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Extended November 16, 2015

OMB No 1545-0047

Form **990****Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

**2014**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

Do not enter social security numbers on this form as it may be made public.

Information about Form 990 and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).**A** For the 2014 calendar year, or tax year beginning

and ending

**B** Check if applicable

- ☐ Address change  
☐ Name change  
☐ Initial return  
☐ Final return/terminated  
☐ Amended return  
☐ Application pending

**C** Name of organization

MAYO CLINIC GROUP RETURN

Doing business as

Number and street (or P O box if mail is not delivered to street address)

200 FIRST STREET SW

City or town, state or province, country, and ZIP or foreign postal code

ROCHESTER, MN 55905

**F** Name and address of principal officer: JOHN H. NOSEWORTHY, M.D

same as C above

**D** Employer identification number

38-3952644

**E** Telephone number

507-538-1297

**G** Gross receipts \$ 2,064,623,506.**H(a)** Is this a group return Stmt 1  
for subordinates? ☒ Yes ☐ No**H(b)** Are all subordinates included? ☐ Yes ☒ No  
If "No," attach a list. (see instructions)**H(c)** Group exemption number 5983**I** Tax-exempt status: ☒ 501(c)(3) ☐ 501(c)( ) (insert no ) ☐ 4947(a)(1) or ☐ 527**J** Website: WWW.MAYOCLINIC.ORG**K** Form of organization ☒ Corporation ☐ Trust ☐ Association ☐ Other**L** Year of formation**M** State of legal domicile**Part I Summary**

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: <u>PATIENT CARE, MEDICAL RESEARCH AND MEDICAL EDUCATION.</u>		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3	Number of voting members of the governing body (Part VI, line 1a)	53
	4	Number of independent voting members of the governing body (Part VI, line 1b)	0
	5	Total number of individuals employed in calendar year 2014 (Part V, line 2a)	11375
	6	Total number of volunteers (estimate if necessary)	1575
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	6,385,171.
7b	Net unrelated business taxable income from Form 990-T, line 34	746,090.	
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year 191,305,918. Current Year 129,318,609.
	9	Program service revenue (Part VIII, line 2g)	1,964,368,321. 1,892,172,075.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	24,643,390. 18,748,175.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	16,332,468. 21,145,374.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,196,650,097. 2,061,384,233.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	30,806,956. 78,758,542.
	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)	1,007,305,767. 999,061,269.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0. 0.
	16b	Total fundraising expenses (Part IX, column (D), line 25)	0.
Expenses	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	959,880,220. 848,231,672.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	1,997,992,943. 1,926,051,483.
	19	Revenue less expenses. Subtract line 18 from line 12	198,657,154. 135,332,750.
	20	Total assets (Part X, line 16)	Beginning of Current Year 2,270,134,887. End of Year 2,483,325,901.
Net Assets or Fund Balances	21	Total liabilities (Part X, line 26)	875,937,664. 946,009,860.
	22	Net assets or fund balances. Subtract line 21 from line 20	1,394,197,223. 1,537,316,041.

**Part II Signature Block**

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

Sign Here

Signature of officer

Date

KEDRICK D. ADKINS, MAYO CLINIC CFO

Type or print name and title

10/5/15

Print/Type preparer's name

Preparer's signature

Date

Check if self-employed

PTIN

Paid Preparer Use Only

Firm's name

Firm's address

Firm's EIN

Phone no

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

☐ Yes ☐ No

432001 11-07-14 LHA For Paperwork Reduction Act Notice, see the separate instructions.

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6134 18

**Part III** Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III

☒ X**1** Briefly describe the organization's mission:

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.

**2** Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No

If "Yes," describe these new services on Schedule O.

**3** Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No

If "Yes," describe these changes on Schedule O.

**4** Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

**4a** (Code \_\_\_\_\_) (Expenses \$ 1,513,245,354. including grants of \$ 72,840,972.) (Revenue \$ 1,895,393,724.)  
PATIENT CARE & COMMUNITY BENEFIT (SEE SCHEDULE O)

**4b** (Code \_\_\_\_\_) (Expenses \$ 108,741,715. including grants of \$ 5,903,102.) (Revenue \$ 571,528.)  
MEDICAL RESEARCH (SEE SCHEDULE O)

**4c** (Code \_\_\_\_\_) (Expenses \$ 56,811,898. including grants of \$ 14,468.) (Revenue \$ 12,902,271.)  
MEDICAL EDUCATION (SEE SCHEDULE O)

**4d** Other program services (Describe in Schedule O)

(Expenses \$ \_\_\_\_\_ including grants of \$ \_\_\_\_\_) (Revenue \$ \_\_\_\_\_)

**4e** Total program service expenses 1,678,798,967.

**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
<b>2</b> Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	X	
<b>3</b> Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
<b>4</b> <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	X	
<b>5</b> 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? <i>If "Yes," complete Schedule C, Part III</i>		X
<b>6</b> 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? <i>If "Yes," complete Schedule D, Part I</i>		X
<b>7</b> Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
<b>9</b> 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? <i>If "Yes," complete Schedule D, Part IV</i>		X
<b>10</b> Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	X	
<b>11</b> 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.		
<b>a</b> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	X	
<b>b</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? <i>If "Yes," complete Schedule D, Part VII</i>	X	
<b>c</b> 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? <i>If "Yes," complete Schedule D, Part VIII</i>		X
<b>d</b> 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? <i>If "Yes," complete Schedule D, Part IX</i>	X	
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	X	
<b>f</b> 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)? <i>If "Yes," complete Schedule D, Part X</i>	X	
<b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>		X
<b>b</b> Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	X	
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States?	X	
<b>b</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? <i>If "Yes," complete Schedule F, Parts I and IV</i>	X	
<b>15</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>	X	
<b>16</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
<b>17</b> 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? <i>If "Yes," complete Schedule G, Part I</i>		X
<b>18</b> Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>		X
<b>19</b> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
<b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	X	
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	X	

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**Part IV Checklist of Required Schedules** (continued)

	Yes	No
<b>21</b> Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	X	
<b>22</b> Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	X	
<b>23</b> 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? <i>If "Yes," complete Schedule J</i>	X	
<b>24a</b> Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	X	
<b>24b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		X
<b>24c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		X
<b>24d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		X
<b>25a</b> <b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
<b>25b</b> Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		X
<b>26</b> Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>		X
<b>27</b> 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? <i>If "Yes," complete Schedule L, Part III</i>		X
<b>28</b> 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):		
<b>28a</b> a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
<b>28b</b> b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	X	
<b>28c</b> 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? <i>If "Yes," complete Schedule L, Part IV</i>		X
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		X
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
<b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
<b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	X	
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)?	X	
<b>35b</b> 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)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	X	
<b>36</b> <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
<b>37</b> Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	X	

**Note.** All Form 990 filers are required to complete Schedule O

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**Part V** Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response or note to any line in this Part V ☐

		Yes	No
<b>1a</b>	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable. 28		
<b>1b</b>	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable. 0		
<b>c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	
<b>2a</b>	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. 11375		
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).	X	
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year?	X	
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O.	X	
<b>4a</b>	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)?		X
<b>b</b>	If "Yes," enter the name of the foreign country: See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
<b>c</b>	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		
<b>6a</b>	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?		X
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>a</b>	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?		X
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year. 7d		
<b>e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
<b>g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
<b>h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>		
<b>a</b>	Did the sponsoring organization make any taxable distributions under section 4966?		
<b>b</b>	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter.		
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12. 10a		
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities. 10b		
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter.		
<b>a</b>	Gross income from members or shareholders. 11a		
<b>b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them). 11b		
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?		
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year. 12b		
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
<b>a</b>	Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O.		
<b>b</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		
<b>c</b>	Enter the amount of reserves on hand. 13c		
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year?		X
<b>b</b>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O. 14b		

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

Check if Schedule O contains a response or note to any line in this Part VI

☒**Section A. Governing Body and Management**

	Yes	No
<b>1a</b> Enter the number of voting members of the governing body at the end of the tax year. 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.	53	
<b>1b</b> Enter the number of voting members included in line 1a, above, who are independent.	0	
<b>2</b> 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?	X	
<b>3</b> 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?	X	
<b>4</b> Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
<b>5</b> Did the organization become aware during the year of a significant diversion of the organization's assets?		X
<b>6</b> Did the organization have members or stockholders?	X	
<b>7a</b> 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?	X	
<b>7b</b> Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	X	
<b>8</b> Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b> The governing body?	X	
<b>b</b> Each committee with authority to act on behalf of the governing body?	X	
<b>9</b> 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.		X

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

	Yes	No
<b>10a</b> Did the organization have local chapters, branches, or affiliates?	X	
<b>b</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?	X	
<b>11a</b> Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
<b>b</b> Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
<b>12a</b> Did the organization have a written conflict of interest policy? If "No," go to line 13.	X	
<b>b</b> Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
<b>c</b> Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done.	X	
<b>13</b> Did the organization have a written whistleblower policy?	X	
<b>14</b> Did the organization have a written document retention and destruction policy?	X	
<b>15</b> 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?		
<b>a</b> The organization's CEO, Executive Director, or top management official		X
<b>b</b> Other officers or key employees of the organization		X
If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		
<b>16a</b> Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
<b>b</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?		

**Section C. Disclosure**

**17** List the states with which a copy of this Form 990 is required to be filed **AZ, FL**

**18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 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, address, and telephone number of the person who possesses the organization's books and records. **CORPORATE TAX - 507-538-1297**  
**200 FIRST STREET SW, ROCHESTER, MN 55905**

**Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**Check if Schedule O contains a response or note to any line 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, and 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 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			
ACKERMAN, FRANKLIN K. DIRECTOR (MCJ/MCF)	40.00 0.00	X						200,189.	0.	44,891.
ANDREWS M.D., PAUL E. DIRECTOR (MCA)	40.00 0.00	X						568,923.	0.	70,876.
BLAIR M.D., JANIS E. DIRECTOR (MCA)	40.00 0.00	X						222,388.	0.	54,471.
BRIGHAM, ROBERT F. DIRECTOR/SECRETARY/CAO (MCJ/MCF)	40.00 0.00	X		X				505,135.	0.	27,292.
BROTT M.D., THOMAS G. DIRECTOR (1/1 - 1/31) (MCJ/MCF)	40.00 0.00	X						336,735.	0.	19,415.
BUSKIRK M.D., STEVEN J. DIRECTOR (MCJ/MCF)	40.00 0.00	X						597,422.	0.	62,043.
CANGEMI M.D., JOHN R. DIRECTOR (MCJ/MCF)	40.00 0.00	X						558,390.	0.	48,368.
CASLER M.D., JOHN D. DIRECTOR (MCJ/MCF)	40.00 0.00	X						478,695.	0.	67,352.
CONNOLLY, TERESA L. DIRECTOR (MCA)	40.00 0.00	X						224,988.	0.	40,421.
DAWSON M.D., NANCY L. DIRECTOR (MCJ/MCF)	40.00 0.00	X						274,236.	0.	64,127.
DECKER M.D., WYATT W. DIRECTOR/CHAIR/CEO (MCA)	40.00 0.00	X		X				924,762.	0.	56,356.
DEVAULT M.D., KENNETH R. DIRECTOR (MCJ/MCF)	40.00 0.00	X						604,738.	0.	62,747.
FONSECA M.D., RAFAEL DIRECTOR (MCA)	40.00 0.00	X						489,589.	0.	60,534.
FROISLAND, JEFFREY R. DIRECTOR/TREASURER/CFO (MCA)	1.00 40.00	X		X				0.	281,615.	43,320.
GONWA M.D., THOMAS A. DIRECTOR (MCJ/MCF)	40.00 0.00	X						363,281.	0.	78,312.
HAKAIM M.D., ALBERT G. DIRECTOR (MCJ/MCF)	40.00 0.00	X						584,651.	0.	63,672.
HARRISON, DEBRA A. DIRECTOR (MCJ/MCF)	40.00 0.00	X						221,186.	0.	11,926.



**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 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			
HEILMAN M.D., RAYMOND L. DIRECTOR (MCA)	40.00 0.00	X						326,425.	0.	60,919.
HOFFMAN, MARY J. DIR./TREAS./CFO (1/1-9/24) (MCJ/MCF)	40.00 0.00	X		X				355,974.	0.	61,018.
JOHNSON M.D., MARGARET M. DIRECTOR (MCJ/MCF)	40.00 0.00	X						437,488.	0.	40,413.
KRAHN M.D., LOIS E. DIRECTOR/VICE CHAIR (MCA)	40.00 0.00	X		X				388,138.	0.	55,964.
LANGE M.D., STEPHEN M. DIRECTOR/VICE CHAIR (MCJ/MCF)	40.00 0.00	X		X				572,285.	0.	82,849.
LEIGHTON M.D., JONATHAN A. DIRECTOR (MCA)	40.00 0.00	X						576,837.	0.	65,134.
MATHEWS, HILARY G. DIRECTOR/ASST. SECRETARY (MCJ/MCF)	40.00 0.00	X		X				303,134.	0.	73,244.
MAYER M.D., ANITA P. DIRECTOR (MCA)	40.00 0.00	X						266,039.	0.	61,413.
MENKOSKY, PAULA E. DIRECTOR/SECRETARY/CAO (MCA)	40.00 0.00	X		X				442,259.	0.	55,822.
<b>1b Sub-total</b>								10,823,887.	281,615.	1,432,899.
<b>c Total from continuation sheets to Part VII, Section A</b>								29,549,200.	1,722,062.	3,340,193.
<b>d Total (add lines 1b and 1c)</b>								40,373,087.	2,003,677.	4,773,092.

**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 **1,716**

- 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
- 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
- 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

	Yes	No
<b>3</b>	X	
<b>4</b>	X	
<b>5</b>		X

**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 AND R 200 FIRST STREET SW, ROCHESTER, MN 55905	SUPPORT SERVICES	188,835,292.
MAYO CLINIC 200 FIRST STREET SW, ROCHESTER, MN 55905	SUPPORT/MEDICAL SERVICES	13,098,448.
MMSI, INC. 200 FIRST STREET SW, ROCHESTER, MN 55905	BENEFIT SERVICES	4,414,917.

**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 **3**

SEE PART VII, SECTION A CONTINUATION SHEETS

Form 990 (2014)

**Part VIII Statement of Revenue**Check if Schedule O contains a response or note to any line in this Part VIII ☐

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1 a</b> Federated campaigns	<b>1a</b>					
	<b>b</b> Membership dues	<b>1b</b>					
	<b>c</b> Fundraising events	<b>1c</b>					
	<b>d</b> Related organizations	<b>1d</b>	69,299,147.				
	<b>e</b> Government grants (contributions)	<b>1e</b>	43,333,118.				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	16,686,344.				
	<b>g</b> Noncash contributions included in lines 1a-1f \$						
	<b>h Total.</b> Add lines 1a-1f			129,318,609.			
<b>Program Service Revenue</b>	<b>2 a</b> NET PATIENT REVENUE	<b>Business Code</b>	620000	1,873,467,866.	1,873,467,866.		
	<b>b</b> MEDICAL EDUCATION		611600	12,902,271.	12,902,271.		
	<b>c</b> LAB REVENUE		621500	5,212,961.		5,212,961.	
	<b>d</b> MEDICAL RESEARCH		541700	571,528.	125,222.		446,306.
	<b>e</b> HEALTH INFORMATION		511190	17,449.	17,449.		
	<b>f</b> All other program service revenue						
	<b>g Total.</b> Add lines 2a-2f			1,892,172,075.			
	<b>3</b> Investment income (including dividends, interest, and other similar amounts)			18,712,146.			18,712,146.
<b>4</b> Income from investment of tax-exempt bond proceeds			2,182.			2,182.	
<b>5</b> Royalties			628,438.	628,438.			
<b>Other Revenue</b>	<b>6 a</b> Gross rents	(i) Real	1,765,376.				
	<b>b</b> Less: rental expenses	(ii) Personal	1,304,157.				
	<b>c</b> Rental income or (loss)		461,219.				
	<b>d</b> Net rental income or (loss)			461,219.			461,219.
	<b>7 a</b> Gross amount from sales of assets other than inventory	(i) Securities					
	<b>b</b> Less: cost or other basis and sales expenses	(ii) Other	1,022,748.				
	<b>c</b> Gain or (loss)		988,901.				
	<b>d</b> Net gain or (loss)		33,847.				
	<b>8 a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18						
	<b>b</b> Less: direct expenses						
	<b>c</b> Net income or (loss) from fundraising events						
	<b>9 a</b> Gross income from gaming activities See Part IV, line 19						
	<b>b</b> Less: direct expenses						
	<b>c</b> Net income or (loss) from gaming activities						
	<b>10 a</b> Gross sales of inventory, less returns and allowances						
	<b>b</b> Less: cost of goods sold						
	<b>c</b> Net income or (loss) from sales of inventory						
	<b>Miscellaneous Revenue</b>			<b>Business Code</b>			
<b>11 a</b> CAFETERIA/VENDING		722210	10,680,899.	10,680,899.			
<b>b</b> MISC. CONSULTING		541610	5,268,001.	3,772,217.	985,034.	510,750.	
<b>c</b> MISC. REVENUE		900099	1,030,562.	407,476.	5,000.	618,086.	
<b>d</b> All other revenue		541900	2,292,597.	1,206,418.	182,176.	904,003.	
<b>e Total.</b> Add lines 11a-11d			19,272,059.				
<b>12 Total revenue.</b> See instructions.			2,061,384,233.	1,903,208,256.	6,385,171.	22,472,197.	

