARIZONA	Q	2,901,370	GAAP
MAYO CLINIC ARIZONA	R	13,130,576	GAAP
MAYO CLINIC ARIZONA	S	3,067,983	GAAP
MAYO CLINIC FLORIDA	B	3,597,019	GAAP
MAYO CLINIC FLORIDA	C	152,261	GAAP
MAYO CLINIC FLORIDA	Q	143,989	GAAP
MAYO CLINIC HEALTH SYSTEM--ALBERT LEA	A	34,676	GAAP
MAYO CLINIC HEALTH SYSTEM--ALBERT LEA	B	554,371	GAAP
MAYO CLINIC HEALTH SYSTEM--ALBERT LEA	L	4,896,927	GAAP
MAYO CLINIC HEALTH SYSTEM--ALBERT LEA	M	295,843	GAAP
MAYO CLINIC HEALTH SYSTEM--ALBERT LEA	R	5,935,659	GAAP
MAYO CLINIC HEALTH SYSTEM--AUSTIN	K	82,584	GAAP
MAYO CLINIC HEALTH SYSTEM--AUSTIN	L	4,307,637	GAAP
MAYO CLINIC HEALTH SYSTEM--AUSTIN	M	274,363	GAAP
MAYO CLINIC HEALTH SYSTEM--AUSTIN	R	4,207,196	GAAP
MAYO CLINIC HEALTH SYSTEM--AUSTIN FOUNDATION	B	404,254	GAAP
MAYO CLINIC HEALTH SYSTEM--CANNON FALLS	B	1,096,124	GAAP
MAYO CLINIC HEALTH SYSTEM--CANNON FALLS	K	60,064	GAAP
MAYO CLINIC HEALTH SYSTEM--CANNON FALLS	L	705,657	GAAP
MAYO CLINIC HEALTH SYSTEM--CHIPPEWA VALLEY INC	B	92,641	GAAP
MAYO CLINIC HEALTH SYSTEM--CHIPPEWA VALLEY INC	L	316,543	GAAP
MAYO CLINIC HEALTH SYSTEM--CHIPPEWA VALLEY INC	R	250,201	GAAP
MAYO CLINIC HEALTH SYSTEM--DECORAH CLINIC PHYSICIANS	L	198,147	GAAP

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

(a) Name of other organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
MAYO CLINIC HEALTH SYSTEM--EAU CLAIRE CLINIC INC	L	3,730,976	GAAP
MAYO CLINIC HEALTH SYSTEM--EAU CLAIRE CLINIC INC	M	1,273,307	GAAP
MAYO CLINIC HEALTH SYSTEM--EAU CLAIRE CLINIC INC	R	111,427	GAAP
MAYO CLINIC HEALTH SYSTEM--EAU CLAIRE HOSPITAL INC	B	316,889	GAAP
MAYO CLINIC HEALTH SYSTEM--EAU CLAIRE HOSPITAL INC	K	469,083	GAAP
MAYO CLINIC HEALTH SYSTEM--EAU CLAIRE HOSPITAL INC	L	4,726,660	GAAP
MAYO CLINIC HEALTH SYSTEM--EAU CLAIRE HOSPITAL INC	M	488,546	GAAP
MAYO CLINIC HEALTH SYSTEM--EAU CLAIRE HOSPITAL INC	R	14,178,230	GAAP
MAYO CLINIC HEALTH SYSTEM--FAIRMONT	A	392,058	GAAP
MAYO CLINIC HEALTH SYSTEM--FAIRMONT	B	409,247	GAAP
MAYO CLINIC HEALTH SYSTEM--FAIRMONT	K	119,669	GAAP
MAYO CLINIC HEALTH SYSTEM--FAIRMONT	L	1,623,251	GAAP
MAYO CLINIC HEALTH SYSTEM--FARIBAULT	L	779,285	GAAP
MAYO CLINIC HEALTH SYSTEM--FARIBAULT	M	62,313	GAAP
MAYO CLINIC HEALTH SYSTEM--FRANCISCAN HEALTHCARE FOUNDATION INC	B	960,289	GAAP
MAYO CLINIC HEALTH SYSTEM--FRANCISCAN HEALTHCARE FOUNDATION INC	R	249,406	GAAP
MAYO CLINIC HEALTH SYSTEM--FRANCISCAN HEALTHCARE FOUNDATION-SPARTA INC	B	164,312	GAAP
MAYO CLINIC HEALTH SYSTEM--FRANCISCAN MEDICAL CENTER INC	A	1,013,730	GAAP
MAYO CLINIC HEALTH SYSTEM--FRANCISCAN MEDICAL CENTER INC	B	51,630	GAAP
MAYO CLINIC HEALTH SYSTEM--FRANCISCAN MEDICAL CENTER INC	K	473,961	GAAP
MAYO CLINIC HEALTH SYSTEM--FRANCISCAN MEDICAL CENTER INC	L	12,163,264	GAAP
MAYO CLINIC HEALTH SYSTEM--FRANCISCAN MEDICAL CENTER INC	M	1,968,733	GAAP
MAYO CLINIC HEALTH SYSTEM--FRANCISCAN MEDICAL CENTER INC	R	913,655	GAAP
MAYO CLINIC HEALTH SYSTEM--HOME HEALTH & HOSPICE INC	B	57,250	GAAP
MAYO CLINIC HEALTH SYSTEM--LAKE CITY	B	138,665	GAAP

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

(a) Name of other organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
MAYO CLINIC HEALTH SYSTEM--LAKE CITY	K	50,675	GAAP
MAYO CLINIC HEALTH SYSTEM--LAKE CITY	L	1,642,203	GAAP
MAYO CLINIC HEALTH SYSTEM--LAKE CITY	M	502,752	GAAP
MAYO CLINIC HEALTH SYSTEM--MANKATO	B	564,696	GAAP
MAYO CLINIC HEALTH SYSTEM--MANKATO	K	236,455	GAAP
MAYO CLINIC HEALTH SYSTEM--MANKATO	L	15,790,434	GAAP
MAYO CLINIC HEALTH SYSTEM--MANKATO	M	1,076,700	GAAP
MAYO CLINIC HEALTH SYSTEM--MANKATO	O	7,479,476	GAAP
MAYO CLINIC HEALTH SYSTEM--MANKATO	Q	641,074	GAAP
MAYO CLINIC HEALTH SYSTEM--MANKATO	R	1,018,832	GAAP
MAYO CLINIC HEALTH SYSTEM--MANKATO HEALTH CARE FOUNDATION	B	244,635	GAAP
MAYO CLINIC HEALTH SYSTEM--NEW PRAGUE	L	94,212	GAAP
MAYO CLINIC HEALTH SYSTEM--NORTHLAND INC	B	209,671	GAAP
MAYO CLINIC HEALTH SYSTEM--NORTHLAND INC	L	475,653	GAAP
MAYO CLINIC HEALTH SYSTEM--NORTHLAND INC	R	776,229	GAAP
MAYO CLINIC HEALTH SYSTEM--OAKRIDGE INC	L	170,833	GAAP
MAYO CLINIC HEALTH SYSTEM--OWATONNA	K	181,455	GAAP
MAYO CLINIC HEALTH SYSTEM--OWATONNA	L	1,556,146	GAAP
MAYO CLINIC HEALTH SYSTEM--OWATONNA	M	441,980	GAAP
MAYO CLINIC HEALTH SYSTEM--OWATONNA	R	255,394	GAAP
MAYO CLINIC HEALTH SYSTEM--RED CEDAR INC	B	450,857	GAAP
MAYO CLINIC HEALTH SYSTEM--RED CEDAR INC	L	1,463,070	GAAP
MAYO CLINIC HEALTH SYSTEM--RED CEDAR INC	P	107,870	GAAP
MAYO CLINIC HEALTH SYSTEM--RED CEDAR INC	Q	8,548,230	GAAP
MAYO CLINIC HEALTH SYSTEM--RED CEDAR INC	R	1,317,173	GAAP

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

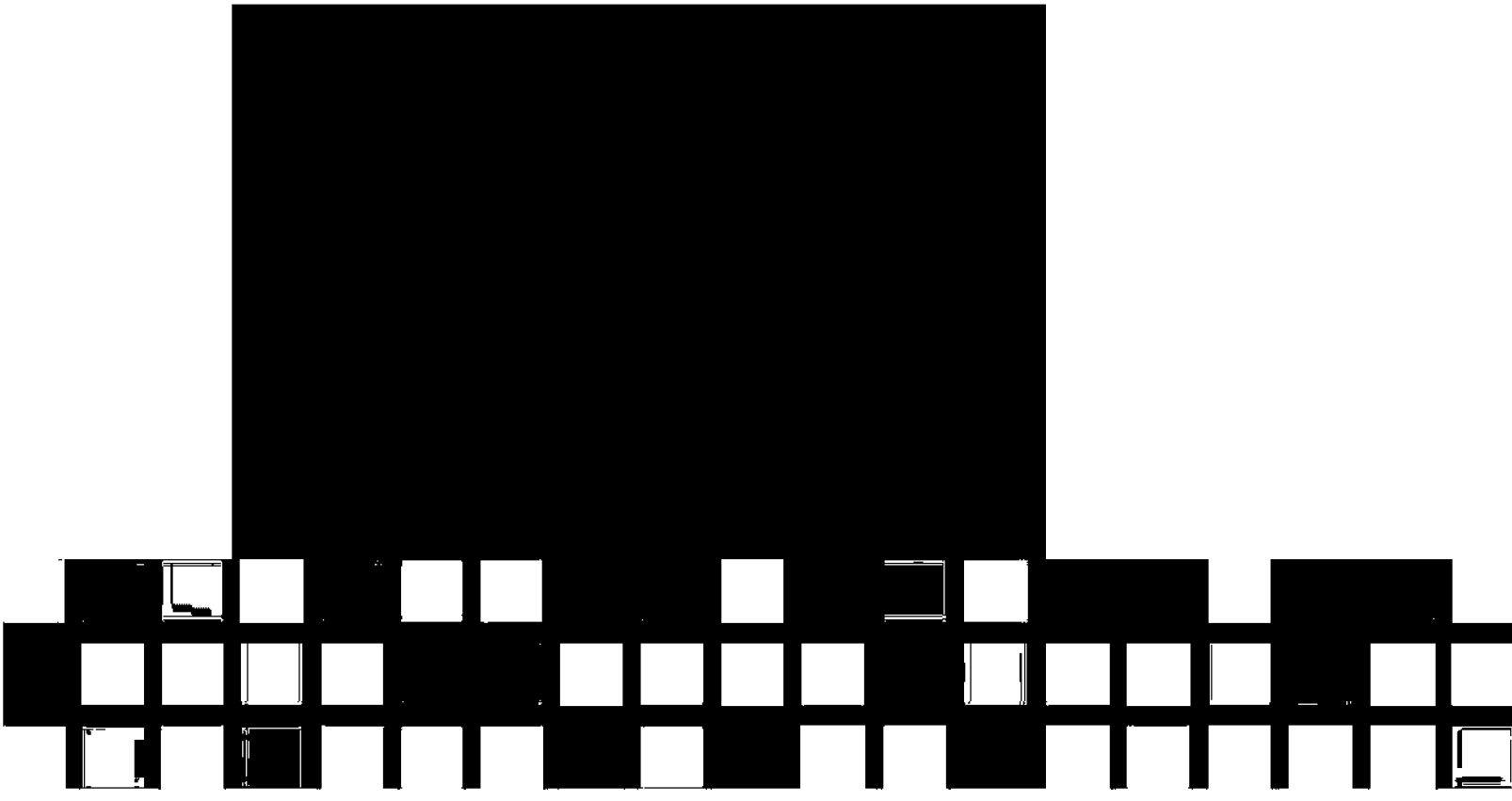
(a) Name of other organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
MAYO CLINIC HEALTH SYSTEM--RED WING	A	1,113,281	GAAP
MAYO CLINIC HEALTH SYSTEM--RED WING	L	150,991	GAAP
MAYO CLINIC HEALTH SYSTEM--SPRINGFIELD	R	147,864	GAAP
MAYO CLINIC HEALTH SYSTEM--ST JAMES HEALTH CARE FOUNDATION	B	115,064	GAAP
MAYO CLINIC HEALTH SYSTEM--WASECA	C	81,416	GAAP
MAYO CLINIC HEALTH SYSTEM--WASECA	R	706,339	GAAP
MAYO CLINIC JACKSONVILLE	A	525,712	GAAP
MAYO CLINIC JACKSONVILLE	B	39,436,316	GAAP
MAYO CLINIC JACKSONVILLE	C	17,857,223	GAAP
MAYO CLINIC JACKSONVILLE	J	39,275,011	GAAP
MAYO CLINIC JACKSONVILLE	L	87,862	GAAP
MAYO CLINIC JACKSONVILLE	P	47,462,400	GAAP
MAYO CLINIC JACKSONVILLE	Q	2,185,508	GAAP
MAYO CLINIC JACKSONVILLE	R	9,869,673	GAAP
MAYO CLINIC JACKSONVILLE	S	123,276	GAAP
MAYO COLLABORATIVE SERVICES INC	J	6,402,325	GAAP
MAYO COLLABORATIVE SERVICES INC			
MAYO COLLABORATIVE SERVICES INC	L	282,436,281	GAAP
MAYO COLLABORATIVE SERVICES INC	M	5,476,261	GAAP
MAYO COLLABORATIVE SERVICES INC	P	909,847	GAAP
MAYO COLLABORATIVE SERVICES INC	Q	12,001,247	GAAP
MAYO COLLABORATIVE SERVICES INC	R	97,930	GAAP
MAYO COLLABORATIVE SERVICES INC	S	191,975,433	GAAP
MAYO FOUNDATION FOR MEDICAL EDUCATION AND RESEARCH	H	1,092,744,393	GAAP
MAYO FOUNDATION FOR MEDICAL EDUCATION AND RESEARCH	J	46,939,959	GAAP

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

(a) Name of other organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
MAYO FOUNDATION FOR MEDICAL EDUCATION AND RESEARCH	L	80,286	GAAP
MAYO FOUNDATION FOR MEDICAL EDUCATION AND RESEARCH	M	5,751,664	GAAP
MAYO FOUNDATION FOR MEDICAL EDUCATION AND RESEARCH	O	1,623,849,449	GAAP
MAYO FOUNDATION FOR MEDICAL EDUCATION AND RESEARCH	P	482,479,572	GAAP
MAYO FOUNDATION FOR MEDICAL EDUCATION AND RESEARCH	Q	15,080,687	GAAP
MAYO FOUNDATION FOR MEDICAL EDUCATION AND RESEARCH	R	106,622,041	GAAP
MAYO FOUNDATION FOR MEDICAL EDUCATION AND RESEARCH	S	110,393,384	GAAP
MAYO HOLDING COMPANY	F	72,340,169	GAAP
MAYO HOLDING COMPANY	F	119,440,500	GAAP
MAYO MEDICAL LABORATORIES NEW ENGLAND INC	M	320,278	GAAP
MAYO MEDICAL LABORATORIES NEW ENGLAND INC	Q	843,308	GAAP
MAYO MEDICAL LABORATORIES NEW ENGLAND INC	S	1,724,930	GAAP
MMSI INC	J	704,097	GAAP
MMSI INC	M	12,370,699	GAAP
MMSI INC	S	255,639,103	GAAP
POVERELLO FOUNDATION	B	1,042,016	GAAP
POVERELLO FOUNDATION	R	3,230,104	GAAP

Mayo Clinic

Consolidated Financial Report
December 31, 2012



McGladrey

Assurance ▪ Tax ▪ Consulting

Contents

McGladrey

Independent Auditor's Report

Board of Trustees
Mayo Clinic

Report on the Consolidated Financial Statements
We have audited the accompanying consolidated financial statements of Mayo Clinic (the Clinic) and its subsidiaries, which comprise the consolidated statements of financial position as of December 31, 2012 and 2011, and the related consolidated statements of activities and cash flows for the years then ended, and the related notes to the consolidated financial statements

Management's Responsibility for the Financial Statements
Management is responsible for the preparation and fair presentation of these consolidated financial statements in accordance with accounting principles generally accepted in the United States of America, this includes the design, implementation and maintenance of internal control relevant to the preparation and fair presentation of consolidated financial statements that are free from material misstatement, whether due to fraud or error

Auditor's Responsibility
Our responsibility is to express an opinion on these consolidated 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 consolidated financial statements are free from material misstatement

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the consolidated financial statements The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the consolidated financial statements, whether due to fraud or error In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the consolidated financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control Accordingly, we express no such opinion An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the consolidated financial statements

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion

Opinion
In our opinion, the consolidated financial statements referred to above present fairly, in all material respects, the financial position of Mayo Clinic and its subsidiaries as of December 31, 2012 and 2011, and the results of their operations and their cash flows for the years then ended in accordance with accounting principles generally accepted in the United States of America

McGladrey LLP

Minneapolis, Minnesota
February 14, 2013

Mayo Clinic

Consolidated Statements of Financial Position
December 31, 2012 and 2011 (In Millions)