**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 or note to any line in this Part IX

☒ X

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
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	78,626,827.	78,626,827.		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22	24,757.	24,757.		
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	106,958.	106,958.		
<b>4</b> Benefits paid to or for members				
<b>5</b> Compensation of current officers, directors, trustees, and key employees	27,417,777.	21,231,022.	6,186,755.	
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	18,889,846.	17,355,015.	1,534,831.	
<b>7</b> Other salaries and wages	758,384,304.	746,527,854.	11,856,450.	
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	30,438,553.	29,211,909.	1,226,644.	
<b>9</b> Other employee benefits	113,376,188.	111,889,953.	1,486,235.	
<b>10</b> Payroll taxes	50,554,601.	49,232,462.	1,322,139.	
<b>11</b> Fees for services (non-employees)				
<b>a</b> Management	1,549,495.	1,505,605.	43,890.	
<b>b</b> Legal	3,906,465.	88,569.	3,817,896.	
<b>c</b> Accounting	8,849,302.	2,078,347.	6,770,955.	
<b>d</b> Lobbying	138,262.	138,262.		
<b>e</b> Professional fundraising services. See Part IV, line 17				
<b>f</b> Investment management fees	46,495.	21,710.	24,785.	
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	238,366,731.	84,928,097.	153,438,634.	
<b>12</b> Advertising and promotion	342,863.	296,964.	45,899.	
<b>13</b> Office expenses	51,680,297.	46,180,433.	5,499,864.	
<b>14</b> Information technology	42,580,319.	2,367,187.	40,213,132.	
<b>15</b> Royalties	302,267.	301,777.	490.	
<b>16</b> Occupancy	24,521,729.	13,706,153.	10,815,576.	
<b>17</b> Travel	14,523,865.	13,882,274.	641,591.	
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials				
<b>19</b> Conferences, conventions, and meetings	1,730,345.	1,623,541.	106,804.	
<b>20</b> Interest	6,365,044.	6,365,044.		
<b>21</b> Payments to affiliates				
<b>22</b> Depreciation, depletion, and amortization	85,715,455.	85,167,921.	547,534.	
<b>23</b> Insurance	9,458,509.	9,395,557.	62,952.	
<b>24</b> 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.)				
<b>a</b> MEDICAL SUPPLIES	306,098,884.	306,021,042.	77,842.	
<b>b</b> UBI TAXES	425,357.		425,357.	
<b>c</b> BAD DEBT EXPENSE	37,818,339.	37,818,339.		
<b>d</b> MEDICAID SURCHARGE	6,020,000.	6,020,000.		
<b>e</b> All other expenses	7,791,649.	6,685,388.	1,106,261.	
<b>25</b> Total functional expenses. Add lines 1 through 24e	1,926,051,483.	1,678,798,967.	247,252,516.	0.
<b>26</b> 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 or note to any line in this Part X ☐

		(A) Beginning of year		(B) End of year
<b>Assets</b>	1 Cash - non-interest-bearing	139,983.	1	434,513.
	2 Savings and temporary cash investments	188,249.	2	
	3 Pledges and grants receivable, net	73,303,018.	3	68,317,393.
	4 Accounts receivable, net	357,641,390.	4	360,283,945.
	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 instr). Complete Part II of Sch L		6	
	7 Notes and loans receivable, net	26,333.	7	22,286.
	8 Inventories for sale or use	24,971,457.	8	27,276,885.
	9 Prepaid expenses and deferred charges	1,288,071.	9	2,727,007.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 2,006,589,024.		
	b Less: accumulated depreciation	10b 854,357,473.	10c 1,081,775,431.	1,152,231,551.
	11 Investments - publicly traded securities		11	
	12 Investments - other securities. See Part IV, line 11	334,508,975.	12	384,327,789.
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	396,291,980.	15	487,704,532.
16 <b>Total assets.</b> Add lines 1 through 15 (must equal line 34)	2,270,134,887.	16	2,483,325,901.	
<b>Liabilities</b>	17 Accounts payable and accrued expenses	111,392,115.	17	144,381,159.
	18 Grants payable		18	
	19 Deferred revenue	9,306,350.	19	10,354,621.
	20 Tax-exempt bond liabilities	177,637,080.	20	357,522,008.
	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		23	
	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	577,602,119.	25	433,752,072.
	26 <b>Total liabilities.</b> Add lines 17 through 25	875,937,664.	26	946,009,860.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27 through 29, and lines 33 and 34.</b>			
	27 Unrestricted net assets	1,123,043,128.	27	1,239,830,276.
	28 Temporarily restricted net assets	105,900,062.	28	111,763,470.
	29 Permanently restricted net assets	165,254,033.	29	185,722,295.
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here</b> <input type="checkbox"/> <b>and complete lines 30 through 34.</b>			
	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 <b>Total net assets or fund balances</b>	1,394,197,223.	33	1,537,316,041.
34 <b>Total liabilities and net assets/fund balances</b>	2,270,134,887.	34	2,483,325,901.	

Form 990 (2014)

**Part XI Reconciliation of Net Assets**Check if Schedule O contains a response or note to any line in this Part XI ☐

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	2,061,384,233.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	1,926,051,483.
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	135,332,750.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	1,394,197,223.
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	7,786,068.
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	0.
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	1,537,316,041.

**Part XII Financial Statements and Reporting**Check if Schedule O contains a response or note to any line in this Part XII ☐

	Yes	No
<b>1</b> Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
<b>2a</b> Were the organization's financial statements compiled or reviewed by an independent accountant? 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: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
<b>b</b> Were the organization's financial statements audited by an independent accountant? 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: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
<b>c</b> 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? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	X	
<b>3a</b> 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?	X	
<b>b</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	X	

Form **990** (2014)

**SCHEDULE A**  
**(Form 990 or 990-EZ)**

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.

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

**2014**

Open to Public  
Inspection

Name of the organization

MAYO CLINIC GROUP RETURN

Employer identification number

38-3952644

**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 in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g.
- a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
- b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
- c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
- d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
- e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
- f Enter the number of supported organizations
- g 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 listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
<b>Total</b>						

LHA For Paperwork Reduction Act Notice, see the Instructions for  
Form 990 or 990-EZ. 432021 09-17-14

Schedule A (Form 990 or 990-EZ) 2014

**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) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	135,904,357.	152,565,525.	131,508,050.	191,305,918.	129,318,609.	740,602,459.
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 <b>Total.</b> Add lines 1 through 3	135,904,357.	152,565,525.	131,508,050.	191,305,918.	129,318,609.	740,602,459.
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)						37,134,876.
6 <b>Public support.</b> Subtract line 5 from line 4						703,467,583.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
7 Amounts from line 4	135,904,357.	152,565,525.	131,508,050.	191,305,918.	129,318,609.	740,602,459.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	11,380,219.	8,288,968.	13,400,270.	26,830,980.	20,479,704.	80,380,141.
9 Net income from unrelated business activities, whether or not the business is regularly carried on	1,393,452.	881,989.	723,746.	594,743.	746,090.	4,340,020.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 <b>Total support.</b> Add lines 7 through 10						825,322,620.
12 Gross receipts from related activities, etc. (see instructions)					12	9,269,152,704.
13 <b>First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> ► <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

14 Public support percentage for 2014 (line 6, column (f) divided by line 11, column (f))	14	85.24	%
15 Public support percentage from 2013 Schedule A, Part II, line 14	15		%
16a <b>33 1/3% support test - 2014.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization ► <input checked="" type="checkbox"/>			
b <b>33 1/3% support test - 2013.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization ► <input type="checkbox"/>			
17a <b>10% -facts-and-circumstances test - 2014.</b> 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 <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ► <input type="checkbox"/>			
b <b>10% -facts-and-circumstances test - 2013.</b> 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 <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ► <input type="checkbox"/>			
18 <b>Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ► <input type="checkbox"/>			

Schedule A (Form 990 or 990-EZ) 2014

**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) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
<b>2</b> 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						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6 Total.</b> Add lines 1 through 5						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</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						
<b>c</b> Add lines 7a and 7b						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
<b>9</b> Amounts from line 6						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						
<b>14 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2014 (line 8, column (f) divided by line 13, column (f))	<b>15</b>	%
<b>16</b> Public support percentage from 2013 Schedule A, Part III, line 15	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2014 (line 10c, column (f) divided by line 13, column (f))	<b>17</b>	%
<b>18</b> Investment income percentage from 2013 Schedule A, Part III, line 17	<b>18</b>	%

**19a 33 1/3% support tests - 2014.** 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 - 2013.** 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 Supporting Organizations**

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

**Section A. All Supporting Organizations**

	Yes	No
<b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No" describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.		
<b>2</b> Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2)		
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below		
<b>b</b> Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in <b>Part VI</b> when and how the organization made the determination.		
<b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.		
<b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.		
<b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations		
<b>c</b> Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes		
<b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in <b>Part VI</b> , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).		
<b>b</b> <b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c</b> <b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations; (b) individuals that are part of the charitable class benefited by one or more of its supported organizations; or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in <b>Part VI</b> .		
<b>7</b> Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990)		
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990).		
<b>9a</b> Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in <b>Part VI</b> .		
<b>b</b> Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in <b>Part VI</b> .		
<b>c</b> Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in <b>Part VI</b> .		
<b>10a</b> Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer (b) below.		
<b>b</b> Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings)		

**Part IV Supporting Organizations** (continued)

- 11 Has the organization accepted a gift or contribution from any of the following persons?
- a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?
- b A family member of a person described in (a) above?
- c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in **Part VI**.

	Yes	No
11a		
11b		
11c		

**Section B. Type I Supporting Organizations**

- 1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in **Part VI** how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.
- 2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in **Part VI** how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.

	Yes	No
1		
2		

**Section C. Type II Supporting Organizations**

- 1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in **Part VI** how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).

	Yes	No
1		

**Section D. Type III Supporting Organizations**

- 1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?
- 2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in **Part VI** how the organization maintained a close and continuous working relationship with the supported organization(s).
- 3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in **Part VI** the role the organization's supported organizations played in this regard.

	Yes	No
1		
2		
3		

**Section E. Type III Functionally-Integrated Supporting Organizations**

- 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):
- a ☐ The organization satisfied the Activities Test. Complete **line 2** below.
- b ☐ The organization is the parent of each of its supported organizations. Complete **line 3** below.
- c ☐ The organization supported a governmental entity. Describe in **Part VI** how you supported a government entity (see instructions).
- 2 Activities Test. Answer (a) and (b) below.
- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in **Part VI** identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in **Part VI** the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- 3 Parent of Supported Organizations. Answer (a) and (b) below.
- a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in **Part VI**.
- b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in **Part VI** the role played by the organization in this regard.

	Yes	No
2a		
2b		
3a		
3b		

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations**

- 1 ☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov 20, 1970. **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	<b>Adjusted Net Income</b> (subtract lines 5, 6 and 7 from line 4)	8	

  

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors (explain in detail in <b>Part VI</b> )		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	

  

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)		

Schedule A (Form 990 or 990-EZ) 2014

**Part V** Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 Total annual distributions. Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2014 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2014	(iii) Distributable Amount for 2014
1 Distributable amount for 2014 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2014 (reasonable cause required-see instructions)			
3 Excess distributions carryover, if any, to 2014:			
a			
b			
c			
d			
e From 2013			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2014 distributable amount			
i Carryover from 2009 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2014 from Section D, line 7 \$			
a Applied to underdistributions of prior years			
b Applied to 2014 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2014, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2014 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions).			
7 Excess distributions carryover to 2015. Add lines 3j and 4c			
8 Breakdown of line 7:			
a			
b			
c			
d Excess from 2013			
e Excess from 2014			

Schedule A (Form 990 or 990-EZ) 2014

**Part VI** **Supplemental information.** 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)

**PART I:**

BOX 3 OF PART I IS CHECKED AS TWO OF THE THREE SUBORDINATES ARE

CLASSIFIED AS HOSPITALS. THE REMAINING SUBORDINATE IS CLASSIFIED AS AN

ORGANIZATION THAT NORMALLY RECEIVES A SUBSTANTIAL PART OF ITS SUPPORT

FROM GOVERNMENT UNITS OR THE GENERAL PUBLIC. HOWEVER, ALL THE

SUBORDINATES MEET THE REQUIREMENTS FOR BEING CLASSIFIED AS

ORGANIZATIONS THAT NORMALLY RECEIVE A SUBSTANTIAL PART OF THEIR SUPPORT

FROM GOVERNMENT UNITS OR THE GENERAL PUBLIC. SUBSEQUENTLY, PART II,

SECTION A (PUBLIC SUPPORT SCHEDULE) WAS COMPLETED IN THE AGGREGATE FOR

ALL SUBORDINATES WITHIN THIS GROUP RETURN.

**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.**  
▶ **Information about Schedule C (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).**

OMB No 1545-0047

**2014**

**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) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then**

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

Name of organization <b>MAYO CLINIC GROUP RETURN</b>	Employer identification number <b>38-3952644</b>
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**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-

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule C (Form 990 or 990-EZ) 2014

LHA  
432041  
10-21-14

**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
<b>1a</b> Total lobbying expenditures to influence public opinion (grass roots lobbying)			
<b>b</b> Total lobbying expenditures to influence a legislative body (direct lobbying)			
<b>c</b> Total lobbying expenditures (add lines 1a and 1b)			
<b>d</b> Other exempt purpose expenditures			
<b>e</b> Total exempt purpose expenditures (add lines 1c and 1d)			
<b>f</b> Lobbying nontaxable amount. Enter the amount from the following table in both columns.			
<b>If the amount on line 1e, column (a) or (b) is:</b>	<b>The lobbying nontaxable amount is:</b>		
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.		
<b>g</b> Grassroots nontaxable amount (enter 25% of line 1f)			
<b>h</b> Subtract line 1g from line 1a. If zero or less, enter -0-			
<b>i</b> Subtract line 1f from line 1c. If zero or less, enter -0-			
<b>j</b> 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 separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) Total
<b>2a</b> Lobbying nontaxable amount					
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					
<b>c</b> Total lobbying expenditures					
<b>d</b> Grassroots nontaxable amount					
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					
<b>f</b> Grassroots lobbying expenditures					

Schedule C (Form 990 or 990-EZ) 2014

**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)		(b)
	Yes	No	Amount
<b>1</b> 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:			
<b>a</b> Volunteers?		X	
<b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		X	
<b>c</b> Media advertisements?		X	
<b>d</b> Mailings to members, legislators, or the public?		X	
<b>e</b> Publications, or published or broadcast statements?		X	
<b>f</b> Grants to other organizations for lobbying purposes?		X	
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body?		X	
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X	
<b>i</b> Other activities?	X		138,262.
<b>j</b> Total. Add lines 1c through 1i			138,262.
<b>2a</b> Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X	
<b>b</b> If "Yes," enter the amount of any tax incurred under section 4912			
<b>c</b> If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
<b>d</b> 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
<b>1</b> Were substantially all (90% or more) dues received nondeductible by members?	1	
<b>2</b> Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2	
<b>3</b> 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."

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

**Part IV** Supplemental Information

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, lines 1 and 2 (see instructions), and Part II-B, line 1. Also, complete this part for any additional information.

PART II-B, LINE 1, LOBBYING ACTIVITIES:

THE AMOUNT IN "OTHER ACTIVITIES" REPRESENTS A PORTION OF PROFESSIONAL

DUES ATTRIBUTABLE TO LOBBYING AND A RETAINER PAID TO A FIRM FOR

LOBBYING SERVICES.



**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.

▶ Information about Schedule D (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2014**

Open to Public  
Inspection

Name of the organization

MAYO CLINIC GROUP RETURN

Employer identification number

38-3952644

**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 value of contributions to (during year)		
3 Aggregate value of 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?		<input type="checkbox"/> Yes <input type="checkbox"/> 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?		<input type="checkbox"/> Yes <input type="checkbox"/> 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)

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or education)	<input type="checkbox"/> Preservation of a historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> 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 Tax 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) Revenue included in Form 990, Part VIII, line 1 ▶ \$ \_\_\_\_\_

(ii) Assets included in Form 990, Part X ▶ \$ \_\_\_\_\_

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 Revenue 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 exhibitiond ☐ Loan or exchange programsb ☐ Scholarly researche ☐ Other \_\_\_\_\_c ☐ Preservation for future generations

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part 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
1c	
1d	
1e	
1f	

c Beginning balance

d Additions during the year

e Distributions during the year

f Ending balance

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?

☐ Yes☐ Nob 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	278,650,876.	214,431,074.	171,559,268.	150,443,565.	146,447,757.
b Contributions	17,657,345.	26,309,957.	17,962,312.	10,650,715.	12,247,401.
c Net investment earnings, gains, and losses	21,431,815.	40,463,915.	24,909,494.	11,455,654.	9,372,089.
d Grants or scholarships					
e Other expenditures for facilities and programs	2,399,278.	2,554,070.		990,666.	14,033,775.
f Administrative expenses					3,589,907.
g End of year balance	315,340,758.	278,650,876.	214,431,074.	171,559,268.	150,443,565.