Assets	**2012**	2011
Current Assets		
Cash and cash equivalents	**$ 59.6**	$ 141 3
Accounts receivable for medical services, less allowances for uncollectible accounts of $389 7 in 2012 and $340 8 in 2011	**1,327.6**	1,422 4
Securities lending collateral (Note 5)	**94.8**	68 3
Other receivables (Notes 10 and 15)	**251.3**	267 6
Other current assets (Note 15)	**150.3**	141 8
Total current assets	**1,883.6**	2,041 4
Investments (Note 4)	**5,168.5**	4,171 0
Investments Under Securities Lending Agreement (Note 5)	**92.2**	66 4
Other Long-Term Assets (Notes 10 and 15)	**397.7**	351 1
Property, Plant and Equipment, net (Note 6)	**3,773.6**	3,499 0
Total assets	**$ 11,315.6**	$ 10,128 9
Liabilities and Net Assets		
Current Liabilities		
Accounts payable	**$ 327.8**	$ 306 7
Accrued payroll	**479.2**	421 9
Deferred revenue	**44.1**	44 8
Long-term variable-rate debt (Note 8)	**240.0**	240 0
Securities lending payable (Note 5)	**94.8**	68 3
Other current liabilities (Notes 14 and 15)	**398.9**	377 6
Total current liabilities	**1,584.8**	1,459 3
Long-Term Debt (Note 8)	**2,102.0**	1,631 9
Accrued Pension and Postretirement Benefits, net of current (Note 13)	**2,218.4**	1,636 7
Other Long-Term Liabilities (Notes 9, 14 and 15)	**724.1**	671 6
Total liabilities	**6,629.3**	5,399 5
Net Assets (Notes 10 and 11)		
Unrestricted	**2,826.5**	3,074 8
Temporarily restricted	**1,013.3**	863 9
Permanently restricted	**846.5**	790 7
Total net assets	**4,686.3**	4,729 4
Total liabilities and net assets	**$ 11,315.6**	$ 10,128 9

See Notes to Consolidated Financial Statements

Mayo Clinic

Consolidated Statements of Activities
Years Ended December 31, 2012 and 2011 (In Millions)

	2012				2011			
	Unrestricted	Temporarily Restricted	Permanently Restricted	Total	Unrestricted	Temporarily Restricted	Permanently Restricted	Total
Revenue, gains and other support								
Net medical service revenue (Note 2)	$ 7,484 7	$ -	$ -	$ 7,484 7	$ 6,983 6	$ -	$ -	$ 6,983 6
Grants and contracts	384 7	-	-	384 7	368 5	-	-	368 5
Investment return allocated to current activities (Note 4)	134 7	20 0	-	154 7	126 6	18 0	-	144 6
Contributions available for current activities	37 6	120 4	-	158 0	143 9	110 8	-	254 7
Premium revenue	113 0	-	-	113 0	108 5	-	-	108 5
Other (Note 16)	548 8	-	-	548 8	458 3	-	-	458 3
Net assets released from restrictions (Note 10)	150 2	(150 2)	-	-	148 5	(148 5)	-	-
Total revenue, gains and other support	8,853 7	(9 8)	-	8,843 9	8,337 9	(19 7)	-	8,318 2
Expenses								
Salaries and benefits	5,608 6	-	-	5,608 6	5,141 3	-	-	5,141 3
Supplies and services	2,127 3	-	-	2,127 3	1,899 8	-	-	1,899 8
Facilities	650 0	-	-	650 0	614 6	-	-	614 6
Finance and investment	62 6	-	-	62 6	52 3	-	-	52 3
Total expenses (Note 12)	8,448 5	-	-	8,448 5	7,708 0	-	-	7,708 0
Income (loss) from current activities	405 2	(9 8)	-	395 4	629 9	(19 7)	-	610 2
Noncurrent and other items								
Contributions not available for current activities, net	(9 2)	26 1	55 8	72 7	(11 2)	13 3	53 5	55 6
Unallocated investment return, net (Note 4)	177 5	133 1	-	310 6	(28 5)	19 5	-	(9 0)
Change in net deferred tax asset	4 1	-	-	4 1	(4 6)	-	-	(4 6)
Income tax expense (Note 7)	(23 7)	-	-	(23 7)	(22 9)	-	-	(22 9)
Contribution received from affiliation (Note 18)	104 8	-	-	104 8	16 2	-	-	16 2
Miscellaneous	(4 5)	-	-	(4 5)	5 0	-	-	5 0
Total noncurrent and other items	249 0	159 2	55 8	464 0	(46 0)	32 8	53 5	40 3
Increase in net assets before other changes in net assets	654 2	149 4	55 8	859 4	583 9	13 1	53 5	650 5
Pension and other postretirement benefit adjustments (Note 13)	(902 5)	-	-	(902 5)	(734 9)	-	-	(734 9)
Increase (decrease) in net assets	(248 3)	149 4	55 8	(43 1)	(151 0)	13 1	53 5	(84 4)
Net assets at beginning of year	3,074 8	863 9	790 7	4,729 4	3,225 8	850 8	737 2	4,813 8
Net assets at end of year	$ 2,826 5	$ 1,013 3	$ 846 5	$ 4,686 3	$ 3,074 8	$ 863 9	$ 790 7	$ 4,729 4

See Notes to Consolidated Financial Statements

Mayo Clinic

Consolidated Statements of Cash Flows
Years Ended December 31, 2012 and 2011 (In Millions)

	2012	2011
Cash Flows From Current Activities		
Decrease in net assets	**$ (43.1)**	$ (84 4)
Adjustments to reconcile changes in net assets to net cash provided by current activities		
Depreciation and amortization	**415.7**	401 2
Provision for uncollectible accounts	**180.4**	159 8
Net realized and unrealized gain on investments	**(370.9)**	(48 1)
Restricted gifts, bequests and other	**(55.8)**	(53 5)
Contribution received from affiliations	**(104.8)**	(16 2)
Net change in accounts receivable and other current assets and liabilities, net of effects from affiliation	**79.7**	(238 8)
Pension and other postretirement benefits adjustments	**551.3**	296 6
Net change in other long-term assets and liabilities	**(8.4)**	39 5
Net cash provided by current activities	**644.1**	456 1
Cash Flows From Investing Activities		
Purchase of property, plant and equipment	**(579.8)**	(410 6)
Purchases of investments	**(1,167.1)**	(470 9)
Sales and maturities of investments	**565.2**	244 6
Payment for affiliation, net of cash and cash equivalents acquired	**(43.1)**	1 1
Net cash used in investing activities	**(1,224.8)**	(635 8)
Cash Flows From Financing Activities		
Restricted gifts, bequests and other	**59.7**	65 7
Borrowings on long-term debt	**500.0**	725 0
Payment of long-term debt	**(60.7)**	(543 5)
Net cash provided by financing activities	**499.0**	247 2
Net increase (decrease) in cash and cash equivalents	**(81.7)**	67 5
Cash and Cash Equivalents at Beginning of Year	**141.3**	73 8
Cash and Cash Equivalents at End of Year	**$ 59.6**	$ 141 3

See Notes to Consolidated Financial Statements

Note 1. Organization and Summary of Significant Accounting Policies

Organization: Mayo Clinic (the Clinic) and its Arizona, Florida, Georgia, 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 (the 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

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

Change in accounting principle: In 2012, the Clinic changed its method of presentation and disclosure of patient service revenue, provision for uncollectible accounts, and the allowance for uncollectible accounts in accordance with FASB Accounting Standards Update (ASU) 2011-07, *Presentation and Disclosure of Patient Service Revenue, Provision for Bad Debts, and the Allowance for Doubtful Accounts for Certain Health Care Entities* The major changes associated with ASU 2011-07 are to reclassify the provision for uncollectible accounts related to patient service revenue to a deduction from patient service revenue and to provide enhanced disclosures related to the Clinic's policies related to uncollectible accounts As a result of adopting ASU 2011-07, total net patient service revenue, total revenues and total expenses decreased by $177 5 and $157 6 for the years ended December 31, 2012 and 2011, respectively The change had no effect on income from current activities or on prior-year change in net assets

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 4) 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 generally limited to the investment's carrying value

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

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 $415.7 and $401.2 in 2012 and 2011, 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.

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. For uninsured patients that do not qualify for charity care, the Clinic recognizes revenue on the basis of its standard rates for services provided. On the basis of historical experience, a portion of the Clinic's uninsured patients will be unable or unwilling to pay for the services provided. Thus, the Clinic records a provision for uncollectible accounts related to uninsured patients in the period the services are provided. This provision for uncollectible accounts is presented on the accompanying consolidated statements of activities as a component of net medical service revenue.

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.