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

a Board designated or quasi-endowment ☐ 37.05 %b Permanent endowment ☐ 48.62 %c Temporarily restricted endowment ☐ 14.33 %

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:

(i) unrelated organizations

(ii) related organizations

	Yes	No
3a(i)		X
3a(ii)	X	
3b	X	

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

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

**Part VI Land, Buildings, and Equipment.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. 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		62,138,231.		62,138,231.
b Buildings		1,172,550,198.	460,425,104.	712,125,094.
c Leasehold improvements		765,819.	229,093.	536,726.
d Equipment		527,681,921.	393,703,276.	133,978,645.
e Other		243,452,855.		243,452,855.

**Total.** Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)

1,152,231,551.

Schedule D (Form 990) 2014

**Part VII Investments - Other Securities.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 11b. 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	384,327,789.	END-OF-YEAR MARKET VALUE
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	384,327,789.	

**Part VIII Investments - Program Related.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation. Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 13.)		

**Part IX Other Assets.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) DEFERRED COMPENSATION	97,958,195.
(2) DUE FROM AFFILIATES	389,646,337.
(3) ART	100,000.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.)	487,704,532.

**Part X Other Liabilities.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) DUE TO AFFILIATES	312,757,251.
(3) DEFERRED COMPENSATION LIABILITY	97,958,195.
(4) LONG-TERM FINANCING OBLIGATION	23,036,626.
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.)	433,752,072.

2. Liability for uncertain tax positions. 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 ☒

Schedule D (Form 990) 2014

**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 12a

<b>1</b>	Total revenue, gains, and other support per audited financial statements		<b>1</b>	
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
<b>a</b>	Net unrealized gains (losses) on investments	<b>2a</b>		
<b>b</b>	Donated services and use of facilities	<b>2b</b>		
<b>c</b>	Recoveries of prior year grants	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>		
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>		<b>2e</b>	
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>		<b>3</b>	
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>		
<b>b</b>	Other (Describe in Part XIII)	<b>4b</b>		
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>		<b>4c</b>	
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.)		<b>5</b>	

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 12a

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

**Part XIII Supplemental Information.**

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.

PART V, LINE 4:

THE ENDOWMENT FUNDS PROVIDE A STABLE FUNDING SOURCE FOR RESEARCH AND

EDUCATION PROGRAMS.

PART X, LINE 2:

AT DECEMBER 31, 2014 AND 2013, THE RESERVE FOR UNRECOGNIZED TAX BENEFITS

WAS NOT SIGNIFICANT, AND AS A RESULT, THERE IS NO LONGER A RESERVE FOR

UNRECOGNIZED TAX BENEFITS RECORDED FOR THE FILING ORGANIZATION.

**SCHEDULE F**  
**(Form 990)**Department of the Treasury  
Internal Revenue Service**Statement of Activities Outside the United States**

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

▶ Attach to Form 990.

▶ Information about Schedule F (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

**2014**Open to Public  
Inspection

Name of the organization

MAYO CLINIC GROUP RETURN

Employer identification number

38-3952644

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

**1 For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other 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 its grants and other assistance outside the United States.

**3 Activities 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
CENTRAL AMERICA AND THE CARIBBEAN	0	33	TRAVEL - INTERNATIONAL BUSINESS & CONFERENCES		62,786.
EAST ASIA AND THE PACIFIC	0	111	TRAVEL - INTERNATIONAL BUSINESS & CONFERENCES		260,514.
EUROPE (INCLUDING ICELAND & GREENLAND)	0	408	TRAVEL - INTERNATIONAL BUSINESS & CONFERENCES		1,015,356.
MIDDLE EAST AND NORTH AFRICA	0	17	TRAVEL - INTERNATIONAL BUSINESS & CONFERENCES		30,515.
NORTH AMERICA	0	163	TRAVEL - INTERNATIONAL BUSINESS & CONFERENCES		264,696.
RUSSIA AND NEIGHBORING STATES	0	6	TRAVEL - INTERNATIONAL BUSINESS & CONFERENCES		4,766.
SOUTH AMERICA	0	57	TRAVEL - INTERNATIONAL BUSINESS & CONFERENCES		104,973.
SOUTH ASIA	0	18	TRAVEL - INTERNATIONAL BUSINESS & CONFERENCES		27,030.
<b>3 a Sub-total</b>	0	813			1,770,636.
<b>b Total from continuation sheets to Part I</b>	0	15			209,036.
<b>c Totals (add lines 3a and 3b)</b>	0	828			1,979,672.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule F (Form 990) 2014

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
SUB-SAHARAN AFRICA	0	10	TRAVEL - INTERNATIONAL BUSINESS & CONFERENCES		20,041.
EUROPE (INCLUDING ICELAND & GREENLAND)	0	4	PROGRAM SERVICES	PATIENT CARE	94,939.
EAST ASIA AND THE PACIFIC	0	1	PROGRAM SERVICES	PATIENT CARE	94,056.
<b>Totals</b>		15			209,036.







**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 organization may 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, do not file with Form 990) ☐ 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, Information 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, do not file with Form 990) ☒ Yes ☐ No

Schedule F (Form 990) 2014

**Part V** Supplemental Information

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.

PART I, LINE 2:

FEDERAL AWARDS THAT ARE SUBCONTRACTED TO OTHER ORGANIZATIONS ARE

MONITORED BY THE FILING ORGANIZATION AS PRESCRIBED IN OMB CIRCULAR A-133.

SEE ALSO SCHEDULE I, PART IV FOR ADDITIONAL INFORMATION ON 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 VENDOR PAYMENTS WERE REMITTED. OUR CURRENT REPORTING

SYSTEM DOES NOT TRACK ACTIVITIES OUTSIDE THE UNITED STATES BY LOCATION OF

SERVICE.

**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.**  
▶ **Information about Schedule H (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).**

OMB No 1545-0047

**2014**

**Open to Public  
Inspection**

Name of the organization

MAYO CLINIC GROUP RETURN

Employer identification number

38-3952644

**Part I Financial Assistance and Certain Other Community Benefits at Cost**

- 1a** Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a
- b** If "Yes," was it a written policy?  
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  
☐ 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 discounted care:  
☐ 200% ☐ 250% ☐ 300% ☐ 350% ☒ 400% ☐ Other \_\_\_\_\_ %
- c** If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used 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"?
- 5a** Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?
- b** If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?
- c** If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?
- 6a** Did the organization prepare a community benefit report during the tax year?
- b** If "Yes," did the organization make it available to the public?

	Yes	No
<b>1a</b>	X	
<b>1b</b>	X	
<b>3a</b>	X	
<b>3b</b>	X	
<b>4</b>	X	
<b>5a</b>	X	
<b>5b</b>		X
<b>5c</b>		
<b>6a</b>		X
<b>6b</b>		

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
<b>a</b> Financial Assistance at cost (from Worksheet 1)			15,914,056.		15,914,056.	.84%
<b>b</b> Medicaid (from Worksheet 3, column a)			36,735,262.	19,580,576.	17,154,686.	.91%
<b>c</b> Costs of other means-tested government programs (from Worksheet 3, column b)						
<b>d Total</b> Financial Assistance and Means-Tested Government Programs			52,649,318.	19,580,576.	33,068,742.	1.75%
<b>Other Benefits</b>						
<b>e</b> Community health improvement services and community benefit operations (from Worksheet 4)			29,075.		29,075.	.00%
<b>f</b> Health professions education (from Worksheet 5)			56,811,897.	13,206,699.	43,605,198.	2.31%
<b>g</b> Subsidized health services (from Worksheet 6)			232,962,563.	148,052,390.	84,910,173.	4.50%
<b>h</b> Research (from Worksheet 7)			108,741,715.	55,801,218.	52,940,497.	2.80%
<b>i</b> Cash and in-kind contributions for community benefit (from Worksheet 8)			506,633.		506,633.	.03%
<b>j Total.</b> Other Benefits			399,051,883.	217,060,307.	181,991,576.	9.64%
<b>k Total.</b> Add lines 7d and 7j			451,701,201.	236,640,883.	215,060,318.	11.39%



<b>Part V</b>	<b>Facility Information</b>
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## Section A. Hospital Facilities

(list in order of size, from largest to smallest)

How many hospital facilities did the organization operate during the tax year? 2

Name, address, primary website address, and state license number (and if a group return, the name and EIN of the subordinate hospital organization that operates the hospital facility)

[illegible]

**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 letter of facility reporting group MAYO CLINIC FLORIDA (MCF)Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A): 1

	Yes	No
<b>Community Health Needs Assessment</b>		
<b>1</b> Was the hospital facility first licensed, registered, or similarly recognized by a State as a hospital facility in the current tax year or the immediately preceding tax year?		X
<b>2</b> Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C		X
<b>3</b> 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 12	X	
If "Yes," indicate what the CHNA report describes (check all that apply):		
a <input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
b <input checked="" type="checkbox"/> Demographics of the community		
c <input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d <input checked="" type="checkbox"/> How data was obtained		
e <input checked="" type="checkbox"/> The significant health needs of the community		
f <input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g <input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h <input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
i <input type="checkbox"/> Information gaps that limit the hospital facility's ability to assess the community's health needs		
j <input type="checkbox"/> Other (describe in Section C)		
<b>4</b> Indicate the tax year the hospital facility last conducted a CHNA: <u>20 13</u>		
<b>5</b> In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	X	
<b>6a</b> Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	X	
<b>6b</b> Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C	X	
<b>7</b> Did the hospital facility make its CHNA report widely available to the public?	X	
If "Yes," indicate how the CHNA report was made widely available (check all that apply):		
a <input checked="" type="checkbox"/> Hospital facility's website (list url) <u>WWW.MAYOCLINIC.ORG/ABOUT-MAYO-CLINIC/COMMITMENT-TO-COMMUNITY</u>		
b <input type="checkbox"/> Other website (list url) _____		
c <input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
d <input type="checkbox"/> Other (describe in Section C)		
<b>8</b> Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11	X	
<b>9</b> Indicate the tax year the hospital facility last adopted an implementation strategy: <u>20 13</u>		
<b>10</b> Is the hospital facility's most recently adopted implementation strategy posted on a website?		X
a If "Yes," (list url): _____		
b If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	X	
<b>11</b> Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed.		
<b>12a</b> 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)?		X
b If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax?		
c If "Yes" to line 12b, 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 (FAP)**Name of hospital facility or letter of facility reporting group MAYO CLINIC FLORIDA (MCF)

	Yes	No
Did the hospital facility have in place during the tax year a written financial assistance policy that:		
<b>13</b> Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care?	<b>13</b> X	
If "Yes," indicate the eligibility criteria explained in the FAP:		
a <input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>200</u> % and FPG family income limit for eligibility for discounted care of <u>400</u> %		
b <input type="checkbox"/> Income level other than FPG (describe in Section C)		
c <input checked="" type="checkbox"/> Asset level		
d <input checked="" type="checkbox"/> Medical indigency		
e <input checked="" type="checkbox"/> Insurance status		
f <input checked="" type="checkbox"/> Underinsurance status		
g <input checked="" type="checkbox"/> Residency		
h <input checked="" type="checkbox"/> Other (describe in Section C)		
<b>14</b> Explained the basis for calculating amounts charged to patients?	<b>14</b> X	
<b>15</b> Explained the method for applying for financial assistance?	<b>15</b> X	
If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply):		
a <input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application		
b <input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application		
c <input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process		
d <input type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
e <input checked="" type="checkbox"/> Other (describe in Section C)		
<b>16</b> Included measures to publicize the policy within the community served by the hospital facility?	<b>16</b> X	
If "Yes," indicate how the hospital facility publicized the policy (check all that apply):		
a <input checked="" type="checkbox"/> The FAP was widely available on a website (list url): <u>SEE PART VI</u>		
b <input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url): <u>SEE PART VI</u>		
c <input type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url): _____		
d <input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
e <input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)		
f <input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
g <input checked="" type="checkbox"/> Notice of availability of the FAP was conspicuously displayed throughout the hospital facility		
h <input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP		
i <input checked="" type="checkbox"/> Other (describe in Section C)		

**Billing and Collections**

<b>17</b> 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 all of the actions the hospital facility or other authorized party may take upon non-payment?	<b>17</b> X	
<b>18</b> 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 individual's eligibility under the facility's FAP:		
a <input type="checkbox"/> Reporting to credit agency(ies)		
b <input type="checkbox"/> Selling an individual's debt to another party		
c <input type="checkbox"/> Actions that require a legal or judicial process		
d <input type="checkbox"/> Other similar actions (describe in Section C)		
e <input checked="" type="checkbox"/> None of these actions or other similar actions were permitted		

Schedule H (Form 990) 2014

**Part V** Facility Information (continued)Name of hospital facility or letter of facility reporting group MAYO CLINIC FLORIDA (MCF)

- 19** Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP?

	Yes	No
<b>19</b>		X
a		
b		
c		
d		

If "Yes", check all actions in which the hospital facility or a third party engaged

- a ☐ Reporting to credit agency(ies)
- b ☐ Selling an individual's debt to another party
- c ☐ Actions that require a legal or judicial process
- d ☐ Other similar actions (describe in Section C)
- 20** Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19 (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 individuals regarding the individuals' bills
- d ☒ Documented its determination of whether individuals were eligible for financial assistance under the hospital facility's financial assistance policy
- e ☒ Other (describe in Section C)
- f ☐ Non of these efforts were made

**Policy Relating to Emergency Medical Care**

- 21** Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required 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?

	Yes	No
<b>21</b>	X	
a		
b		
c		
d		

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 Section C)
- d ☐ Other (describe in Section C)

**Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)**

- 22** 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.

	Yes	No
a		
b		
c		
d		

- 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 Section C)

- 23** During the tax year, did the hospital facility charge any FAP-eligible individual 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?

	Yes	No
<b>23</b>		X

If "Yes," explain in Section C

- 24** During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual?

	Yes	No
<b>24</b>		X

If "Yes," explain in Section C

Schedule H (Form 990) 2014



**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 letter of facility reporting group MAYO CLINIC HOSPITAL (MCA)Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A): 2

	Yes	No
<b>Community Health Needs Assessment</b>		
1 Was the hospital facility first licensed, registered, or similarly recognized by a State as a hospital facility in the current tax year or the immediately preceding tax year?		X
2 Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C		X
3 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 12 If "Yes," indicate what the CHNA report describes (check all that apply)	X	
a <input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
b <input checked="" type="checkbox"/> Demographics of the community		
c <input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d <input checked="" type="checkbox"/> How data was obtained		
e <input checked="" type="checkbox"/> The significant health needs of the community		
f <input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g <input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h <input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
i <input type="checkbox"/> Information gaps that limit the hospital facility's ability to assess the community's health needs		
j <input type="checkbox"/> Other (describe in Section C)		
4 Indicate the tax year the hospital facility last conducted a CHNA: <u>20 13</u>		
5 In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	X	
6a Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	X	
b Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C	X	
7 Did the hospital facility make its CHNA report widely available to the public? If "Yes," indicate how the CHNA report was made widely available (check all that apply):	X	
a <input checked="" type="checkbox"/> Hospital facility's website (list url): <u>WWW.MAYOCLINIC.ORG/ABOUT-MAYO-CLINIC/COMMITMENT-TO-COMMUNITY</u>		
b <input type="checkbox"/> Other website (list url): _____		
c <input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
d <input type="checkbox"/> Other (describe in Section C)		
8 Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11	X	
9 Indicate the tax year the hospital facility last adopted an implementation strategy: <u>20 13</u>		
10 Is the hospital facility's most recently adopted implementation strategy posted on a website?		X
a If "Yes," (list url) _____		
b If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	X	
11 Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed.		
12a 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)?		X
b If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax?		
c If "Yes" to line 12b, 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 (FAP)**Name of hospital facility or letter of facility reporting group MAYO CLINIC HOSPITAL (MCA)

	Yes	No
Did the hospital facility have in place during the tax year a written financial assistance policy that:		
<b>13</b> Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care?	<b>X</b>	
If "Yes," indicate the eligibility criteria explained in the FAP		
<b>a</b> <input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>200</u> % and FPG family income limit for eligibility for discounted care of <u>400</u> %		
<b>b</b> <input type="checkbox"/> Income level other than FPG (describe in Section C)		
<b>c</b> <input checked="" type="checkbox"/> Asset level		
<b>d</b> <input checked="" type="checkbox"/> Medical indigency		
<b>e</b> <input checked="" type="checkbox"/> Insurance status		
<b>f</b> <input checked="" type="checkbox"/> Underinsurance status		
<b>g</b> <input checked="" type="checkbox"/> Residency		
<b>h</b> <input checked="" type="checkbox"/> Other (describe in Section C)		
<b>14</b> Explained the basis for calculating amounts charged to patients?	<b>X</b>	
<b>15</b> Explained the method for applying for financial assistance?	<b>X</b>	
If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply).		
<b>a</b> <input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application		
<b>b</b> <input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application		
<b>c</b> <input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process		
<b>d</b> <input type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
<b>e</b> <input checked="" type="checkbox"/> Other (describe in Section C)		
<b>16</b> Included measures to publicize the policy within the community served by the hospital facility?	<b>X</b>	
If "Yes," indicate how the hospital facility publicized the policy (check all that apply)		
<b>a</b> <input checked="" type="checkbox"/> The FAP was widely available on a website (list url): <u>SEE PART VI</u>		
<b>b</b> <input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url): <u>SEE PART VI</u>		
<b>c</b> <input type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url): _____		
<b>d</b> <input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
<b>e</b> <input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)		
<b>f</b> <input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
<b>g</b> <input checked="" type="checkbox"/> Notice of availability of the FAP was conspicuously displayed throughout the hospital facility		
<b>h</b> <input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP		
<b>i</b> <input checked="" type="checkbox"/> Other (describe in Section C)		

**Billing and Collections**

<b>17</b> 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 all of the actions the hospital facility or other authorized party may take upon non-payment?	<b>X</b>	
<b>18</b> 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 individual's eligibility under the facility's FAP		
<b>a</b> <input type="checkbox"/> Reporting to credit agency(ies)		
<b>b</b> <input type="checkbox"/> Selling an individual's debt to another party		
<b>c</b> <input type="checkbox"/> Actions that require a legal or judicial process		
<b>d</b> <input type="checkbox"/> Other similar actions (describe in Section C)		
<b>e</b> <input checked="" type="checkbox"/> None of these actions or other similar actions were permitted		

**Part V** Facility Information (continued)Name of hospital facility or letter of facility reporting group MAYO CLINIC HOSPITAL (MCA)

- 19** Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP?

If "Yes", check all actions in which the hospital facility or a third party engaged.

	Yes	No
<b>19</b>		X

- a ☐ Reporting to credit agency(ies)  
 b ☐ Selling an individual's debt to another party  
 c ☐ Actions that require a legal or judicial process  
 d ☐ Other similar actions (describe in Section C)

- 20** Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19 (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 individuals regarding the individuals' bills  
 d ☒ Documented its determination of whether individuals were eligible for financial assistance under the hospital facility's financial assistance policy  
 e ☒ Other (describe in Section C)  
 f ☐ Non of these efforts were made

**Policy Relating to Emergency Medical Care**

- 21** Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy?

If "No," indicate why

	Yes	No
<b>21</b>	X	

- 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 Section C)  
 d ☐ Other (describe in Section C)

**Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)**

- 22** 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 Section C)

- 23** During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care?

If "Yes," explain in Section C

	Yes	No
<b>23</b>		X

- 24** During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual?

If "Yes," explain in Section C

	Yes	No
<b>24</b>		X

Schedule H (Form 990) 2014

**Part V** Facility Information (continued)

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16i, 18d, 19d, 20e, 21c, 21d, 22d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2" "B, 3," etc.) and name of hospital facility.

MAYO CLINIC FLORIDA (MCF):

PART V, SECTION B, LINE 5: NINE HOSPITALS [SOUTHERN BAPTIST HOSPITAL OF

FLORIDA, INC. (BAPTIST MEDICAL CENTER JACKSONVILLE, BAPTIST MEDICAL CENTER

SOUTH, WOLFSON CHILDREN'S HOSPITAL), BAPTIST MEDICAL CENTER OF THE

BEACHES, INC., BAPTIST MEDICAL CENTER OF NASSAU, INC., MAYO CLINIC

FLORIDA, ST. VINCENT'S MEDICAL CENTER RIVERSIDE, ST. VINCENT'S MEDICAL

CENTER SOUTH AND UF HEALTH]. FOUR DEPARTMENTS OF HEALTH (FLORIDA

DEPARTMENTS OF HEALTH FOR CLAY COUNTY, DUVAL COUNTY, ST. JOHN'S COUNTY AND

NASSAU COUNTY) CONVENED WITH THE HEALTH PLANNING COUNCIL OF NORTHEAST

FLORIDA TO FACILITATE THE CHNA. EACH HOSPITAL AGREED ON ITS RESPECTIVE

TARGETED COMMUNITIES BASED ON INTERNAL HOSPITAL CENSUS, EXISTING COMMUNITY

BENEFIT PROGRAMS, AS WELL AS SECONDARY DATA COLLECTION. A COMMUNITY

HEALTH SURVEY WAS DEVELOPED AND ADMINISTERED TO A BROAD AND VARIED RANGE

OF RESIDENTS LIVING IN THE TARGETED FIVE-COUNTY COMMUNITY. THE SURVEY

CONTAINED QUESTIONS REGARDING PERCEIVED QUALITY OF LIFE AND HEALTH OF THE

COMMUNITY, BARRIERS TO HEALTH CARE, USE OF HEALTH CARE NEEDS AND

DEMOGRAPHIC INFORMATION. THE SURVEY INCLUDED PARTICIPANTS FROM CLAY,

DUVAL, NASSAU AND ST. JOHNS COUNTIES. THE INTERNET PANEL METHOD WAS USED

IN ORDER TO REACH THE LARGEST POSSIBLE NUMBER OF QUALIFIED RESPONDENTS.

FOCUS GROUPS AND ROUND TABLE DISCUSSIONS WERE ANOTHER METHOD USED TO TAKE

INTO ACCOUNT INPUT FROM THE PERSONS WHO REPRESENT THE BROAD INTEREST OF

COMMUNITY SERVED. THE ROUNDTABLE DISCUSSIONS ALLOWED FOR THE

IDENTIFICATION OF THE NEEDS AND PRIORITIES OF PARTICIPANTS WHO HAVE THE

KNOWLEDGE AND EXPERTISE TO INFORM THE RESEARCH. REPRESENTATIVES FROM

CLAY, DUVAL, NASSAU, PUTNAM AND ST. JOHNS COUNTIES GAVE THEIR INPUT ON

MULTIPLE DIMENSIONS OF THEIR COMMUNITIES, INCLUDING THE BUILT ENVIRONMENT.

**Part V** Facility information (continued)

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16i, 18d, 19d, 20e, 21c, 21d, 22d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2" "B, 3," etc.) and name of hospital facility.

LOCAL ECONOMY, BARRIERS TO ACCESS AND MOTIVATION FOR HEALTHY LIVING. FOR

THE SECONDARY RESEARCH, PUBLIC HEALTH RELATED DATA WAS GATHERED FROM FIVE

COUNTIES. EACH COUNTY HEALTH DEPARTMENT PROVIDED AN ASSESSMENT THAT

DETERMINED PUBLIC HEALTH PRIORITIES FOR THE NEXT THREE TO FIVE YEARS. THE

PARTNERSHIP'S CHNA REFLECTS THE PRIORITIES IDENTIFIED IN THE HEALTH

DEPARTMENT ASSESSMENTS AND ITS CORRESPONDING HEALTH IMPROVEMENT PLAN.

MAYO CLINIC HOSPITAL (MCA):

PART V, SECTION B, LINE 5: MAYO CLINIC ARIZONA CONDUCTED KEY STAKEHOLDER

INTERVIEWS AND MEETINGS WITH NUMEROUS ORGANIZATIONS IN MARICOPA COUNTY

THAT HAVE SPECIAL KNOWLEDGE AND EXPERTISE IN THE COUNTY'S HEALTH NEEDS,

INCLUDING, BUT NOT LIMITED TO: THE PERFORMANCE IMPROVEMENT COORDINATOR AND

EVALUATION TEAM LEADER OF THE MARICOPA COUNTY DEPARTMENT OF PUBLIC HEALTH,

VALLEY OF THE SUN UNITED WAY, CIRCLE OF THE CITY CARE FACILITY FOR THE

HOMELESS, AND ARIZONA DEPARTMENT OF HEALTH SERVICES.

MAYO CLINIC FLORIDA (MCF):

PART V, SECTION B, LINE 6A: BAPTIST MEDICAL CENTER JACKSONVILLE, BAPTIST

MEDICAL CENTER SOUTH, WOLFSON CHILDREN'S HOSPITAL, BAPTIST MEDICAL CENTER

OF THE BEACHES, INC., BAPTIST MEDICAL CENTER OF NASSAU, INC., ST.

VINCENT'S MEDICAL CENTER RIVERSIDE, ST. VINCENT'S MEDICAL CENTER SOUTH,

AND UF HEALTH.

MAYO CLINIC HOSPITAL (MCA):

PART V, SECTION B, LINE 6A: SCOTTSDALE HEALTHCARE, ST. JOSEPH'S HOSPITAL,

BANNER HEALTH SYSTEM & CHANDLER REGIONAL HOSPITAL

**Part V** Facility Information (continued)

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16i, 18d, 19d, 20e, 21c, 21d, 22d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility

MAYO CLINIC FLORIDA (MCF):

PART V, SECTION B, LINE 6B: THE CLAY COUNTY HEALTH DEPARTMENT, DUVAL

COUNTY HEALTH DEPARTMENT, NASSAU COUNTY HEALTH DEPARTMENT, AND THE PUTNAM

COUNTY HEALTH DEPARTMENT.

MAYO CLINIC HOSPITAL (MCA):

PART V, SECTION B, LINE 6B: MOUNTAIN PARK COMMUNITY HEALTH CENTER,

ANDELANTE COMMUNITY HEALTH CENTER, ARIZONA DEPARTMENT OF HEALTH SERVICES,

MARICOPA COUNTY DEPARTMENT OF PUBLIC HEALTH, AND ESPERANCA

MAYO CLINIC FLORIDA (MCF):

PART V, SECTION B, LINE 11: MAYO CLINIC FLORIDA (MCF) WORKED IN

CONJUNCTION WITH MAYO CLINIC JACKSONVILLE (MCJ) REGARDING THE BELOW

EXPLANATIONS RELATED TO HOW THE SIGNIFICANT NEEDS IDENTIFIED IN THE CHNA

ARE BEING ADDRESSED AND/OR EXPLANATIONS AS TO WHY SUCH NEEDS ARE NOT BEING

ADDRESSED.

HEALTH DISPARITIES:

CHILDHOOD OBESITY-OFFICE OF HEALTH DISPARITIES RESEARCH PILOT PROJECT:

MAYO CLINIC FLORIDA (MCF) CONDUCTED A MIXED METHOD COHORT STUDY TARGETING

RACIAL DISPARITIES IN OBESITY AMONG AFRICAN AMERICAN ADOLESCENT YOUTH

RESIDING IN A SOCIO-DEMOGRAPHICALLY CHALLENGED HEALTH ZONE OF DUVAL

COUNTY. THE FOCUS OF THE STUDY IS TO MORE THOROUGHLY UNDERSTAND THE

**Part V** Facility Information (continued)

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16i, 18d, 19d, 20e, 21c, 21d, 22d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2" "B, 3," etc.) and name of hospital facility

SPECIFIC MOTIVATORS AND BARRIERS TO HEALTH LIFESTYLE AMONG THIS

UNDERSTUDIED COHORT OF PATIENTS THAT HAVE SIGNIFICANT RISK FACTORS FOR THE

DEVELOPMENT OF CHILDHOOD OBESITY. FURTHER, THE ANTICIPATED END PRODUCT

FOLLOWING THE 12-MONTH STUDY PERIOD IS TO HAVE DEVELOPED A

CULTURALLY-TAILORED, ON-SITE, MULTI-MODAL INTERVENTION FOR THE PREVENTION

OF OBESITY AMONG DUVAL COUNTY YOUTH.

PHASE 2 OF THIS STUDY WILL CONSIST OF FOCUS GROUPS WITH ADULT CAREGIVERS

AND THEIR ADOLESCENTS. THE FOCUS GROUPS WILL HELP GATHER INFORMATION ON

THE TYPE OF HEALTHY LIFESTYLE INTERVENTION THAT MAY WORK BEST WITH THIS

POPULATION. IT WILL ALSO PROVIDE MORE IN-DEPTH INSIGHT ON THE BARRIERS

AND MOTIVATORS FOR A HEALTHY LIFESTYLE.

HEALTH DISPARITIES:

OBESITY-EDWARD WATERS COLLEGE STUDENT WELLNESS PROGRAM:

TO EDUCATE INDIVIDUALS ABOUT HEALTHY DIETARY PATTERNS AND REGULAR PHYSICAL

ACTIVITY TO ADDRESS THE PREVALENCE OF OVERWEIGHT AND OBESITY IN MANY

SEGMENTS OF THE POPULATION BASED ON RACE AND ETHNICITY, GENDER, AGE, AND

SOCIOECONOMIC STATUS, STUDENTS AT EDWARD WATERS COLLEGE (EWC) WERE OFFERED

A 12-WEEK WELLNESS COURSE FOCUSED ON ACHIEVING AND MAINTAINING HEALTHY

DIETARY CHOICES AND PHYSICAL ACTIVITY PATTERNS.

A 16-WEEK PILOT WAS COMPLETED WITH STUDENTS ENROLLED IN AN EWC HEALTH AND

PHYSICAL EXERCISE CLASS. THE COURSE INCLUDED HEALTH SCREENINGS, WEEKLY

EXERCISE, AND LECTURES SPECIFIC TO HEALTH AND WELLNESS AND LIFESTYLE

CHANGES. PRE AND POST COURSE EVALUATIONS WERE COMPLETED AS WELL AS FOCUS

**Part V Facility Information** (continued)

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16i, 18d, 19d, 20e, 21c, 21d, 22d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2" "B, 3," etc.) and name of hospital facility.

GROUPS WITH COURSE PARTICIPANTS. GIVEN THE RESOURCES REQUIRED TO

OPERATIONALIZE THE COURSE AND THE LACK OF MECHANISMS TO REINFORCE

BEHAVIORAL CHANGE, THE COURSE WILL NOT BE REPEATED. RATHER, STEPS WILL BE

TAKEN TO FACILITATE COMMUNITY ENGAGEMENT IN TERMS OF FOOD CHOICES

AVAILABLE ON CAMPUS AND IN THE SURROUNDING NEIGHBORHOOD.

HEALTH DISPARITIES:

OBESITY-HEALTHY FAMILY TRAINING CAMP:

MCF ENVISIONED EXPANDING ITS PARTNERSHIP WITH THE FIRST COAST AMERICAN

HEART ASSOCIATION TO GO OUT INTO NEIGHBORHOODS WITH RESIDENTS MOST AT RISK

FOR DIABETES, HEART DISEASE, AND OTHER PREVENTABLE YET CHRONIC DISEASES TO

OFFER HEALTH SCREENINGS AND HEALTH AND WELLNESS EDUCATION. THIS

INITIATIVE WAS DEFERRED DUE TO RESOURCE CONSTRAINTS; HOWEVER INITIATION OF

DISCUSSIONS WITH AN ALTERNATIVE PARTNER ARE IN PROCESS.

PREVENTIVE HEALTH CARE:

UNINTENTIONAL INJURIES-STUDENT ATHLETE SAFETY:

MCF PARTNERED WITH THE JACKSONVILLE SPORTS MEDICINE PROGRAM, A COMMUNITY

501(C)(3) NON-PROFIT FOUNDED IN 1984 THAT FOCUSES ON YOUTH SPORTS RELATED

INJURY PREVENTION. IT IS A UNIQUE COLLABORATIVE SPORTS SAFETY PROGRAM.

OTHER PARTNERS INCLUDE: WOLFSON CHILDREN'S, NEMOURS CHILDREN'S, BROOKS

REHABILITATION, DUVAL COUNTY PUBLIC SCHOOLS, AND DUVAL COUNTY MEDICAL

SOCIETY.

THE STRATEGIC GOALS OF THE PARTNERSHIP IS TO REDUCE THE INCIDENCE OF



**Part V Facility Information** (continued)

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16i, 18d, 19d, 20e, 21c, 21d, 22d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

SPORTS RELATED INJURY BY: PROMOTING EDUCATIONAL OPPORTUNITIES SPECIFIC TO

SPORTS RELATED CONCUSSION, SUDDEN CARDIAC ARREST, AND HEAT RELATED ILLNESS

AND STROKE; AND ENGAGING LOCAL PHYSICIANS, ATHLETIC TRAINERS, AND PHYSICAL

THERAPISTS IN SUPPORTING YOUTH SPORTS ORGANIZATIONS AND SCHOOLS. A PLAN

IS IN PLACE TO MEASURE IMPROVEMENTS SPECIFIC TO EACH STRATEGIC GOAL. IN

2014 MCF PROVIDED A \$30,000 GRANT TO THE JACKSONVILLE SPORTS MEDICINE

PROGRAM AND WAS PROVIDED MEMBERSHIP ON THE JACKSONVILLE SPORTS MEDICINE

PROGRAM'S BOARD OF DIRECTORS. IN ADDITION, MCF PHYSICIANS AND RESIDENTS

PROVIDE CLINICAL SERVICES TO INCLUDE HEALTH SCREENINGS AND STAFFING DURING

ORGANIZED GAMES.

PREVENTIVE HEALTH CARE:

NUTRITION-MINDFUL EATING:

TO PROMOTE WELLNESS BY OFFERING PATIENTS, VISITORS, AND EMPLOYEES MORE

HEALTHY FOOD CHOICES, A MINDFUL EATING PROGRAM WAS IMPLEMENTED FOR

PATIENTS, VISITORS AND STAFF.