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

Premium revenue: Premium revenue represents capitated health premiums received by a managed care subsidiary from third parties 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 $83 4 and $61 9 in 2012 and 2011, 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 $321 7 and $260 4 in 2012 and 2011, 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 $39 6 and $41 0 are allocated between current ($25 7 and $33 2) and noncurrent activities ($13 9 and $7 8) in 2012 and 2011, respectively The current portion is recorded in expenses, and the noncurrent portion is netted against unrestricted contributions not available for current activities 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

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, 2012, through February 14, 2013, 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

Note 2. Net Medical Service Revenue, Contractual Arrangements With Third-Party Vendors, and Allowance for Doubtful Accounts

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

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 a decrease of $4 3 in 2012 and an increase of $11 7 in 2011

In April 2012, the United States Department of Health and Human Services and the Centers for Medicare & Medicaid Services (CMS) reached a settlement agreement that corrects the calculations of Medicare reimbursements that were provided to certain hospitals, including certain hospitals of the Clinic, under the Medicare program's inpatient prospective payment system for federal fiscal years 2007 through 2011 As a result of the settlement, the Clinic's adjustments to revenue related to prior years increased net medical service revenue by $25 3 during the year ended December 31, 2012

Future changes in the Medicare program and reduction of funding levels could have an adverse effect on the Clinic Net medical service revenue under the Medicare program represented approximately 25 percent and 24 percent of total net medical service revenue for 2012 and 2011, respectively At December 31, 2012 and 2011, approximately 15 percent and 16 percent, respectively, of accounts receivable for medical services was due from the Medicare program

As a service to the patient, the Clinic bills third-party payors directly and bills the patient when the patient's liability is determined Accounts receivable are reduced by an allowance for doubtful accounts In evaluating the collectability of accounts receivable, the Clinic analyzes its past history and identifies trends for each of its major payor sources of revenue to estimate the appropriate allowance for doubtful accounts and provision for bad debts Management regularly reviews data about these major payor sources of revenue in evaluating the sufficiency of the allowance for doubtful accounts For receivables associated with services provided to patients who have third-party coverage, the Clinic analyzes contractually due amounts and provides contractual allowances based on these amounts Additionally, an allowance for doubtful accounts and a provision for uncollectible accounts is provided for expected uncollectible deductibles and copayments on accounts for which the patient is responsible For receivables associated with self-pay patients, the Clinic records a significant provision for uncollectible accounts in the period of service on the basis of its past experience, which indicates that many patients are unable or unwilling to pay the portion of their bill for which they are financially responsible The difference between the standard rates (or the discounted rates if negotiated) and the amounts actually collected after all reasonable collection efforts have been exhausted is charged off against the allowance for doubtful accounts

The Clinic's allowance for doubtful accounts was 22 7 percent and 19 3 percent of accounts receivable at December 31, 2012 and 2011, respectively In addition, the Clinic's write-offs were $128 6 and $215 9 for the year ended December 31 2012 and 2011, respectively The increase in the allowance for doubtful accounts was the result of negative trends experienced in the collection of patient accounts The decrease in write-offs was due to substantial resolution of out-for-collection accounts during 2011 The Clinic has not significantly changed its charity care policies

Notes to Consolidated Financial Statements (In Millions)

Note 2. Net Medical Service Revenue, Contractual Arrangements With Third-Party Vendors, and Allowance for Doubtful Accounts (Continued)

Net medical service revenue for the years ended December 31 consisted of the following

	2012	2011
Medical service revenue (net of contractual allowances and discounts)	$ 7,662 2	$ 7,141 2
Provision for uncollectible accounts	(177 5)	(157 6)
Net medical service revenue	$ 7,484 7	$ 6,983 6

The Clinic recognizes patient service revenue associated with services provided to patients who have third-party payor coverage on the basis of contractual rates for the services rendered For uninsured patients that do not qualify for charity care, the Clinic recognizes revenue on the basis of its standard rates for services provided (or on the basis of discounted rates, if negotiated or provided by policy) On the basis of historical experience, a portion of the Clinic's patients will be unable or unwilling to pay for the services provided Thus, the Clinic records a provision for uncollectible accounts related to patients in the period the services are provided Medical service revenue, net of contractual allowances and discounts (but before the provision for uncollectible accounts), recognized in the year ended December 31, 2012, from these major payor sources, is as follows

	Third-Party Payors	Self-Pay	Total All Payors
Medical service revenue (net of contractual allowances and discounts)	$ 7,239 2	$ 423 0	$ 7,662 2

Note 3. Incentive Revenue

The Health Information Technology for Economic and Clinic Health (HITECH) portion of the American Recovery and Reinvestment Act of 2009 included $27 0 billion in incentives through Medicare and Medicaid reimbursement systems to foster electronic health record (EHR) adoption In order to be eligible for EHR incentive funding, eligible hospitals and professionals must use a certified EHR, report quality measures, and achieve "meaningful use," as defined by HITECH The Clinic is entitled to receive Medicare and Medicaid incentive payments for the adoption of certified EHR technology for its eligible hospitals and employed physicians, as the Clinic has satisfied the statutory and regulatory requirements The Clinic applies the gain contingency model for recognizing incentive revenue As a result, incentives earned totaling $44 7 for the year ended December 31, 2012, are included in other revenue Income from incentive payments are subject to retrospective adjustments as the incentive payments are calculated using Medicare cost report data that is subject to audit Additionally, the Clinic's compliance with the meaningful use criteria is subject to audit by the federal government

Note 4. 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. The Clinic's policy is to recognize transfers in and transfers out as of the actual date of the event or change in circumstances that caused the transfer.

Notes to Consolidated Financial Statements (In Millions)

Note 4. Fair Value Measurements, Investments and Other Financial Instruments (Continued)

The following tables present the financial instruments carried at fair value as of December 31, 2012 and 2011, by caption on the consolidated statements of financial position by the valuation hierarchy defined above

	December 31, 2012			
	Level 1	Level 2	Level 3	Total Fair Value
Assets				
Securities lending collateral	$ 94 8	$ -	$ -	$ 94 8
Investments				
Cash and cash equivalents	598 4	-	-	598 4
Fixed-income securities				
U S government	-	27 8	-	27 8
U S government agencies	-	395 7	-	395 7
U S corporate	-	359 1	13 0	372 1
Foreign	-	9 4	-	9 4
Common and preferred stocks				
U S	361 6	-	-	361 6
Foreign	242 1	-	-	242 1
Funds				
Fixed-income	244 5	-	-	244 5
Equities	360 8	83 0	-	443 8
Alternative investments				
Absolute return and hedge funds	-	-	1,577 0	1,577 0
Private equity, real estate and natural resources funds	-	-	986 1	986 1
Other investments	2 2	-	-	2 2
Less securities under lending agreement	(92 2)	-	-	(92 2)
Total investments	1,717 4	875 0	2,576 1	5,168 5
Investments under securities lending agreement	92 2	-	-	92 2
Other long-term assets				
Trust receivables	73 4	28 9	61 7	164 0
Technology-based ventures	-	-	5 8	5 8
Total other long-term assets	73 4	28 9	67 5	169 8
Total assets at fair value	$ 1,977 8	$ 903 9	$ 2,643 6	$ 5,525 3
Liabilities				
Securities lending collateral	$ 94 8	$ -	$ -	$ 94 8
Total liabilities at fair value	$ 94 8	$ -	$ -	$ 94 8

During the year ended December 31, 2012, the Clinic transferred $70 1 of equity funds from Level 1 to Level 2 due to a change in custodian resulting in different observable inputs

Notes to Consolidated Financial Statements (In Millions)

Note 4. Fair Value Measurements, Investments and Other Financial Instruments (Continued)

	December 31, 2011			
	Level 1	Level 2	Level 3	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	4 8
Common and preferred stocks				
U S	310 9	-	-	310 9
Foreign	209 4	-	-	209 4
Funds				
Fixed-income	288 9	-	-	288 9
Equities	314 4	-	-	314 4
Alternative investments				
Absolute return and hedge funds	-	-	1,303 0	1,303 0
Private equity, real estate and natural resources funds	-	-	895 2	895 2
Other investments	9 5	-	-	9 5
Less securities under lending agreement	(66 4)	-	-	(66 4)
Total investments	1,380 1	587 9	2,203 0	4,171 0
Investments under securities lending agreement	66 4	-	-	66 4
Other long-term assets				
Trust receivables	64 6	29 1	59 9	153 6
Technology-based ventures	-	-	4 8	4 8
Total other long-term assets	64 6	29 1	64 7	158 4
Total assets at fair value	$ 1,579 4	$ 617 0	$ 2,267 7	$ 4,464 1
Liabilities				
Securities lending collateral	$ 68 3	$ -	$ -	$ 68 3
Total liabilities at fair value	$ 68 3	$ -	$ -	$ 68 3

Note 4. 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 hierarchal 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 4. 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, 2012	$ 1,303 0	$ 895 2	$ 69 5	$ 2,267 7
Realized and unrealized gain (loss)	173 3	55 4	(2 0)	226 7
Purchases	385 6	220 1	13 0	618 7
Issuances and settlements	(284 9)	(184 6)	-	(469 5)
Fair value December 31, 2012	$ 1,577 0	$ 986 1	$ 80 5	$ 2,643 6
Amount of unrealized gain related to financial instruments held at December 31, 2012, and included in statement of activities	$ 168 7	$ 6 2	$ 1 2	$ 176 1