PREVENTIVE HEALTH CARE:

NUTRITION-HEALTHIEST WEIGHT-BMI PROTOCOL:

DEVELOPED AND IMPLEMENTED A PATIENT BMI AND COUNSELING PROTOCOL IN THE

CLINICAL SETTING TO: PROMOTE CLINICAL STAFF AWARENESS AND COUNSELING OF

PATIENT BMI AND ASSIST PATIENTS IN MAKING CHOICES ABOUT HEALTHY EATING AND

PHYSICAL ACTIVITY.

DATA COLLECTION VIA MEDICAL RECORD REVIEWS HAS BEEN COMPLETED WITH

**Part V** Facility information (continued)

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16i, 18d, 19d, 20e, 21c, 21d, 22d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2" "B, 3," etc.) and name of hospital facility.

ANALYSIS UNDERWAY.

PREVENTIVE HEALTH CARE:

ACCESS TO CARE-PEDIATRIC CLINIC:

PROVIDING PREVENTIVE AND PRIMARY CARE SERVICES TO UNINSURED AND

UNDERINSURED CHILDREN AT A HOMELESS SHELTER WAS NOT IMPLEMENTED DUE TO

RESOURCE CONSTRAINTS.

BUILT ENVIRONMENT:

ACCESS TO FOOD-COMMUNITY GARDEN:

FUNDING WAS ALLOCATED TO IMPROVE ACCESS TO AND AVAILABILITY OF HEALTHY

FOOD BY SUPPORTING THE DEVELOPMENT OF A SUSTAINABLE GARDEN PROGRAM AT THE

NORTH SIDE COMMUNITY INVOLVEMENT CENTER LOCATED IN HEALTH ZONE ONE;

HOWEVER, THE FUNDS WERE RETURNED DUE TO INTERNAL CHANGES AT THE PARTNER

ORGANIZATION.

BUILT ENVIRONMENT:

PHYSICAL ACTIVITY-DESIGNING HEALTHY COMMUNITIES:

TO SUPPORT AND FACILITATE EFFORTS THAT ALIGN URBAN DESIGN, ARCHITECTURE,

AND IMPROVEMENTS IN PUBLIC HEALTH, FINANCIAL SUPPORT WAS PROVIDED TO THE

ARCHITECTURAL INSTITUTE OF AMERICA AND IN-KIND SUPPORT WAS PROVIDED TO THE

BICYCLE PEDESTRIAN TASKFORCE IN ADDITION TO OVERALL PARTICIPATION IN

EFFORTS TO ADDRESS BICYCLE AND PEDESTRIAN SAFETY.

**Part V** Facility information (continued)

**Section C. Supplemental information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16i, 18d, 19d, 20e, 21c, 21d, 22d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility

BUILT ENVIRONMENT:

EDUCATION-WORKPLACE MENTORING:

TO IMPACT HIGH SCHOOL GRADUATION RATES IN DUVAL COUNTY AND PROMOTE

AWARENESS OF CAREERS IN HEALTHCARE, MCF COMPLETED ITS FOURTH YEAR

SUPPORTING THE BIG BROTHERS BIG SISTERS BEYOND SCHOOL WALLS PROGRAM WHERE

MCF STAFF SERVE AS MENTORS TO LOCAL HIGH SCHOOL STUDENTS. EFFECTIVENESS

MEASURES INCLUDE: PROMOTION TO NEXT GRADE LEVEL; ABSENTEEISM; AND

SUSPENSION RATES.

MAYO CLINIC HOSPITAL (MCA):

PART V, SECTION B, LINE 11: MAYO CLINIC HOSPITAL (MCA) WORKED IN

CONJUNCTION WITH OTHER NON-HOSPITAL FACILITIES WITHIN MAYO CLINIC ARIZONA

REGARDING THE BELOW EXPLANATIONS RELATED TO HOW THE SIGNIFICANT NEEDS

IDENTIFIED IN THE CHNA ARE BEING ADDRESSED AND/OR EXPLANATIONS AS TO WHY

SUCH NEEDS ARE NOT BEING ADDRESSED.

IDENTIFIED NEED: OBESITY

- MAYO CLINIC ARIZONA (MCA) AND ARIZONA STATE UNIVERSITY HAVE SEVERAL

RESEARCH PROJECTS UNDER WAY LOOKING AT METABOLISM, OBESITY AND DIABETES IN

THE RESEARCH LABS OF JAMES LEVINE, M.D., PH.D. AT MCA AND LAWRENCE

MANDARINO, PH.D. AT ARIZONA STATE UNIVERSITY.

- THROUGH THE EFFORTS OF JAMES LEVINE, M.D., PH.D IN PARTNERSHIP WITH THE

BOEING COMPANY THAT RESIDES IN THAT SAME COMMUNITY, MCA ESTABLISHED AN

OUTREACH TARGETING LATINO YOUTH AT A LOCAL BOYS & GIRLS CLUB IN MESA, AZ

**Part V Facility Information** (continued)

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16i, 18d, 19d, 20e, 21c, 21d, 22d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2" "B, 3," etc.) and name of hospital facility

THAT HAS A HIGH LATINO POPULATION.

- MCA ESTABLISHED A SUPPORT GROUP FOR PRE/POST BARIATRIC CARE PATIENTS.

- CARE IS PROVIDED AT THE "SOCIETY OF ST. VINCENT DE PAUL" MEDICAL CLINIC

FOR THE POOR AND WORKING POOR WITH NUTRITIONAL RECOMMENDATIONS.

- MCA NO LONGER ALLOWS "SUPERSIZED" CUPS IN CAFETERIAS, BOTH STAFF AND

PUBLIC CAFETERIA'S AT ALL MCA SITES IN ARIZONA.

- MCA'S HOSPITAL, MAYO CLINIC HOSPITAL (THE HOSPITAL) CONDUCTS A "LUNCH &

LEARN SERIES" THAT IS INCLUSIVE OF LECTURES/PRESENTATIONS TO LOCAL

ORGANIZATIONS ON "OBESITY & EXERCISE", "OBESITY & ORAL CARE", "PHYSICAL

FITNESS", "PHYSICAL FITNESS AND ALZHEIMER'S DISEASE".

IDENTIFIED NEED: DIABETES

- MCA IS WORKING TO ADVANCE DIABETES PREVENTION, TREATMENT AND MANAGEMENT

THROUGH MULTIPLE PROGRAMS OF THE MAYO CLINIC DIABETES RESEARCH CENTER

(SEE:

WWW.MAYO.EDU/RESEARCH/CENTERS-PROGRAMS/DIABETES-RESEARCH-CENTER/OVERVIEW).

- THE HOSPITAL PROVIDES EDUCATION AND INFORMATION TO IN-PATIENTS FOR

MAINTENANCE ONCE THEY ARE SENT HOME.

IDENTIFIED NEED: LUNG CANCER

- MAYO CLINIC ARIZONA PROVIDES A RADIOLOGIST AND RADIATION TECHNOLOGISTS

**Part V** Facility information (continued)

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16i, 18d, 19d, 20e, 21c, 21d, 22d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2" "B, 3," etc.) and name of hospital facility

TO PROVIDE RADIOLOGY AND INTERPRETATION TO PATIENTS AT MOUNTAIN PARK

HEALTH COMMUNITY, A LOW INCOME COMMUNITY CLINIC, IN ADDITION TO THE

STAFFING, MAYO CLINIC ARIZONA ALSO PROVIDES (\$175,000) TOWARD THE COST OF

SHOOTING AND INTERPRETING THESE IMAGES.

- MCA SUPPORTS THE ARIZONA LUNG ASSOCIATION WITH A BOARD MEMBER AND

FINANCIALLY SUPPORTS THE ORGANIZATION'S COMMUNITY FUNDRAISING EFFORTS

THROUGH SPONSORSHIP OF AN ANNUAL LUNCHEON.

- MCA SPONSORS ARIZONA LUNG ASSOCIATION'S SPUR A CURE FOR PULMONARY

HYPERTENSION.

- MCA PROVIDES FINANCIAL SUPPORT THROUGH MEMBERSHIP AND SPONSORSHIP FOR

THE ARIZONA LUNG ASSOCIATION'S FUNDRAISING EVENTS THROUGH DIRECTED

FINANCIAL SUPPORT OF MAYO CLINIC EMPLOYEES (\$25 PER EMPLOYEE) THAT SIGN UP

TO PARTICIPATE IN THEIR ANNUAL WALK EVENTS.

- THE MAYO CLINIC SCHOOL OF FACULTY DEVELOPMENT PRESENTS A

MULTIDISCIPLINARY UPDATE IN PULMONARY AND CRITICAL CARE MEDICINE COURSE

THAT IS SPECIFIC TO LUNG CANCER CONTINUING EDUCATION. THE COURSE IS HELD

LOCALLY AND ATTRACTS BOTH PRIMARY CARE PHYSICIANS AS WELL AS LUNG DISEASE

SPECIALISTS.

- THE MAYO CLINIC SCHOOL OF FACULTY DEVELOPMENT ALSO PRESENTS A CASE

BASED CLINICAL HEMATOLOGY AND ONCOLOGY COURSE THAT HIGHLIGHTS CRITICAL

ADVANCES FOR BREAST, LUNG, PROSTATE AND GI CANCERS.

**Part V Facility Information** (continued)

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16i, 18d, 19d, 20e, 21c, 21d, 22d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

IDENTIFIED NEED: CARDIOVASCULAR DISEASE

- MAYO CLINIC ARIZONA PARTNERS WITH PHOENIX CHILDREN'S HOSPITAL PATIENTS

WITH HEART DISEASE AND SERVES AS A RESOURCE FOR TRANSITIONING ADOLESCENT

CARDIOLOGY PATIENTS TO ADULT HEART DISEASE PATIENTS WHEN THAT TRANSITION

IN AGE BEGINS.

- WITHIN THE MAYO CLINIC ENTERPRISE, MAYO CLINIC CURRENTLY HAS 212 HEART,

LUNG, AND BLOOD CLINICAL TRIALS UNDER INVESTIGATION.

- THE SCHOOL OF PROFESSIONAL DEVELOPMENT PROVIDES ONGOING CONTINUING

EDUCATION CARDIOLOGY RELATED COURSES DIRECTED AT THE PHYSICIAN AND

ANCILLARY CLINICAL CARE PROVIDER POPULATION.

- THE CARDIOLOGY UPDATE "THE HEART OF THE MATTER" IS AN ARIZONA BASED

COURSE DESIGNED TO EDUCATE ON A WIDE SPECTRUM OF TOPICS IN CHF/HEART

TRANSPLANT, CORONARY ARTERY DISEASES, CARDIAC ARRHYTHMIAS, PREVENTIVE

CARDIOLOGY AND VALVULAR HEART DISEASE AMONG OTHERS.

- THE HOSPITAL'S "LUNCH & LEARN SERIES" CONDUCTS LECTURES/PRESENTATIONS

TO LOCAL ORGANIZATIONS ON "CARDIOVASCULAR HEALTH AND STROKE RISK", "HEART

HEALTH". "HEART HEALTH & PERFORMANCE".

IDENTIFIED NEED: ACCESS TO CARE

- MCA PROVIDED MEDICAL EQUIPMENT, SUPPLIES AND VOLUNTEERS TO THE CIRCLE

THE CITY RESPITE CARE FACILITY FOR THE HOMELESS TO MANAGE THE NEEDS OF THE

**Part V** Facility Information (continued)

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16i, 18d, 19d, 20e, 21c, 21d, 22d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2" "B, 3," etc.) and name of hospital facility

50 BED FACILITY FOR THE HOMELESS POPULATION OF MARICOPA COUNTY.

- EIGHT TO TEN PATIENTS FROM THE MOUNTAIN PARK HEALTH CLINIC THAT ARE

DIAGNOSED WITH BREAST CANCER THROUGH MCA'S MAMMOGRAPHY OUTREACH ARE

TREATED AT MCA AT NO COST TO THE PATIENT. MCA PROVIDES NEARLY \$1.5M PER

YEAR FOR BREAST CANCER TREATMENT AND THERAPY FOR THE MOUNTAIN PARK HEALTH

CLINIC PATIENTS.

- THE HOSPITAL'S TELE-STROKE PROGRAM ALLOWS A PATIENT IN RURAL SETTINGS

TO BE SEEN, VIRTUALLY, BY A MCA STROKE SPECIALIST IN REAL TIME.

- MAYO CLINIC WILL PROVIDE PHYSICIAN STAFF, INCLUSIVE OF SALARY &

BENEFITS TO THE PHOENIX CHILDREN'S HOSPITAL FOR PEDIATRIC/ADOLESCENT BONE

MARROW TRANSPLANTATION PATIENTS.

- MAYO CLINIC HOSPITAL PROVIDES 3 STAFF PHYSICIANS EVERY WEDNESDAY AT THE

PHOENIX INDIAN MEDICAL CENTER (PIMC) FOR HEMATOLOGY/MEDICAL ONCOLOGY

CLINIC AT THE PIMC.

MAYO CLINIC FLORIDA (MCF):

PART V, SECTION B, LINE 13H: THE REGIONAL PROXIMITY OF A PATIENT'S

RESIDENCY IS A FACTOR FOR PRESCHEDULED SERVICES ONLY AND SECONDARY TO

MEDICAL NEED AND UNIQUENESS OF CARE. REGIONAL PROXIMITY IS NOT A FACTOR

FOR EMERGENCY CARE PROVIDED.

MAYO CLINIC HOSPITAL (MCA):

432097 12-29-14

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**Part V** Facility Information (continued)

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16i, 18d, 19d, 20e, 21c, 21d, 22d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2" "B, 3," etc.) and name of hospital facility

PART V, SECTION B, LINE 13H: THE REGIONAL PROXIMITY OF A PATIENT'S

RESIDENCY IS A FACTOR FOR PRESCHEDULED SERVICES ONLY AND SECONDARY TO

MEDICAL NEED AND UNIQUENESS OF CARE. REGIONAL PROXIMITY IS NOT A FACTOR

FOR EMERGENCY CARE PROVIDED.

MAYO CLINIC FLORIDA (MCF):

PART V, SECTION B, LINE 15E: REFER PATIENT TO APPLY FOR MEDICAL

ASSISTANCE.

MAYO CLINIC HOSPITAL (MCA):

PART V, SECTION B, LINE 15E: REFER PATIENT TO APPLY FOR MEDICAL

ASSISTANCE.

MAYO CLINIC FLORIDA (MCF):

PART V, SECTION B, LINE 16I: 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.

UPON ADMISSION, IF THE PATIENT DOES NOT HAVE INSURANCE OR EXPRESSES AN

INABILITY TO PAY, ALL AVAILABLE OPTIONS INCLUDING STATE AND FEDERAL

FUNDING AS WELL AS CHARITY CARE ARE DISCUSSED WITH THE PATIENT.

MAYO CLINIC HOSPITAL (MCA):



**Part V** Facility Information (continued)

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16i, 18d, 19d, 20e, 21c, 21d, 22d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2" "B, 3," etc.) and name of hospital facility.

PART V, SECTION B, LINE 16I: 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.

UPON ADMISSION, IF THE PATIENT DOES NOT HAVE INSURANCE OR EXPRESSES AN

INABILITY TO PAY, ALL AVAILABLE OPTIONS INCLUDING STATE AND FEDERAL

FUNDING AS WELL AS CHARITY CARE ARE DISCUSSED WITH THE PATIENT.

MAYO CLINIC FLORIDA (MCF):

PART V, SECTION B, LINE 20E: 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 GOVERNMENTAL ASSISTANCE OR FINANCIAL

**Part V** Facility Information (continued)

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16i, 18d, 19d, 20e, 21c, 21d, 22d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2" "B, 3," etc.) and name of hospital facility.

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.

MAYO CLINIC HOSPITAL (MCA):

PART V, SECTION B, LINE 20E: 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

**Part V** Facility Information (continued)

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 2, 3, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16i, 18d, 19d, 20e, 21c, 21d, 22d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2" "B, 3," etc.) and name of hospital facility.

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 GOVERNMENTAL 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.

MAYO CLINIC FLORIDA (MCF):

PART V, SECTION B, LINE 22D: THE POLICY ALLOWS FOR A MINIMUM DISCOUNT OF

50% TO ELIGIBLE INDIVIDUALS WHICH RESULTS IN AN AMOUNT LESS THAN THE

AVERAGE OF THE THREE BEST NEGOTIATED COMMERCIAL RATES OR THE BEST

NEGOTIATED COMMERCIAL RATE.

MAYO CLINIC HOSPITAL (MCA):

PART V, SECTION B, LINE 22D: THE POLICY ALLOWS FOR A MINIMUM DISCOUNT OF

50% TO ELIGIBLE INDIVIDUALS WHICH RESULTS IN AN AMOUNT LESS THAN THE

**Part V** Facility Information *(continued)*

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16i, 18d, 19d, 20e, 21c, 21d, 22d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2" "B, 3," etc.) and name of hospital facility.

AVERAGE OF THE THREE BEST NEGOTIATED COMMERCIAL RATES OR THE BEST

NEGOTIATED COMMERCIAL RATE.

Form area with horizontal lines for supplemental information.