	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 gain	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	$ 1,303 0	$ 895 2	$ 69 5	$ 2,267 7
Amount of unrealized gain (loss) related to financial instruments held at December 31, 2011, and included in statement of activities	$ 2 8	$ 96 8	$ (1 1)	$ 98 5

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

At December 31, 2012, alternative investments recorded at NAV consisted of the following

	Fair Value	Unfunded Commitment	Redemption Frequency (If Currently Eligible)	Redemption Notice Period
Absolute return/hedge funds (a)	$ 1,577 0	$ -	Monthly to annually	30–90 days
Private partnerships (b)	986 1	633 0		
	$ 2,563 1	$ 633 0		

Notes to Consolidated Financial Statements (In Millions)

Note 4. Fair Value Measurements, Investments and Other Financial Instruments (Continued)

At December 31, 2011, alternative investments recorded at NAV 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)	895 2	546 5		
	$ 2,198 2	$ 546 5		

(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 NAV per share of the investments Investments in this category generally carry "lockup" restrictions that do not allow investors to seek redemption in the first year after acquisition Following the initial lockup 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 NAV 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 returns These contracts are used in the Clinic's investment management program to minimize certain investment risks At December 31, 2012, the Clinic did not hold any significant derivative contracts At December 31, 2011, the Clinic held derivative contracts consisting of options, swaps and foreign exchange contracts 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

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 8), based on quoted market prices for the same or similar issues (Level 2), was approximately $164 8 more than its carrying value at December 31, 2012, and $67 0 more than its carrying value at December 31, 2011

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, 2012 and 2011, is $233 1 (9 3 percent) and $210 8 (9 6 percent), respectively

Notes to Consolidated Financial Statements (In Millions)

Note 4. 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 $472 7 and $353 7, respectively, at December 31, 2012 and 2011, which includes segregated investments for deferred compensation plans of $274 6 and $231 5 at December 31, 2012 and 2011, respectively

At December 31, 2012 and 2011, 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 $95 2 and $83 8, respectively

The Clinic has internally designated investment balances of $1,219 6 and $919 4 at December 31, 2012 and 2011, respectively, for research, education, and capital replacement and expansion

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

	2012	2011
Dividends and interest	$ 94 4	$ 87 5
Net realized gains	100 7	86 5
Net change in unrealized gains and (losses)	270 2	(38 4)
	$ 465 3	$ 135 6

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

	2012	2011
Investment return allocated to current activities	$ 154 7	$ 144 6
Unallocated investment return (losses), net	310 6	(9 0)
	$ 465 3	$ 135 6

Note 5. 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 Investments are loaned to various brokers and are returnable on demand In exchange, the Clinic receives cash collateral 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. Securities Lending (Continued)

At December 31, 2012 and 2011, the aggregate market value of securities on loan under securities lending agreements totaled $92 2 and $66 4, respectively, and the total value of the collateral supporting the securities is $94 8 and $68 4, respectively, which represents 103 percent of the value of the securities on loan The cash portion of the collateral supporting the securities as of December 31, 2012 and 2011, is $94 8 and $68 3, respectively Noncash collateral provided to the Clinic is not recorded in the consolidated statements of financial position, as the collateral may not be sold or repledged The Clinic's claim on such collateral is limited to the market value of loaned securities In the event of nonperformance by the other parties to the securities lending agreements, the Clinic could be exposed to some loss

Note 6. Property, Plant and Equipment, Net

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

	2012	2011
Land	$ 226 0	$ 200 5
Buildings and improvements	4,526 1	4,213 9
Furniture and equipment	2,926 2	2,631 3
	7,678 3	7,045 7
Accumulated depreciation	(4,115 5)	(3,660 0)
	3,562 8	3,385 7
Construction in progress	210 8	113 3
	$ 3,773 6	$ 3,499 0

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 $499 4 and $481 7, and the total accumulated amortization was $370 9 and $317 0 at December 31, 2012 and 2011, respectively Amortization expense for capitalized software was $52 6 and $51 9 for 2012 and 2011, respectively

The Hospital Authority of Ware County, Georgia (the Authority) owns the property, plant and equipment of the Clinic's affiliate located in Waycross, Georgia, which it leases to the affiliate The lease agreement also includes any assets acquired by the Authority and any debt issued or refinanced by the Authority for the benefit of the affiliate The lease is for a term of 40 years in return for paying the currently maturing installments of principal and interest on any revenue anticipation certificates issued for the benefit of the affiliate by the Authority This lease was amended in 2011 to extend the term of the lease until the earlier of March 1, 2052, or such time as the outstanding revenue anticipation certificates have been provided for or paid The net book value of these assets at December 31, 2012 and 2011, was $62 6 and $61 1, respectively

Notes to Consolidated Financial Statements (In Millions)

Note 7. 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 2009 through 2011 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 2009 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 2009 until December 31, 2013 As of December 31, 2012, 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, 2012 and 2011, the reserve for unrecognized tax benefits was not significant, and as a result, there is no longer a reserve for unrecognized tax benefits recorded

The Clinic's practice is to recognize interest and/or penalties related to income tax matters in income tax expense The components of tax expense are as follows

	December 31	
	2012	2011
Current—federal	$ 17 4	$ 7 0
Current—state	3 6	5 1
	21 0	12 1
Deferred—federal	(2 3)	12 4
Deferred—state	0 1	0 7
Change in valuation allowance	4 9	(2 3)
	2 7	10 8
Total	$ 23 7	$ 22 9

Cash payments for income taxes were $24 9 and $12 8 for the years ended December 31, 2012 and 2011, respectively

Notes to Consolidated Financial Statements (In Millions)

Note 7. Income Taxes (Continued)

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

	2012	2011
Depreciation	$ 2 9	$ -
Bad-debt reserve	0 9	0 3
Postretirement benefits	8 8	7 3
Deferred compensation	17 2	16 5
Net operating loss carryforwards	14 6	0 4
Alternative minimum tax credit	-	4 6
Pension	18 3	12 4
Paid time off	1 2	1 3
Other	1 7	3 1
Total deferred tax asset	65 6	45 9
Valuation allowance, net of effects from affiliation	(15 6)	-
Net deferred tax asset	$ 50 0	$ 45 9
Current	$ 3 0	$ 2 7
Noncurrent	47 0	43 2
	$ 50 0	$ 45 9

As of December 31, 2012, the Clinic has net operating losses of $33 4 for federal income tax purposes, which are expected to expire beginning 2026 through 2032

Notes to Consolidated Financial Statements (In Millions)

Note 8. Financing

Long-term debt at December 31 consisted of the following

	2012	2011
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 16% in 2012 and 0 17% in 2011), principal due in varying amounts from 2019 through 2038	$ 690 0	$ 690 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 2041	690 0	490 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	50 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	125 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 75%, principal due in varying amounts through 2030	84 1	87 1
Fixed-rate bonds, payable to holder, interest at 3 774%, principal due in varying amounts from 2039 through 2043	300 0	-
Fixed-rate notes, payable to banks, interest rate at 2 01%, principal due in varying amounts through 2016	180 0	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	215 0
Hospital Authority of Ware County, Georgia Revenue Anticipation Certificates issued in various series, with fixed interest rates ranging from 4 70% to 5 50%, principal due in varying amounts through 2030	30 3	-
Other notes payable	23 7	26 7
Unamortized discounts and premiums, net	5 7	13 4
	2,393 8	1,922 2
Long-term variable-rate debt classified as current	(240 0)	(240 0)
Current maturities included in other current liabilities	(51 8)	(50 3)
	$ 2,102 0	$ 1,631 9

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 8. Financing (Continued)

At December 31, 2012, 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 2014 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, 2013 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 April 2012, the City of Rochester, Minnesota, on behalf of the Clinic, issued fixed-rate revenue bonds in the aggregate principal amount of $200 0 These bonds were for capital projects involving renovations, acquisitions and construction to be located at certain facilities in Rochester, Minnesota, including a proton beam center

In September 2012, the Clinic issued fixed-rate bonds in the aggregate principal amount of $300 0 for general corporate purposes The bonds are redeemable prior to maturity at the Make-Whole Redemption price based on U S Treasury rates at the time of redemption

All fixed-rate interest revenue bonds are callable from 2013 to 2022 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 2013 and $450 0 may be due in years from 2014 to 2018

Years Ending December 31,	
2013	$ 51 8
2014	49 0
2015	49 1
2016	49 4
2017	4 5

Interest payments on long-term debt, net of amounts capitalized for 2012 and 2011, totaled $56 3 and $45 2, respectively The amount of interest capitalized, net of related interest income, was $4 9 and $2 1 during 2012 and 2011, respectively Interest expense totaled $58 6 and $44 9 for 2012 and 2011, respectively

At December 31, 2012 and 2011, the Clinic had unsecured lines of credit available with banks totaling $325 0, with varying renewable terms and interest up to 0 25 percent over various published rates There were no amounts drawn at December 31, 2012 and 2011

Notes to Consolidated Financial Statements (In Millions)

Note 9. Lease Commitments

Certain leases are classified as capital leases The leased assets are included as part of property, plant and equipment (Note 6), and the capital lease obligations of $36 7 and $31 1 as of December 31, 2012 and 2011, 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

	2012	2011
Buildings and equipment	$ 34 9	$ 33 3
Furniture and equipment	2 8	3 6
	37 7	36 9
Accumulated amortization	(9 4)	(7 2)
	$ 28 3	$ 29 7

Rental expense incurred for operating leases was $33 4 and $33 1 for the years ended December 31, 2012 and 2011, respectively

At December 31, 2012, the estimated future minimum lease payments under noncancellable operating leases and capital leases were as follows

Years Ending December 31	Operating	Capital
2013	$ 24 0	$ 2 9
2014	16 7	2 9
2015	14 4	2 7
2016	12 7	1 7
2017	10 3	1 5
Thereafter	34 6	31 2
Minimum lease payments	$ 112 7	42 9
Less amount representing interest		(6 2)
Net minimum lease payments under capital leases		$ 36 7

Notes to Consolidated Financial Statements (In Millions)

Note 10. 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

	2012	2011
Research	$ 404 9	$ 326 0
Education	216 7	191 1
Buildings and equipment	27 1	24 4
Charity care	37 2	32 6
Clinical	70 2	60 8
Other	27 2	26 4
Pledges and trusts	230 0	202 6
	$ 1,013 3	$ 863 9

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

	2012	2011
Research	$ 489 3	$ 445 6
Education	145 8	131 6
Charity care	8 9	8 7
Clinical	41 9	41 0
Other	30 5	31 8
Pledges and trusts	130 1	132 0
	$ 846 5	$ 790 7

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 11), which satisfied the following restricted purposes for the years ended December 31

	2012	2011
Research	$ 91 1	$ 81 3
Education	22 0	22 7
Buildings and equipment	21 0	13 5
Other	16 1	31 0
	$ 150 2	$ 148 5

Notes to Consolidated Financial Statements (In Millions)

Note 10. 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

	2012	2011
Pledges due		
In less than one year	$ 109 9	$ 126 9
In one to five years	107 4	115 6
In more than five years	19 5	7 6
	236 8	250 1
Allowance for uncollectible pledges and discounts	(31 2)	(47 4)
	$ 205 6	$ 202 7

Estimated cash flows from pledge receivables due after one year are discounted using a risk-adjusted rate, ranging from 0 91 percent to 5 11 percent, that is commensurate with the pledges' due dates and established in the year the pledge is received 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 $164 0 and $153 6 at December 31, 2012 and 2011, respectively

Note 11. 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
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

Notes to Consolidated Financial Statements (In Millions)

Note 11. Endowment (Continued)

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, 2012, the endowment net asset composition by type of fund consisted of the following

	Unrestricted	Temporarily Restricted	Permanently Restricted	Total
Donor-restricted funds	$ -	$ 496 8	$ 846 5	$ 1,343 3
Board-designated funds	958 3	-	-	958 3
Total funds	$ 958 3	$ 496 8	$ 846 5	$ 2,301 6

Notes to Consolidated Financial Statements (In Millions)

Note 11. Endowment (Continued)

Changes in endowment net assets for the fiscal year ended December 31, 2012, consisted of the following

	Unrestricted	Temporarily Restricted	Permanently Restricted	Total
Endowment net assets, beginning of year	$ 820 2	$ 392 8	$ 790 7	$ 2,003 7
Investment return				
Investment income	15 2	19 0	-	34 2
Net appreciation (realized and unrealized)	101 7	128 1	-	229 8
Total investment return	116 9	147 1	-	264 0
Contributions	-	-	55 8	55 8
Appropriation of endowment assets for expenditure	(42 1)	(43 1)	-	(85 2)
Other changes				
Transfers to create board-designated endowment funds	63 3	-	-	63 3
Endowment net assets, end of year	$ 958 3	$ 496 8	$ 846 5	$ 2,301 6

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	820 6	-	-	820 6
Total funds	$ 820 2	$ 392 8	$ 790 7	$ 2,003 7

Notes to Consolidated Financial Statements (In Millions)

Note 11. 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	$ 806 8	$ 400 6	$ 737 2	$ 1,944 6
Investment return				
Investment income	15 7	19 0	-	34 7
Net appreciation (realized and unrealized)	10 7	13 1	-	23 8
Total investment return	26 4	32 1	-	58 5
Contributions	-	-	53 5	53 5
Appropriation of endowment assets for expenditure	(31 8)	(39 9)	-	(71 7)
Other changes				
Transfers to create board-designated endowment funds	18 8	-	-	18 8
Endowment net assets, end of year	$ 820 2	$ 392 8	$ 790 7	$ 2,003 7

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 not significant as of December 31, 2012 and 2011

Note 12. Functional Expenses

The expenses reported in the consolidated statements of activities were incurred for the following

	2012	2011
Patient care	$ 6,644 1	$ 6,022 0
Lab and technology ventures	675 8	619 9
Research	631 2	595 7
Graduate and other education	251 8	242 9
General and administrative	81 2	87 0
Development expenses	25 6	33 2
Other activities	138 8	107 3
	$ 8,448 5	$ 7,708 0

Notes to Consolidated Financial Statements (In Millions)

Note 13. 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, 2012 and 2011, are the following amounts, respectively, that have not yet been recognized in net periodic cost unrecognized actuarial losses of $3,050 9 and $2,227 1 and unrecognized prior service benefit of $661 9 and $747 6 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, 2013, in the amount of $174 4 and $85 0, respectively

Changes in plan assets and benefit obligations recognized in unrestricted net assets during 2012 and 2011 included the following

	2012	2011
Current-year actuarial loss	$ (917 5)	$ (754 5)
Amortization of actuarial loss	100 7	105 3
Amortization of prior service credit	(85 7)	(85 7)
Pension and other postretirement benefit adjustments	$ (902 5)	$ (734 9)

Pension plans:

Plan terminations: The Clinic announced in November 2010 its intent to terminate its nonqualified pension plans and distribute the plans' assets The balance, net of taxes, was paid to participants in November 2011, in compliance with IRC 409A

Notes to Consolidated Financial Statements (In Millions)

Note 13. Employee Benefit Programs (Continued)

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

	2012		2011	
	Qualified	Nonqualified	Qualified	Nonqualified
Change in projected benefit obligation				
Benefit obligation, beginning of year	$ 5,289 5	$ 2 6	$ 4,575 9	$ 243 1
Service cost	204 0	-	185 8	-
Interest cost	271 8	0 1	262 0	0 6
Actuarial loss (gain)	988 5	0 2	485 5	(1 2)
Plan change	-	-	0 1	-
Benefits paid	(225 9)	(0 3)	(219 8)	(239 9)
Estimated benefit obligation at end of year	$ 6,527 9	$ 2 6	$ 5,289 5	$ 2 6
Change in plan assets				
Fair value of plan assets, beginning of year	$ 4,652 8	$ -	$ 4,363 0	$ -
Actual return on plan assets	575 6	-	125 6	-
Employer contributions	483 8	0 3	384 0	239 9
Benefits paid	(225 9)	(0 3)	(219 8)	(239 9)
Fair value of plan assets at end of year	$ 5,486 3	$ -	$ 4,652 8	$ -

	Pension Benefits			
	2012		2011	
	Qualified	Nonqualified	Qualified	Nonqualified
Funded status of the plan	$ (1,041 6)	$ (2 6)	$ (636 7)	$ (2 6)
Accumulated benefit obligation	$ 6,222 2	$ 2 6	$ 4,941 1	$ 2 6

Amounts recognized in the consolidated statements of financial position consist of the following

	2012		2011	
	Qualified	Nonqualified	Qualified	Nonqualified
Current liabilities	$ -	$ (0 3)	$ -	$ (0 2)
Noncurrent liabilities	(1,041 6)	(2 3)	(636 7)	(2 4)
Net amount recognized	$ (1,041 6)	$ (2 6)	$ (636 7)	$ (2 6)

Notes to Consolidated Financial Statements (In Millions)

Note 13. Employee Benefit Programs (Continued)