**Part V** Facility Information (continued)**Section D. 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? 10

Name and address	Type of Facility (describe)
1 MAYO CLINIC ARIZONA-SCOTTSDALE CAMPUS 13400 EAST BOULEVARD SCOTTSDALE, AZ 85259	CLINIC & RESEARCH FACILITY
2 MAYO CLINIC JACKSONVILLE 4500 SAN PABLO ROAD JACKSONVILLE, FL 32224	CLINIC & RESEARCH FACILITY
3 MAYO CLINIC FAMILY MEDICINE-THUNDERBI 13737 NORTH 92ND STREET SCOTTSDALE, AZ 85260	CLINIC
4 MAYO CLINIC FAMILY MEDICINE-ARROWHEAD 20199 NORTH 75TH AVENUE GLENDALE, AZ 85308	CLINIC
5 ST. AUGUSTINE CLINIC 110 SOUTHWOOD LAKE DRIVE ST. AUGUSTINE, FL 32086	CLINIC
6 BEACHES PRIMARY CARE CENTER 742 MARSHLANDING PARKWAY JACKSONVILLE BEACH, FL 32250	CLINIC
7 ROGER MAIN BUILDING 4203 BELFORT ROAD JACKSONVILLE, FL 32216	OUTPATIENT DIALYSIS
8 MAYO CLINIC SPECIALTY BUILDING 5777 EAST MAYO BOULEVARD PHOENIX, AZ 85054	CLINIC
9 MAYO CLINIC PRIMARY CARE 7826 OZARK DRIVE JACKSONVILLE, FL 32256	CLINIC
10 MAYO CLINIC PRIMARY CARE - SAN TAN 1850 EAST NORTHROP BLVD STE 160 CHANDLER, AZ 85286	CLINIC

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**Part VI** Supplemental Information

Provide the following information

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7, Part II and Part III, lines 2, 3, 4, 8 and 9b
- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs 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

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 WOULD NOT BE BASED ON A

COST-TO-CHARGE RATIO.

PART I, LINE 7G:

THE FOLLOWING NET COMMUNITY BENEFIT COST ATTRIBUTED TO PHYSICIAN CLINICS

WERE INCLUDED AS SUBSIDIZED HEALTH SERVICES: \$40,522,302

PART I, LINE 7, COLUMN (F):

THE BAD DEBT EXPENSE INCLUDED ON FORM 990, PART IX, LINE 25(A),

BUT SUBTRACTED FOR PURPOSES OF CALCULATING THE PERCENTAGE IN

THIS COLUMN IS \$ 37,818,339.

**Part VI** Supplemental Information (Continuation)

## 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 TO A STATE HOSPITAL  
ASSOCIATION.

## PART II, COMMUNITY BUILDING ACTIVITIES:

THE FILING ORGANIZATION CONSIDERS REQUESTS FOR FUNDING AND IN-KIND SUPPORT  
FOR NEW AND ONGOING PROGRAMS WITHIN ALL AREAS SUPPORTING BASIC HUMAN  
SERVICES, EDUCATION AND WORKFORCE DEVELOPMENT, YOUTH AND ELDERLY  
ENRICHMENT OPPORTUNITIES, THE ARTS AND CULTURAL ENRICHMENT, DIVERSITY AND  
OTHERS. CAPITAL CAMPAIGNS AND MULTI-YEAR GRANTS ARE CONSIDERED AS  
FINANCIAL RESOURCES ALLOW. PRIORITY IS GIVEN TO PROJECTS THAT DEMONSTRATE  
ONE OR MORE OF THE FOLLOWING:

- ADDRESS SIGNIFICANT AND EMERGENT NEEDS WITHIN OUR COMMUNITY
- ENHANCE MAYO'S CAPACITY TO MEET ITS MISSION
- IMPROVE HEALTH OF INDIVIDUALS IN COMMUNITIES
- ENABLE LONG-TERM CAPACITY BUILDING AND SUSTAINABILITY
- DEMONSTRATE PARTNERSHIP BUILDING AND COLLABORATION

## PART III, LINE 2:

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.

**Part VI** Supplemental Information (Continuation)

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.

PART III, LINE 4:

FOOTNOTES RELATED TO ACCOUNTS RECEIVABLE AND ALLOWANCE FOR DOUBTFUL

ACCOUNTS CAN BE FOUND ON PAGES 5, 7, 8 AND 9 OF MAYO CLINIC'S 2014

CONSOLIDATED AUDITED FINANCIAL STATEMENTS.

PART III, LINE 8:

THE METHODOLOGY DESCRIBED IN THE INSTRUCTIONS TO SCHEDULE H, PART III,

SECTION B, LINE 6 DOES NOT TAKE INTO ACCOUNT ALL COSTS INCURRED BY THE

HOSPITALS IN THIS GROUP RETURN AND DOES NOT REPRESENT THE TOTAL COMMUNITY

BENEFIT CONFERRED IN THIS AREA. THE MEDICARE SHORTFALL REFLECTED ON

SCHEDULE H, PART III, SECTION B WAS DETERMINED USING INFORMATION FROM THE

MEDICARE COST REPORTS FOR THE HOSPITALS IN THIS GROUP RETURN (USING A

MEDICARE COST REPORT STEP-DOWN METHODOLOGY).

FURTHERMORE, ONE OF THE SUBORDINATES, MAYO CLINIC JACKSONVILLE (MCJ), IS

NOT REQUIRED TO FILE THE SAME MEDICARE 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, MCJ DID HAVE A MEDICARE SHORTFALL OF \$206,079,831 BASED ON MEDICARE

REIMBURSEMENT OF \$98,264,270 AND COSTS OF \$304,344,101. BOTH REVENUE AND

EXPENSE HAVE BEEN ADJUSTED TO ACCOUNT FOR MEDICARE REVENUE AND EXPENSES

THAT ARE INCLUDED IN EDUCATION EXPENSES AND SUBSIDIZED HEALTH SERVICES.



**Part VI** Supplemental Information (Continuation)

USING A FINANCIAL STATEMENT COST-TO-CHARGE RATIO METHODOLOGY FOR ALL

SUBORDINATES WITHIN THIS GROUP RETURN RESULTS IN AN AGGREGATE MEDICARE

SHORTFALL OF APPROXIMATELY \$429,616,000 AS REPORTED IN THE CORE FORM, PART

III, PROGRAM SERVICE ACCOMPLISHMENTS. 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 CHARITY CARE 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 CHARITY CARE 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

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**Part VI** Supplemental information (Continuation)

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

POTENTIALLY MEETING MAYO CLINIC'S FINANCIAL ASSISTANCE ELIGIBILITY

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 THE PATIENT IS DETERMINED TO BE

INELIGIBLE FOR FINANCIAL ASSISTANCE OR IS ELIGIBLE FOR ONLY PARTIAL

FINANCIAL ASSISTANCE AND DOES NOT AGREE TO PAY THE REMAINING BALANCE.

PART VI, LINE 2:

MAYO CLINIC ATTRACTS PATIENTS FROM AREAS FAR BEYOND ITS IMMEDIATE

COMMUNITIES. PATIENTS COME TO MAYO CLINIC FROM EVERY STATE AND MANY

FOREIGN COUNTRIES. BESIDES ITS PRINCIPAL CLINICAL AND HOSPITAL FACILITIES

IN ROCHESTER, MINNESOTA, MAYO CLINIC HAS A NETWORK OF COMMUNITY BASED

HEALTH CARE PROVIDERS IN OVER 70 COMMUNITIES THROUGHOUT SOUTHERN

MINNESOTA, NORTHERN IOWA, WEST CENTRAL WISCONSIN AND SOUTHEASTERN GEORGIA.

IN ADDITION, MAYO CLINIC HAS FACILITIES IN SCOTTSDALE AND PHOENIX, ARIZONA

AS WELL AS JACKSONVILLE, FLORIDA. MAYO CLINIC SUPPORTS AND COORDINATES

EFFORTS TO IMPROVE THE HEALTH AND WELL BEING WITHIN EACH OF THE

COMMUNITIES IT SERVES AS WELL AS CONDUCTING MEDICAL EDUCATION AND RESEARCH

ACTIVITIES TO ADVANCE THE SCIENCE OF MEDICINE TO BENEFIT A BROAD RANGE OF

REGIONAL, NATIONAL AND INTERNATIONAL COMMUNITIES.

MAYO CLINIC ARIZONA (MCA) AND MAYO CLINIC FLORIDA WORK COLLABORATIVELY

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**Part VI** Supplemental Information (Continuation)

WITH THEIR INPATIENT AND OUTPATIENT PRACTICES TO MEET THE HEALTH CARE

NEEDS OF THEIR RESPECTIVE LOCAL COMMUNITIES - MARICOPA COUNTY IN ARIZONA

AND IN FLORIDA, DUVAL AND ST. JOHNS COUNTIES. THESE ENTITIES ARE

COLLECTIVELY REFERRED TO AS "MAYO CLINIC" FOR PURPOSES OF THIS

DESCRIPTION.

MAYO CLINIC'S EFFORTS TO ASSESS THE HEALTH CARE NEEDS OF THE LOCAL

COMMUNITIES REST ON FOUR GUIDING PRINCIPLES DEVELOPED IN CONJUNCTION WITH

COMMUNITY PARTNERS AND AFFIRMED BY MAYO CLINIC LEADERSHIP:

1. HEALTH IS VALUED BY BOTH THE COMMUNITY AND MAYO CLINIC.

2. "HEALTH" IS DETERMINED BY BOTH MEDICAL AND NON-MEDICAL (E.G., SOCIAL

AND BEHAVIORAL) FACTORS AND BOTH CATEGORIES OF FACTORS MUST BE ADDRESSED.

3. MAYO CLINIC IS COMMITTED TO PRODUCING MEASURABLE IMPROVEMENTS IN THE

HEALTH OF LOCAL COUNTY RESIDENTS AND BEYOND.

4. STRATEGIES TO IMPROVE COMMUNITY HEALTH ARE BEST DETERMINED AND

IMPLEMENTED THROUGH PARTNERSHIPS BETWEEN HEALTH CARE PROVIDERS AND

COMMUNITY MEMBERS.

WITH THESE PRINCIPLES AS THE BASIS OF ITS DECISION MAKING, AND CONSISTENT

WITH ITS PRIMARY VALUE OF "THE NEEDS OF THE PATIENT COME FIRST", MAYO

CLINIC'S APPROACH TO ASSESS THE NEEDS OF THE COMMUNITY IS ORGANIZED INTO

TWO MAIN FUNCTIONS: 1) MECHANISMS TO ENGAGE AND UTILIZE INPUT FROM THE

COMMUNITY AND 2) MECHANISMS TO SUPPORT AND COORDINATE INITIATIVES WITHIN

MAYO CLINIC.

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**Part VI** Supplemental Information (Continuation)

WITHIN MAYO CLINIC, COORDINATION OF COMMUNITY ENGAGEMENT INITIATIVES IS  
ACCOMPLISHED THROUGH COMMUNITY GIVING COMMITTEES IN ARIZONA AND FLORIDA  
THAT EVALUATE FUNDING AND SPONSORSHIP REQUESTS FROM COMMUNITY AGENCIES AND  
GUIDES INSTITUTIONAL SUPPORT FOR VARIOUS COMMUNITY INITIATIVES. THE  
GROUPS ENSURE THE GUIDING PRINCIPLES ARE FOLLOWED AND FACILITATES  
COMMUNITY OUTREACH INITIATIVES.

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 AND APPLICATIONS  
AVAILABLE BY POSTING IT ON THEIR WEBPAGE INCLUDING THE ABILITY TO DOWNLOAD  
A COPY OF THE POLICY AND APPLICATION 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 FACILITIES, A BROCHURE IS MADE AVAILABLE IN NUMEROUS  
LOCATIONS THROUGHOUT THE FACILITIES WHICH DESCRIBES THE FINANCIAL  
ASSISTANCE POLICY, HOW TO APPLY FOR FINANCIAL ASSISTANCE, AND GIVES THE  
INTERNET ADDRESS WHERE THE COMPLETE POLICY CAN BE OBTAINED. ADDITIONALLY,

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**Part VI** Supplemental information (Continuation)

CHARITABLE CARE AND FINANCIAL ASSISTANCE IS REFERENCED ON PATIENT

CORRESPONDENCE INCLUDING: THE MONTHLY STATEMENT OF ACCOUNT, ACCOUNT

BALANCE LETTERS, AND LATE PAYMENT NOTIFICATIONS. ALL PATIENT

CORRESPONDENCE REFERENCING CHARITABLE CARE AND FINANCIAL ASSISTANCE

INCLUDE INTERNET, PHONE, AND MAILING ADDRESS CONTACT INFORMATION.

PART VI, LINE 4:

MAYO CLINIC ARIZONA (MCA) IS LOCATED IN THE GREATER PHOENIX METROPOLITAN

AREA. THE OUTPATIENT CLINIC IS IN THE NORTHEAST QUADRANT OF SCOTTSDALE,

AZ. THE MAYO CLINIC INPATIENT HOSPITAL IS LOCATED IN NORTH PHOENIX,

APPROXIMATELY 13 MILES NORTHWEST OF THE SCOTTSDALE LOCATION. BOTH PHOENIX

AND SCOTTSDALE ARE MORE URBAN AND SUBURBAN COMMUNITIES. HOWEVER, MAYO

CLINIC OF ARIZONA RESIDES IN MARICOPA COUNTY - THE LARGEST COUNTY IN THE

STATE AND 4TH LARGEST IN THE UNITED STATES. IN ADDITION TO LARGE

METROPOLITAN, URBAN AND SUBURBAN COMMUNITIES, IT ALSO HAS A LARGER SERVICE

DELIVERY AREA OF RURAL AND FARM COMMUNITIES.

DEMOGRAPHICS: BASED ON THE U.S. CENSUS BUREAU QUICK FACTS, MARICOPA COUNTY

HAD AN ESTIMATED POPULATION OF 4 MILLION IN 2013 OF WHICH AN ESTIMATED

25.3% OF THE POPULATION IS UNDER THE AGE OF 18 AND 13.4% IS 65 YEARS AND

OVER. THE MEDIAN HOUSEHOLD INCOME FROM 2009 TO 2013 WAS \$53,596 WITH

16.7% OF THE POPULATION LIVING BELOW POVERTY LEVEL.

MAYO CLINIC FLORIDA (MCF) AND MAYO CLINIC JACKSONVILLE (MCJ) ARE LOCATED

IN EASTERN JACKSONVILLE, DUVAL COUNTY, FLORIDA AND TOGETHER SERVE

POPULATIONS FROM JACKSONVILLE, AS WELL AS PATIENTS FROM ACROSS THE

SOUTHEASTERN UNITED STATES AND INTERNATIONALLY. APPROXIMATELY 47% OF THE

PATIENT POPULATION RESIDES OUTSIDE THE JACKSONVILLE METROPOLITAN AREA, AND

**Part VI** Supplemental Information (Continuation)

39% OF PATIENTS ARE COVERED BY MEDICARE. THE FILING ORGANIZATIONS

EMPHASIZE COMPLEX AND DIFFICULT SPECIALTY AND TERTIARY CARE, INCLUDING

ORGAN TRANSPLANTATION, NEUROLOGY, ONCOLOGY AND ORTHOPEDICS. THE

ORGANIZATION DOES NOT HAVE PEDIATRIC OR OBSTETRIC PRACTICES, AND THIS

LIMITS ACCESS TO MEDICAID PATIENTS SINCE FLORIDA'S MEDICAID BENEFITS ARE

GENERALLY RESTRICTED TO CHILDREN AND PREGNANT WOMEN; HOWEVER, THE

ORGANIZATION DOES HAVE AGREEMENTS WITH THE STATE OF FLORIDA TO PROVIDE A

CERTAIN PERCENTAGE OF ORGAN TRANSPLANTS TO MEDICAID OR CHARITY PATIENTS

(THE AMOUNT VARIES WITH EACH ORGAN).

DEMOGRAPHICS: BASED ON THE U.S. CENSUS BUREAU QUICK FACTS, DUVAL COUNTY

HAD AN ESTIMATED POPULATION OF 885,855 IN 2013 OF WHICH AN ESTIMATED 23%

OF THE POPULATION IS UNDER THE AGE OF 18 AND 12.4% IS 65 YEARS AND OVER.

THE MEDIAN HOUSEHOLD INCOME FROM 2009 TO 2013 WAS \$48,323 WITH 16.9% OF

THE POPULATION LIVING BELOW POVERTY LEVEL.

PART VI, LINE 5:

THIS FILING ORGANIZATION IS AN AFFILIATE OF MAYO CLINIC. 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

**Part VI** Supplemental Information (Continuation)

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.

**Part VI** Supplemental Information (Continuation)

COMMUNITY REPRESENTATION ON GOVERNING BODY - THE 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, EXPERIENCE, AND OTHER CRITERIA ESTABLISHED BY THE INDEPENDENT NOMINATING COMMITTEE OF THE BOARD OF TRUSTEES. AREAS OF EXPERTISE AND EXPERIENCE INCLUDE SUCH AREAS AS HEALTH CARE POLICY, RESEARCH, EDUCATION, BUSINESS, AND GOVERNMENT. THE FILING ORGANIZATION, WHICH IS CONTROLLED BY MAYO CLINIC, RELIES ON THE COMMUNITY REPRESENTATION OF THE MAYO CLINIC BOARD OF TRUSTEES TO FULFILL THIS REQUIREMENT.