Components of net periodic benefit cost are as follows

	2012		2011	
	Qualified	Nonqualified	Qualified	Nonqualified
Service cost	$ 204 0	$ -	$ 185 8	$ -
Interest cost	271 8	0 1	262 0	0 6
Expected return on plan assets	(387 0)	-	(356 3)	-
Amortization of unrecognized				
Prior service benefit	(60 3)	-	(60 2)	-
Net actuarial loss	97 5	-	64 5	38 6
Settlement	-	-	-	22 9
Net periodic benefit cost	$ 126 0	$ 0 1	$ 95 8	$ 62 1

Plan assets: The largest of the pension funds is the Mayo Clinic Master Retirement Trust Plan, which holds $5,392 9 of the $5,486 3 in combined plan assets at December 31, 2012 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 80 0 percent The portfolio's target fixed-income exposure is 20 0 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 13. Employee Benefit Programs (Continued)

The fair values of the pension plan assets at December 31, 2012, 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	$ 267 1	$ 16 6	$ -	$ 283 7
Fixed-income securities				
U S government	-	97 1	-	97 1
U S government agencies	-	147 3	-	147 3
U S corporate	-	274 3	0 2	274 5
Foreign	-	43 2	-	43 2
Common and preferred stocks				
U S	511 8	1 9	17 4	531 1
Foreign	378 8	-	-	378 8
Funds				
Fixed-income	149 5	-	-	149 5
Equities	111 5	154 6	-	266 1
Alternative investments				
Absolute return and hedge funds	-	-	2,097 1	2,097 1
Private equity, real estate and natural resources funds	-	-	1,121 1	1,121 1
Other investments	1 6	1 8	-	3 4
Total investments	$ 1,420 3	$ 736 8	$ 3,235 8	$ 5,392 9

Notes to Consolidated Financial Statements (In Millions)

Note 13. 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
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	$ 1,268 7	$ 596 4	$ 2,708 8	$ 4,573 9

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, 2012	$ 1,712 8	$ 994 8	$ 1 2	$ 2,708 8
Actual return on plan assets held	28 5	75 9	-	104 4
Actual return on plan assets sold during the year	192 5	50 5	-	243 0
Purchases	191 2	195 8	17 7	404 7
Issuances and settlements	(27 9)	(195 9)	(1 3)	(225 1)
Fair value December 31, 2012	$ 2,097 1	$ 1,121 1	$ 17 6	$ 3,235 8

Notes to Consolidated Financial Statements (In Millions)

Note 13. Employee Benefit Programs (Continued)

	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	$ 1,712 8	$ 994 8	$ 1 2	$ 2,708 8

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 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 investment, 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 NAV in accordance with the Fair Value Measurements and Disclosures topic of the FASB ASC

At December 31, 2012, alternative investments recorded at NAV consisted of the following

	Fair Value	Unfunded Commitment	Redemption Frequency (If Currently Eligible)	Redemption Notice Period
Absolute return/hedge funds (a)	$ 2,097 1	$ -	Monthly to annually	30–90 days
Private partnerships (b)	1,121 1	742 7		
	$ 3,218 2	$ 742 7		

Notes to Consolidated Financial Statements (In Millions)

Note 13. Employee Benefit Programs (Continued)

At December 31, 2011, alternative investments recorded at NAV 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		
	$ 2,707 6	$ 604 1		

(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 NAV per share of the investments Investments in this category generally carry "lockup" restrictions that do not allow investors to seek redemption in the first year after acquisition Following the initial lockup 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 NAV 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 2013

Notes to Consolidated Financial Statements (In Millions)

Note 13. Employee Benefit Programs (Continued)

Other postretirement benefits:

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

	2012	2011
Change in projected benefit obligation		
Benefit obligation at beginning of year	$ 1,028 0	$ 911 4
Service cost	30 1	28 3
Interest cost	53 6	53 0
Plan participants' contributions	9 6	8 3
Medicare subsidy	2 6	0 2
Actuarial loss	123 6	68 6
Benefits paid	(42 9)	(41 8)
Estimated benefit obligation at end of year	$ 1,204 6	$ 1,028 0
Change in plan assets		
Fair value of plan assets at beginning of year	$ -	$ -
Employer contributions	30 7	33 3
Plan participants' contributions	9 6	8 3
Medicare subsidy	2 6	0 2
Benefits paid	(42 9)	(41 8)
Fair value of plan assets at end of year	$ -	$ -
Funded status of the plan	$ (1,204 6)	$ (1,028 0)

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

	2012	2011
Current liabilities	$ (30 1)	$ (30 4)
Noncurrent liabilities	(1,174 5)	(997 6)
Net amount recognized	$ (1,204 6)	$ (1,028 0)

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

	2012	2011
Service cost	$ 30 1	$ 28 4
Interest cost	53 6	52 9
Amortization of		
Unrecognized prior service benefit	(25 3)	(25 5)
Unrecognized net actuarial loss	3 1	2 2
Net periodic benefit cost for other postretirement benefits	$ 61 5	$ 58 0

Notes to Consolidated Financial Statements (In Millions)

Note 13. Employee Benefit Programs (Continued)

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,	
2013	$ 3 7
2014	4 2
2015	4 7
2016	5 2
2017	5 8
2018–2022	41 0

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 2012	$ 15 7	$ (12 3)
Effect on postretirement benefit obligation at December 31, 2012	198 4	(157 1)

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	
	2012	2011	2012	2011
Discount rate	4 27%	5 24%	4 27%	5 30%
Rate of compensation increase	3 53%	4 37%	N/A	N/A

Weighted-average assumptions used to determine net periodic pension and postretirement benefit cost are as follows

	Pension Benefits		Postretirement Benefits	
	2012	2011	2012	2011
Discount rate	5 24%	5 84%	5 30%	5 90%
Expected long-term return on plan assets	8 00%	8 00%	N/A	N/A
Rate of compensation increase	4 37%	4 35%	N/A	N/A

Notes to Consolidated Financial Statements (In Millions)

Note 13. Employee Benefit Programs (Continued)

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 $475 1 to its pension plans in 2013

Estimated future benefit payments: The following benefit payments, which reflect expected future service, as appropriate, are expected to be paid

	Pension Benefits		Postretirement
	Qualified	Nonqualified	Benefits
Years Ending December 31,			
2013	$ 242 7	$ 0 3	$ 27 5
2014	261 7	0 3	29 6
2015	289 5	0 3	32 0
2016	312 0	0 2	34 8
2017	335 6	0 2	37 3
2018–2022	2,003 0	1 0	236 8

In addition to the defined benefit plans, the Clinic sponsors various defined contribution benefit plans Expense recognized by the Clinic for those plans was $39 5 and $35 6 for 2012 and 2011, respectively

Note 14. 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

The Clinic's general and professional liability as reported in the accompanying consolidated statements of financial position was $122 7 and $111 1 at December 31, 2012 and 2011, 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

Notes to Consolidated Financial Statements (In Millions)

Note 14. General and Professional Liability Insurance (Continued)

Activity in the liability is summarized as follows

	2012	2011
Balance, beginning of year	$ 111 1	$ 117 0
Incurred related to captive insurance company liability		
Current year	26 1	25 6
Prior years	(9 7)	(7 0)
Total incurred	16 4	18 6
Paid related to captive insurance company liability		
Current year	(0 2)	(0 2)
Prior years	(15 8)	(20 6)
Total paid	(16 0)	(20 8)
Net change in self-insurance liability	11 2	(3 7)
Balance, end of year	$ 122 7	$ 111 1

Note 15. Other Receivables, Other Current and Long-Term Assets, and Other Current and Long-Term Liabilities

At December 31, other receivables consisted of the following

	2012	2011
Pledges receivable	$ 109 9	$ 126 9
Grants receivable	54 6	55 2
Other	86 8	85 5
	$ 251 3	$ 267 6

At December 31, other current assets consisted of the following

	2012	2011
Inventories	$ 97 9	$ 90 7
Prepaid expenses	49 4	48 4
Current portion of deferred tax asset	3 0	2 7
	$ 150 3	$ 141 8

Notes to Consolidated Financial Statements (In Millions)

Note 15. 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

	2012	2011
Trust receivables	$ 164 0	$ 153 6
Pledges receivable	95 7	75 8
Long-term portion of deferred tax asset	47 0	43 2
Other	91 0	78 5
	$ 397 7	$ 351 1

At December 31, other current liabilities consisted of the following

	2012	2011
Accrued employee benefits	$ 98 2	$ 92 3
Other taxes	31 8	29 3
Real estate tax accrual	17 4	16 2
Short-term disability	20 4	19 1
Current maturities of long-term debt	51 8	50 3
Current portion of long-term disability	16 7	16 3
Current portion of professional and general liability	31 7	25 8
Current portion of workers' compensation liability	10 2	10 9
Current pension and postretirement benefit	30 4	30 6
Other	90 3	86 8
	$ 398 9	$ 377 6

At December 31, other long-term liabilities consisted of the following

	2012	2011
Deferred compensation	$ 274 6	$ 232 0
Professional and general liability	91 0	85 3
Trust obligations	38 6	37 4
Long-term disability	94 5	87 2
Gift annuities	48 3	49 2
Lease agreement liability	33 8	28 2
Retirement community obligations	34 6	34 2
Asset retirement obligation	23 0	23 7
Contract deposit	22 0	22 0
Workers' compensation liability	16 6	15 4
Other	47 1	57 0
	$ 724 1	$ 671 6

Notes to Consolidated Financial Statements (In Millions)

Note 16. Other Revenue

For the years ended December 31, other revenue consisted of the following

	2012	2011
Retail pharmacy sales	$ 149 3	$ 134 1
Graduate medical and other education revenue	48 0	45 5
Incentive revenue	44 7	-
Technology commercialization, health information, and medical products	34 1	40 4
Cafeteria revenue	31 8	29 3
Royalties	28 8	30 3
Third-party administrative revenue	22 6	25 1
Other	189 5	153 6
	$ 548 8	$ 458 3

Note 17. 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, 2012, approximated $641 4, all of which are expected to be expended over the next three to four 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 impact (if any) such claims or penalties would have upon the Clinic

Note 17. Commitments and Contingencies (Continued)

CMS implemented a project using recovery auditors as part of CMS' further efforts to assure accurate payments The project uses the recovery auditors 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 recovery auditor identifies a claim believed to be inaccurate, the recovery auditor 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 Recovery Audit Program (RAP) audits at the time a notice is received until such time that estimates of net amounts due can be reasonably estimated RAP 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 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 The Clinic's management expects that in the coming years, patients that 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 impacts 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 18. Affiliations

On March 1, 2012, Mayo Clinic Florida, a wholly owned subsidiary of the Clinic, affiliated with Satilla Health Services, Inc (Satilla), a Georgia not-for-profit corporation located in Waycross, Georgia The affiliation was effective on March 1, 2012, with Mayo Clinic Florida being the sole member of Satilla with no transfer of consideration Satilla was established in 1987 and operates a 231-bed acute-care hospital, primary and specialty clinics, and two nursing homes with a patient base of 155,000 at the time of affiliation The hospital and affiliated clinics were renamed Mayo Clinic Health System—Waycross

On June 30, 2012, the Clinic affiliated with Fairview Red Wing Health Services (FRW), with the Clinic being the sole member of FRW with a transfer of $64 0 in consideration FRW is a Minnesota not-for-profit corporation with an integrated health care system providing primary and specialty care in Red Wing, Minnesota, with outreach clinics in Zumbrota, Minnesota, and Ellsworth, Wisconsin The medical center and outreach clinics became part of the Mayo Clinic Health System and was renamed Mayo Clinic Health System—Red Wing

Notes to Consolidated Financial Statements (In Millions)

Note 18. Affiliations (Continued)

The affiliations further the Clinic's strategy to build a network of affiliated providers and expands the availability of health care resources within the regions In conjunction with the affiliations, assets and liabilities were assumed and a contribution was received as follows

Fair value of assets	$	237 2
Liabilities assumed		(68 4)
Transfer of consideration		(64 0)
Contribution received from affiliation	$	104 8

The fair values of assets and liabilities reported in the consolidated statement of financial position at the time of affiliation were as follows

Cash	$	20 9
Accounts receivable		38 6
Investments		50 5
Other assets		16 7
Property, plant and equipment		110 5
Liabilities		(68 4)

The consolidated statement of activities includes the operating results from the date of affiliation Revenue and change in net assets attributable to affiliations for the year ended December 31, 2012, are as follows

Revenue, gains and other support	$	164 7
Change in unrestricted net assets		(6 2)

On July 1, 2011, Mayo Clinic Health System—Mankato (Mankato), a wholly owned subsidiary of the Clinic, affiliated with Queen of Peace Hospital and affiliated clinics in New Prague, Belle Plaine, Le Sueur and Montgomery, Minnesota (New Prague) The affiliation was effective July 1, 2011, with Mankato being the sole member of New Prague with no transfer of consideration At the time of affiliation, the operations consisted of a 25-bed critical access hospital and Level III trauma center serving a patient base of 60,000 The hospital and affiliated clinics were renamed Mayo Clinic Health System—New Prague In conjunction with the affiliation, assets and liabilities were assumed and a contribution of $16 2 was recognized

The following table presents revenues and ending net assets for the Clinic as if the aforementioned affiliations occurred on January 1

	Revenue	Unrestricted Net Assets	Temporarily Restricted Net Assets	Permanently Restricted Net Assets
Supplemental pro forma information for January 1, 2012—December 31, 2012	$ 8,918 1	$ 2,826 5	$ 1,013 3	$ 846 5
Supplemental pro forma information for January 1, 2011—December 30, 2011	8,601 8	3,170 1	863 9	790 8

Supplemental Information

McGladrey

Independent Auditor's Report on the Supplemental Information

Board of Trustees
Mayo Clinic

We have audited the consolidated financial statements of Mayo Clinic (the Clinic) as of and for the years ended December 31, 2012 and 2011, and have issued our report thereon, dated February 14, 2013, which contained an unmodified opinion on those consolidated financial statements Our audits were performed for the purpose of forming an opinion on the consolidated financial statements as a whole

The accompanying supplemental information is presented for purposes of additional analysis and is not a required part of the consolidated financial statements Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements The information has been subjected to the auditing procedures applied in the audits of the consolidated financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the consolidated financial statements, or to the consolidated financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America In our opinion, the information is fairly stated in all material respects in relation to the consolidated financial statements as a whole

McGladrey LLP

Minneapolis, Minnesota
February 14, 2013

Mayo Clinic

Mayo Clinic Florida
Statements of Financial Position
December 31, 2012 and 2011 (In Millions)

Assets	**2012**	2011
Current Assets		
Accounts receivable for medical services, less allowances for uncollectible accounts of $36 7 in 2012 and $33 9 in 2011	**$ 85.9**	$ 87 7
Inventories and other current assets	**6.7**	6 0
Due from affiliates	**109.8**	55 5
Total current assets	**202.4**	149 2
Property, Plant and Equipment, net, and other long-term assets	**208.8**	205 7
Total assets	**$ 411.2**	$ 354 9
Liabilities and Net Assets		
Current Liabilities		
Accrued expenses	**$ 17.0**	$ 13 6
Due to affiliates	**40.5**	33 4
Total current liabilities	**57.5**	47 0
Long-Term Debt	**126.9**	127 0
Other Long-Term Liabilities	**2.8**	2 6
Total liabilities	**187.2**	176 6
Net Assets		
Unrestricted	**223.8**	177 9
Temporarily restricted	**0.1**	0 3
Permanently restricted	**0.1**	0 1
Total net assets	**224.0**	178 3
Total liabilities and net assets	**$ 411.2**	$ 354 9

Mayo Clinic

Mayo Clinic Florida
Statements of Activities
Years Ended December 31, 2012 and 2011 (In Millions)

	2012				2011			
	Unrestricted	**Temporarily Restricted**	**Permanently Restricted**	**Total**	Unrestricted	Temporarily Restricted	Permanently Restricted	Total
Revenue, gains and other support								
Net medical service revenue	**$ 395.3**	**$ -**	**$ -**	**$ 395.3**	$ 377 3	$ -	$ -	$ 377 3
Other	**10.4**	**-**	**-**	**10.4**	8 3	-	-	8 3
Net assets released from restrictions	**0.2**	**(0.2)**	**-**	**-**	0 1	(0 1)	-	-
Total revenue, gains and other support	**405.9**	**(0.2)**	**-**	**405.7**	385 7	(0 1)	-	385 6
Expenses								
Salaries and benefits	**101.1**	**-**	**-**	**101.1**	92 9	-	-	92 9
Supplies and services	**226.0**	**-**	**-**	**226.0**	206 7	-	-	206 7
Facilities	**26.9**	**-**	**-**	**26.9**	27 7	-	-	27 7
Finance and investment	**6.0**	**-**	**-**	**6.0**	6 1	-	-	6 1
Total expenses	**360.0**	**-**	**-**	**360.0**	333 4	-	-	333 4
Income (loss) from current activities	**45.9**	**(0.2)**	**-**	**45.7**	52 3	(0 1)	-	52 2
Inter-affiliate transfers	**-**	**-**	**-**	**-**	(40 0)	-	-	(40 0)
Increase (decrease) in net assets	**45.9**	**(0.2)**	**-**	**45.7**	12 3	(0 1)	-	12 2
Net assets at beginning of year	**177.9**	**0.3**	**0.1**	**178.3**	165 6	0 4	0 1	166 1
Net assets at end of year	**$ 223.8**	**$ 0.1**	**$ 0.1**	**$ 224.0**	$ 177 9	$ 0 3	$ 0 1	$ 178 3