OPEN V. CLOSED STAFF MODEL - SEVERAL OF MAYO CLINIC'S HOSPITAL ENTITIES HAVE OBTAINED LETTER RULINGS APPROVING A STAFF MODEL IN WHICH ONLY MAYO CLINIC EMPLOYED PHYSICIANS ARE GIVEN STAFF PRIVILEGES IN ORDER TO MAINTAIN STANDARD METHODS OF PRACTICE AND PROTOCOLS. FOR THOSE ENTITIES, THE PHYSICIANS ARE SALARIED EMPLOYEES AND THUS THE ISSUE OF PRIVATE INUREMENT AND PRIVATE BENEFIT ADDRESSED BY THE OPEN STAFF REQUIREMENT ARE OTHERWISE ADDRESSED. THE FILING ORGANIZATION IS ONE OF THE ENTITIES WHICH OPERATES BASED ON THE CLOSED STAFF MODEL.

EMERGENCY ROOM - THE SUBORDINATE ORGANIZATIONS WITHIN THIS GROUP RETURN MAINTAIN EMERGENCY ROOMS WITHIN THEIR HOSPITAL FACILITIES 24 HOURS A DAY, 7 DAYS A WEEK, WHICH ARE OPEN TO ALL WITHOUT REGARD TO THE ABILITY TO PAY.



**Part VI** Supplemental information (Continuation)

PART VI, LINE 6:

THE SUBORDINATE ORGANIZATIONS WITHIN THIS GROUP RETURN ARE PART OF A GROUP

OF HEALTHCARE ENTITIES AFFILIATED WITH MAYO CLINIC. 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 4,100 STAFF PHYSICIANS AND SCIENTISTS, 3,100

RESIDENTS, FELLOWS, AND STUDENTS, AND 52,000 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 1.3 MILLION PEOPLE ARE TREATED EACH YEAR.

SPECIFICALLY, THE SUBORDINATE ORGANIZATIONS WITHIN THE GROUP RETURN

PROVIDE ONE OR MORE OF THE FOLLOWING SERVICES AT THEIR RESPECTIVE

LOCATIONS: MEDICAL EDUCATION, RESEARCH, HOSPITAL AND CLINIC SERVICES

FOR MORE SPECIFIC DESCRIPTION, SEE THE RESPONSE TO CORE FORM, PART III,

STATEMENT OF PROGRAM ACCOMPLISHMENTS, LINE 4A (REPORTED IN SCHEDULE O).

PART V, SECTION B, LINE 16:

URL OF MAYO CLINIC FLORIDA'S FAP AND FAP APPLICATION:

WWW.MAYOCLINIC.ORG/PATIENT-VISITOR-GUIDE/FLORIDA/BILLING-INSURANCE/

CHARITY-CARE

PART V, SECTION B, LINE 16:

URL OF MAYO CLINIC HOSPITAL'S (MCA) FAP AND FAP APPLICATION:

WWW.MAYOCLINIC.ORG/PATIENT-VISITOR-GUIDE/ARIZONA/BILLING-INSURANCE/

**Part VI** Supplemental Information (Continuation)

CHARITY-CARE

Lined area for supplemental information.

**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

**2014**

Open to Public  
Inspection

► Information about Schedule I (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Name of the organization

MAYO CLINIC GROUP RETURN

Employer identification number  
38-3952644

**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 Domestic Organizations and Domestic Governments. 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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SAINT ANDREWS LIGHTHOUSE, INC 4599 WORRALL WAY JACKSONVILLE, FL 32224	31-1489868	501(C)(3)	240,000.	0.			GENERAL SUPPORT
AMERICAN HEART ASSOCIATION 7272 GREENVILLE AVENUE DALLAS, TX 75231	13-5613797	501(C)(3)	122,500.	0.			GENERAL SUPPORT
KATIES CAPLES FOUNDATION 914 ATLANTIC AVENUE SUITE 1A AMELIA ISLAND, FL 32034	59-3580838	501(C)(3)	40,000.	0.			GENERAL SUPPORT
JACKSONVILLE SYMPHONY 300 WEST WATER STREET SUITE 300 JACKSONVILLE, FL 32202	59-6002520	501(C)(3)	37,500.	0.			GENERAL SUPPORT
UNIVERSITY OF NORTH FLORIDA 1 UNF DRIVE BUILDING 53 SUITE 2100 JACKSONVILLE, FL 32224	59-2976169	STATE OF FL	35,000.	0.			GENERAL SUPPORT
AMERICAN LIVER FOUNDATION 39 BROADWAY SUITE 2700 NEW YORK, NY 10006	36-2883000	501(C)(3)	33,250.	0.			GENERAL SUPPORT

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

58.

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

3.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) (2014)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II)							
(a) Name and address of organization or government	(b) EIN	(c) IRC 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 TRANSPLANT HOUSE 5811 EAST MAYO BLVD PHOENIX, AZ 85054	86-0936101	501(C)(3)	26,313.	0.			GENERAL SUPPORT
UNITED WAY OF NORTHEAST 1301 RIVERPLACE BLVD SUITE 400 ORLANDO, FL 32207	59-0637825	501(C)(3)	25,200.	0.			GENERAL SUPPORT
LEUKEMIA & LYMPHOMA SOCIETY 1311 MAMARONECK AVENUE SUITE 310 WHITE PLAINS, NY 10605	13-5644916	501(C)(3)	21,250.	0.			GENERAL SUPPORT
UNITED WAY VALLEY OF THE SUN 1515 EAST OSBORN PHOENIX, AZ 85014	86-0104419	501(C)(3)	20,000.	0.			GENERAL SUPPORT
CANCER SUPPORT COMMUNITY ARIZONA 360 EAST PALM LANE PHOENIX, AZ 85004	86-0897810	501(C)(3)	18,750.	0.			GENERAL SUPPORT
WOMENS CENTER OF JACKSONVILLE 5644 COLCORD AVENUE JACKSONVILLE, FL 32211	23-7437216	501(C)(3)	17,000.	0.			GENERAL SUPPORT
DONOR NETWORK OF ARIZONA 201 WEST COOLIDGE STREET PHOENIX, AZ 85013	86-0707697	501(C)(3)	11,250.	0.			GENERAL SUPPORT
ALZHEIMERS ASSOCIATION 1028 EAST MCDOWELL ROAD PHOENIX, AZ 85006	86-0402582	501(C)(3)	5,525.	0.			GENERAL SUPPORT
HEALTH PLANNING COUNCIL OF NORTHEAST FLORIDA - 100 NORTH LAURA STREET - JACKSONVILLE, FL 32202	59-2247189	501(C)(3)	10,325.	0.			GENERAL SUPPORT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)							
(a) Name and address of organization or government	(b) EIN	(c) IRC 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
PACE CENTER FOR GIRLS, INC 1 WEST ADAMS STREET JACKSONVILLE, FL 32202	59-2414492	501(C)(3)	10,000.	0.			GENERAL SUPPORT
NATIONAL MULTIPLE SCLEROSIS SOCIETY - 733 THIRD AVENUE - NEW YORK, NY 10017	13-5661935	501(C)(3)	10,000.	0.			GENERAL SUPPORT
JACKSONVILLE PUBLIC EDUCATION FUND 245 RIVERSIDE AVENUE SUITE 310 JACKSONVILLE, FL 32202	59-2756660	501(C)(3)	10,000.	0.			GENERAL SUPPORT
JACKSONVILLE COMMUNITY COUNCIL 100 FESTIVAL PARK AVENUE JACKSONVILLE, FL 32202	59-1163905	501(C)(3)	10,000.	0.			GENERAL SUPPORT
AMERICAN DIABETES ASSOCIATION 1701 NORTH BEAUREGARD STREET ALEXANDRIA, VA 22311	13-1623888	501(C)(3)	10,000.	0.			GENERAL SUPPORT
DIVERSITY LEADERSHIP ALLIANCE 13835 NORTH TATUM BLVD SUITE 9-457 PHOENIX, AZ 85032	20-2260284	501(C)(3)	7,500.	0.			GENERAL SUPPORT
ARIZONA KIDNEY FOUNDATION 360 EAST CORONADO ROAD #180 PHOENIX, AZ 85004	86-6052343	501(C)(3)	5,375.	0.			GENERAL SUPPORT
BE THE MATCH FOUNDATION 3001 BROADWAY STREET N.E. SUITE 60 MINNEAPOLIS, MN 55413	41-1704734	501(C)(3)	5,270.	0.			GENERAL SUPPORT
BOSTON UNIVERSITY SCHOOL OF MEDICINE - 881 COMMONWEALTH AVENUE 4TH FLOOR - BOSTON, MA 02215	04-2103547	501(C)(3)	6,263.	0.			RESEARCH

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II)							
(a) Name and address of organization or government	(b) EIN	(c) IRC 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
COLUMBIA UNIVERSITY 615 WEST 131ST STREET MC 8741 NEW YORK, NY 10027	13-5598093	501(C)(3)	144,592.	0.			RESEARCH
VACCINE AND GENE THERAPY INSTITUTE OF FLORIDA CORP - 9801 SW DISCOVERY WAY - PORT ST. LUCIE, FL 34987	36-4631835	501(C)(3)	233,115.	0.			RESEARCH
SANFORD-BURNHAM MEDICAL RESEARCH INSTITUTE - 10901 NORTH TORREY PINES ROAD - LA JOLLA, CA 92037	51-0197108	501(C)(3)	46,300.	0.			RESEARCH
UNIVERSITY OF MARYLAND 620 WEST LEXINGTON STREET BALTIMORE, MA 21201	52-6002033	STATE OF MD	199,246.	0.			RESEARCH
VIRGINIA COMMONWEALTH UNIVERSITY 910 FRANKLIN STREET RICHMOND, VA 23298	54-6001758	STATE OF VA	42,589.	0.			RESEARCH
RECTOR AND VISITORS OF THE UNIVERSITY OF VIRGINIA - P.O. BOX 400202 - CHARLOTTESVILLE, VA 22904	54-6001796	STATE OF VA	7,500.	0.			RESEARCH
MEDICAL UNIVERSITY OF SOUTH CAROLINA - 100 DOUGHTY STREET SUITE 205 - CHARLESTON, SC 29425	57-6000722	STATE OF SC	48,523.	0.			RESEARCH
EMORY UNIVERSITY 1599 CLIFTON ROAD 3RD FLOOR SUITE ATLANTA, GA 30322	58-0566256	501(C)(3)	40,000.	0.			RESEARCH
SOUTHERN BAPTIST HOSPITAL OF FLORIDA, INC - 3563 PHILIPS HWY BLDG F SUITE 608 - JACKSONVILLE, FL 32207	59-0747311	501(C)(3)	9,000.	0.			RESEARCH

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
H LEE MOFFITT CANCER CENTER AND RESEARCH INSTITUTE, INC - 12902 MAGNOLIA DRIVE - TAMPA, FL 33612	59-2451713	501(C)(3)	95,075.	0.			RESEARCH
H LEE MOFFITT CANCER CENTER AND RESEARCH INSTITUTE HOSPITAL, INC - 12902 MAGNOLIA DRIVE - TAMPA, FL 33612	59-3238634	501(C)(3)	43,019.	0.			RESEARCH
UNIVERSITY OF FLORIDA 2500 SOUTHWEST 2ND AVENUE GAINESVILLE, FL 32607	59-6002052	STATE OF FL	30,523.	0.			RESEARCH
SCRIPPS HEALTH 4275 CAMPUS POINT COURT SAN DIEGO, CA 92121	95-1684089	501(C)(3)	37,258.	0.			RESEARCH
NEW MEXICO CANCER CARE ALLIANCE P.O. BOX 4428 ALBUQUERQUE, NM 87196	02-0624051	501(C)(3)	10,800.	0.			RESEARCH
DANA-FARBER PARTNERS CANCERCARE, INC - 450 BOOKLINE AVENUE BP418 - BOSTON, MA 02215	04-3320640	501(C)(3)	59,044.	0.			RESEARCH
WEILL CORNELL MEDICAL COLLEGE 1315 YORK AVENUE NEW YORK, NY 10021	13-1623978	501(C)(3)	600,290.	0.			RESEARCH
MOUNT SINAI SCHOOL OF MEDICINE 1 GUSTAVE L LEVY PLACE NEW YORK, NY 10029	13-6171197	501(C)(3)	44,327.	0.			RESEARCH
OASIS DIAGNOSTICS CORPORATION 15720 NE 31ST AVENUE VANCOUVER, WA 98686	20-8856729		11,000.	0.			RESEARCH

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NORTH AMERICAN QUITLINE CONSORTIUM 3219 EAST CAMELBACK ROAD PHOENIX, AZ 85018	27-0142713	501(C)(3)	64,727.	0.			RESEARCH
CINCINNATI CHILDRENS HOSPITAL MEDICAL CENTER - 3333 BURNET AVENUE - CINCINNATI, OH 45229	31-0833936	501(C)(3)	474,563.	0.			RESEARCH
OHIO STATE UNIVERSITY 410 WEST 10TH AVENUE COLUMBUS, OH 43210	31-6025986	STATE OF OH	30,000.	0.			RESEARCH
GPK US HOLDINGS INC 120 EAGLE ROCK AVENUE SUITE 200 EAST HANOVER, NJ 07936	36-2948619		76,215.	0.			RESEARCH
UNIVERSITY OF MINNESOTA 2221 UNIVERSITY AVENUE SE SUITE 11 MINNEAPOLIS, MN 55414	41-6007513	STATE OF MN	22,000.	0.			RESEARCH
BANNER HEALTH RESEARCH INSTITUTE 1441 NORTH 12TH STREET PHOENIX, AZ 85006	45-0233470	501(C)(3)	116,659.	0.			RESEARCH
BLACK HILLS CENTER FOR AMERICAN INDIAN HEALTH - 701 ST. JOSEPH STREET SUITE 204 - RAPID CITY, SD 57701	46-0451715	501(C)(3)	432,521.	0.			RESEARCH
UNIVERSITY OF ARIZONA P.O. BOX 3520 TUCSON, AZ 85772	74-2652689	STATE OF AZ	156,145.	0.			RESEARCH
UNIVERSITY OF TEXAS MD ANDERSON CANCER CENTER - 1515 HOLCOMBE BLVD - HOUSTON, TX 77030	74-6001118	STATE OF TX	199,089.	0.			RESEARCH

Schedule I (Form 990)



Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)							
(a) Name and address of organization or government	(b) EIN	(c) IRC 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
TRANSLATIONAL GENOMICS RESEARCH INSTITUTE - 445 NORTH 5TH STREET SUITE 600 - PHOENIX, AZ 85001	75-3065445	501(C)(3)	302,534.	0.			RESEARCH
DIGNITY HEALTH (FORMERLY CATHOLIC HEALTHCARE WEST) - 350 WEST THOMAS ROAD - PHOENIX, AZ 85013	86-0096787	501(C)(3)	27,200.	0.			RESEARCH
ARIZONA STATE UNIVERSITY 411 NORTH CENTRAL AVENUE PHOENIX, AZ 85004	86-0196696	STATE OF AZ	266,893.	0.			RESEARCH
NANOSCALE COMBINATORIAL SYNTHESIS INC - 3100 CENTRAL EXPRESSWAY - SANTA CLARA, CA 95051	86-0909295		60,000.	0.			RESEARCH
NORTHEASTERN STATE UNIVERSITY 600 NORTH GRAND AVENUE TAHLEQUAH, OK 74464	91-1898417	STATE OF OK	7,317.	0.			RESEARCH
OREGON HEALTH & SCIENCES UNIVERSITY - 3181 SW SAM JACKSON PARK ROAD - PORTLAND, OR 97239	93-1176109	STATE OF OR	299,838.	0.			RESEARCH
KAISER FOUNDATION RESEARCH INSTITUTE - 1 KAISER PLAZA 15L - OAKLAND, CA 94612	94-1105628	501(C)(3)	33,344.	0.			RESEARCH
UNIVERSITY OF CALIFORNIA 9500 GILMAN DRIVE LA JOLLA, CA 92093	95-6006144	STATE OF CA	39,065.	0.			RESEARCH
MAYO CLINIC ARIZONA 13400 EAST SHEA BLVD PHOENIX, AZ 85259	86-0800150	501(C)(3)	214,198.	0.			RESEARCH

Schedule I (Form 990)



**Part III** Grants and Other Assistance to Domestic Individuals. 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
FINANCIAL HARDSHIP	5	10,289.	0.		
MEDICAL STUDENT STIPENDS	24	14,468.	0.		

**Part IV** Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

PART I, LINE 2:

THE FILING ORGANIZATION CONSIDERS REQUESTS FOR FUNDING AND IN-KIND SUPPORT

TO ORGANIZATIONS IN THE COMMUNITY WITH PROGRAMS THAT ENHANCE THE MISSION OF

THE FILING ORGANIZATION. THE FILING ORGANIZATION ONLY CONSIDERS REQUESTS

FOR FUNDING AND IN-KIND SUPPORT TO ORGANIZATIONS IN THE COMMUNITY THAT

ADDRESS UNMET OR UNDER-FUNDED COMMUNITY NEEDS IN THE AREAS OF HEALTHCARE,

EDUCATION, RESEARCH, DIVERSITY AND EQUALITY OF OPPORTUNITY. FEDERAL AWARDS

THAT ARE SUBCONTRACTED TO OTHER ORGANIZATIONS ARE MONITORED BY THE FILING

ORGANIZATION AS PRESCRIBED IN OMB CIRCULAR A-133. NO ADDITIONAL MONITORING

**Part IV** Supplemental information

IS PERFORMED.

TRANSFERS OR GRANTS TO TAX-EXEMPT ORGANIZATIONS AND/OR 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. NO ADDITIONAL MONITORING IS PERFORMED.

THE FILING ORGANIZATION PROVIDES SHORT-TERM FINANCIAL ASSISTANCE TO

EMPLOYEES EXPERIENCING TEMPORARY HARDSHIPS. GRANTS ARE PROVIDED BASED ON A

PROVEN NEED AND ARE NOT MONITORED.

MEDICAL STUDENT STIPENDS ARE MOSTLY PAID TO STUDENTS IN THE MAYO GRADUATE

SCHOOL, THE MD/PHD PROGRAM AND SELECT PROGRAMS (MOSTLY RESIDENCIES OR

FELLOWSHIPS) IN THE MAYO SCHOOL OF HEALTH SCIENCES TO HELP OFFSET THE COST

OF THE STUDENT'S LIVING EXPENSES AND ARE NOT MONITORED.



**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 in column (B) reported as deferred in prior Form 990
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
ACKERMAN, FRANKLIN K. DIRECTOR (MCJ/MCF)	(i) 199,705. (ii) 0.	0.	484.	21,276. 0.	23,615. 0.	245,080. 0.	0. 0.
ANDREWS M.D., PAUL E. DIRECTOR (MCA)	(i) 499,128. (ii) 0.	0.	69,795. 0.	34,525. 0.	36,351. 0.	639,799. 0.	0. 0.
BLAIR M.D., JANIS E. DIRECTOR (MCA)	(i) 212,882. (ii) 0.	0.	9,506. 0.	28,342. 0.	26,129. 0.	276,859. 0.	0. 0.
BRIGHAM, ROBERT F. DIRECTOR/SECRETARY/CAO (MCJ/MCF)	(i) 451,717. (ii) 0.	0.	53,418. 0.	538. 0.	26,754. 0.	532,427. 0.	0. 0.
BROTT M.D., THOMAS G. DIRECTOR (1/1 - 1/31) (MCJ/MCF)	(i) 288,313. (ii) 0.	0.	48,422. 0.	464. 0.	18,951. 0.	356,150. 0.	0. 0.
BUSKIRK M.D., STEVEN J. DIRECTOR (MCJ/MCF)	(i) 518,954. (ii) 0.	0.	78,468. 0.	42,966. 0.	19,077. 0.	659,465. 0.	0. 0.
CANGEMI M.D., JOHN R. DIRECTOR (MCJ/MCF)	(i) 496,571. (ii) 0.	0.	61,819. 0.	22,375. 0.	25,993. 0.	606,758. 0.	0. 0.
CASLER M.D., JOHN D. DIRECTOR (MCJ/MCF)	(i) 439,350. (ii) 0.	0.	39,345. 0.	42,079. 0.	25,273. 0.	546,047. 0.	0. 0.
CONNOLLY, TERESA L. DIRECTOR (MCA)	(i) 224,452. (ii) 0.	0.	536. 0.	24,662. 0.	15,759. 0.	265,409. 0.	0. 0.
DAWSON M.D., NANCY L. DIRECTOR (MCJ/MCF)	(i) 269,330. (ii) 0.	0.	4,906. 0.	47,942. 0.	16,185. 0.	338,363. 0.	0. 0.
DECKER M.D., WYATT W. DIRECTOR/CHAIR/CEO (MCA)	(i) 817,582. (ii) 0.	0.	107,180. 0.	31,167. 0.	25,189. 0.	981,118. 0.	0. 0.
DEVAULT M.D., KENNETH R. DIRECTOR (MCJ/MCF)	(i) 536,658. (ii) 0.	0.	68,080. 0.	32,767. 0.	29,980. 0.	667,485. 0.	0. 0.
FONSECA M.D., RAFAEL DIRECTOR (MCA)	(i) 404,467. (ii) 0.	0.	85,122. 0.	27,753. 0.	32,781. 0.	550,123. 0.	0. 0.
FROISLAND, JEFFREY R. DIRECTOR/TREASURER/CFO (MCA)	(i) 277,773. (ii) 0.	0.	3,842. 0.	28,826. 0.	14,494. 0.	324,935. 0.	0. 0.
GONWA M.D., THOMAS A. DIRECTOR (MCJ/MCF)	(i) 338,713. (ii) 0.	0.	24,568. 0.	55,601. 0.	22,711. 0.	441,593. 0.	0. 0.
HAKAIM M.D., ALBERT G. DIRECTOR (MCJ/MCF)	(i) 516,946. (ii) 0.	0.	67,705. 0.	40,138. 0.	23,534. 0.	648,323. 0.	0. 0.

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(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 in column (B) reported as deferred in prior Form 990
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
HARRISON, DEBRA A. DIRECTOR (MCJ/MCF)	(i) 219,121. (ii) 0.	0.	2,065. 0.	279. 0.	11,647. 0.	233,112. 0.	0. 0.
HEILMAN M.D., RAYMOND L. DIRECTOR (MCA)	(i) 315,674. (ii) 0.	0.	10,751. 0.	44,584. 0.	16,335. 0.	387,344. 0.	0. 0.
HOFFMAN, MARY J. DIR./TREAS./CFO (1/1-9/24) (MCJ/MCF)	(i) 329,027. (ii) 0.	0.	26,947. 0.	36,686. 0.	24,332. 0.	416,992. 0.	0. 0.
JOHNSON M.D., MARGARET M. DIRECTOR (MCJ/MCF)	(i) 409,979. (ii) 0.	0.	27,509. 0.	30,067. 0.	10,346. 0.	477,901. 0.	0. 0.
KRAHN M.D., LOIS E. DIRECTOR/VICE CHAIR (MCA)	(i) 356,901. (ii) 0.	0.	31,237. 0.	32,248. 0.	23,716. 0.	444,102. 0.	0. 0.
LANGE M.D., STEPHEN M. DIRECTOR/VICE CHAIR (MCJ/MCF)	(i) 494,851. (ii) 0.	0.	77,434. 0.	47,302. 0.	35,547. 0.	655,134. 0.	0. 0.
LEIGHTON M.D., JONATHAN A. DIRECTOR (MCA)	(i) 508,859. (ii) 0.	0.	67,978. 0.	41,553. 0.	23,581. 0.	641,971. 0.	0. 0.
MATHEWS, HILARY G. DIRECTOR/ASST. SECRETARY (MCJ/MCF)	(i) 293,690. (ii) 0.	0.	9,444. 0.	46,226. 0.	27,018. 0.	376,378. 0.	0. 0.
MAYER M.D., ANITA P. DIRECTOR (MCA)	(i) 243,944. (ii) 0.	0.	22,095. 0.	38,062. 0.	23,351. 0.	327,452. 0.	0. 0.
MENKOSKY, PAULA E. DIRECTOR/SECRETARY/CAO (MCA)	(i) 412,797. (ii) 0.	0.	29,462. 0.	31,326. 0.	24,496. 0.	498,081. 0.	0. 0.
MEYERS, ANN M. DIR./ASST. SECY. (7/1 - 12/31) (MCA)	(i) 225,158. (ii) 0.	0.	539. 0.	23,133. 0.	15,879. 0.	264,709. 0.	0. 0.
MURRAY M.D., PETER M. DIRECTOR (MCJ/MCF)	(i) 608,559. (ii) 0.	0.	67,684. 0.	36,872. 0.	20,107. 0.	733,222. 0.	0. 0.
PAIGE SR., KEVIN A. DIR./ASST. SECY. (1/1 - 7/1) (MCA)	(i) 348,377. (ii) 0.	0.	21,131. 0.	44,857. 0.	23,293. 0.	437,658. 0.	0. 0.
PASCUAL M.D., JORGE M. DIRECTOR (MCJ/MCF)	(i) 331,705. (ii) 0.	0.	24,025. 0.	36,562. 0.	31,515. 0.	423,807. 0.	0. 0.
PATEL M.D., TUSHAR C. DIRECTOR (2/1 - 12/31) (MCJ/MCF)	(i) 524,304. (ii) 0.	0.	19,819. 0.	34,384. 0.	26,661. 0.	605,168. 0.	0. 0.
PERDIKIS M.D., GALEN DIRECTOR (6/18 - 12/31) (MCJ/MCF)	(i) 494,492. (ii) 0.	0.	48,552. 0.	30,226. 0.	24,931. 0.	598,201. 0.	0. 0.

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**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 in column (B) reported as deferred in prior Form 990
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
RUPP M.D., WILLIAM C.	857,966.	0.	167,653.	269.	23,445.	1,049,333.	0.
DIRECTOR/CHAIR/CEO (MCJ/MCF)	0.	0.	0.	0.	0.	0.	0.
STEWART, ALEXANDER KEITH	425,287.	0.	31,278.	34,850.	27,011.	518,426.	0.
DIRECTOR (MCA)	0.	0.	0.	0.	0.	0.	0.
STONE M.D., WILLIAM M.	529,995.	0.	104,926.	38,980.	23,598.	697,499.	0.
DIRECTOR/VICE CHAIR (MCA)	0.	0.	0.	0.	0.	0.	0.
ZIMMERMAN M.D., RICHARD S.	722,378.	0.	151,242.	37,150.	32,933.	943,703.	0.
DIRECTOR (MCA)	0.	0.	0.	0.	0.	0.	0.
BROWN, MICHAEL E.	0.	0.	0.	0.	0.	0.	0.
ASSISTANT SECRETARY (MCA)	208,274.	0.	8,260.	24,926.	11,028.	252,488.	0.
JOHNSON, CARLA J.	0.	0.	0.	0.	0.	0.	0.
ASSISTANT SECRETARY (MCJ/MCF)	136,497.	0.	451.	8,464.	20,656.	166,068.	0.
DOUGLAS M.D., DAVID D.	481,057.	0.	65,315.	34,215.	28,224.	608,811.	0.
CHAIR - TRANSPLANT (MCA)	0.	0.	0.	0.	0.	0.	0.
GROVER D.O., MICHAEL L.	238,614.	0.	892.	27,553.	26,415.	293,474.	0.
CHAIR - FAMILY MEDICINE (MCA)	0.	0.	0.	0.	0.	0.	0.
HUBER, HAROLD D.	217,884.	0.	4,213.	0.	16,131.	238,228.	0.
DIV. CHAIR-SYSTEM SUPPORT (MCJ)	0.	0.	0.	0.	0.	0.	0.
JOHNSON M.D., C. DANIEL	593,155.	0.	99,958.	47,433.	18,359.	758,905.	0.
CHAIR - RADIOLOGY (MCA)	0.	0.	0.	0.	0.	0.	0.
KEAVENY M.D., ANDREW P.	485,321.	0.	27,371.	28,613.	26,459.	567,764.	0.
CHAIR - TRANSPLANT MEDICINE (MCJ)	0.	0.	0.	0.	0.	0.	0.
KHOOR M.D., ANDRAS	403,309.	0.	43,091.	42,100.	17,693.	506,193.	0.
CHAIR - LAB MEDICINE DIVISION (MCJ)	0.	0.	0.	0.	0.	0.	0.
LOEB M.D., DAVID S.	382,644.	0.	44,089.	27,586.	31,790.	486,109.	0.
PHYSICIAN - CAPITAL EQUIP. (MCJ)	0.	0.	0.	0.	0.	0.	0.
MARTIN, DAVID L.	152,395.	0.	4,478.	14,253.	15,805.	186,931.	0.
CHAIR - CAMPUS PLANNING (MCJ)	0.	0.	0.	0.	0.	0.	0.
MCKINNEY M.D., J. MARK	564,090.	0.	32,581.	38,578.	25,209.	660,458.	0.
CHAIR - RADIOLOGY (MCJ)	0.	0.	0.	0.	0.	0.	0.
MESA M.D., RUBEN A.	395,469.	0.	23,211.	26,024.	23,512.	468,216.	0.
CHAIR - HEMATOLOGY (MCA)	0.	0.	0.	0.	0.	0.	0.

Schedule J (Form 990) 2014



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(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 in column (B) reported as deferred in prior Form 990
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
MESCHIA M.D., JAMES F. CHAIR - NEUROLOGY (MCJ)	(i) 284,427. (ii) 0.	0.	5,176. 0.	28,770. 0.	32,150. 0.	350,523. 0.	0. 0.
MONEY M.D., SAMUEL R. CHAIR - SURGERY (MCA)	(i) 521,184. (ii) 0.	0.	56,569. 0.	40,080. 0.	18,819. 0.	636,652. 0.	0. 0.
MONGAN M.D., PAUL D. CHAIR - ANESTHESIOLOGY (MCJ)	(i) 434,532. (ii) 0.	0.	8,580. 0.	36,473. 0.	24,835. 0.	504,420. 0.	0. 0.
MUELLER M.D., JEFF T. PHYSICIAN - ANESTHESIOLOGY (MCA)	(i) 446,716. (ii) 0.	0.	43,393. 0.	31,009. 0.	12,655. 0.	533,773. 0.	0. 0.
SCHEFFEL, JEFFREY G. ADMINISTRATOR - OPERATIONS (MCJ)	(i) 179,999. (ii) 0.	0.	1,152. 0.	318. 0.	25,576. 0.	207,045. 0.	0. 0.
TAZELAAR M.D., HENRY D. CHAIR-LABORATORY MED/PATHOLOGY (MCA)	(i) 402,357. (ii) 0.	0.	56,753. 0.	40,946. 0.	21,420. 0.	521,476. 0.	0. 0.
THIEMANN, KAY M. ASSOCIATE ADMINISTRATOR (MCJ)	(i) 179,780. (ii) 0.	0.	486. 0.	16,578. 0.	23,116. 0.	219,960. 0.	0. 0.
TRAUB M.D., STEPHEN J. CHAIR - EMERGENCY MEDICINE (MCA)	(i) 334,057. (ii) 0.	0.	4,302. 0.	29,593. 0.	29,480. 0.	397,432. 0.	0. 0.
WILLIAMS M.D., HUGH J. PHYSICIAN-DIAGNOSTIC RADIOLOGY (MCJ)	(i) 580,975. (ii) 0.	0.	98,744. 0.	692. 0.	17,187. 0.	697,598. 0.	0. 0.
DEEN JR., M.D., HUGH G. PHYSICIAN - NEUROSURGERY (MCJ)	(i) 777,562. (ii) 0.	0.	143,194. 0.	44,767. 0.	25,461. 0.	990,984. 0.	0. 0.
LYONS M.D., MARK K. CHAIR - NEUR SURGERY (MCA)	(i) 719,614. (ii) 0.	0.	128,385. 0.	34,217. 0.	24,865. 0.	907,081. 0.	0. 0.
REIMER M.D., RONALD PHYSICIAN - NEUROSURGERY (MCJ)	(i) 774,799. (ii) 0.	0.	135,316. 0.	40,692. 0.	30,027. 0.	980,834. 0.	0. 0.
TANK M.D., RABIH G. PHYSICIAN - NEUROSURGERY (MCJ)	(i) 884,994. (ii) 0.	0.	30,829. 0.	24,271. 0.	28,162. 0.	968,256. 0.	0. 0.
WHAREN M.D., ROBERT E. CHAIR - NEUROSURGERY (MCJ)	(i) 792,562. (ii) 0.	0.	144,347. 0.	47,310. 0.	24,383. 0.	1,008,602. 0.	0. 0.
HELMERS M.D., RICHARD A. FORMER VICE CHAIR (MCA)	(i) 435,132. (ii) 0.	0.	90,728. 0.	43,548. 0.	20,113. 0.	589,521. 0.	0. 0.
JORGENSEN, STEVEN C. FORMER ASSISTANT SECRETARY (MCJ/MCF)	(i) 91,812. (ii) 0.	0.	28,088. 0.	34,388. 0.	10,596. 0.	164,884. 0.	0. 0.

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(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 in column (B) reported as deferred in prior Form 990
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
LEVENTHAL M.D., JACK P.	255,851.	0.	34,752.	482.	20,620.	311,705.	0.
FORMER VICE CHAIR (MCJ/MCF)	0.	0.	0.	0.	0.	0.	0.
TRASTEK M.D., VICTOR F.	0.	0.	0.	0.	0.	0.	0.
FORMER CHAIR/CEO (MCA)	672,732.	0.	141,134.	27,708.	23,801.	865,375.	0.
BEAUCHAMP M.D., CHRISTOPHER P.	579,013.	0.	106,240.	47,412.	23,827.	756,492.	0.
FORMER KEY EMPLOYEE (MCA)	0.	0.	0.	0.	0.	0.	0.
CALAMIA M.D., KENNETH T.	365,900.	0.	36,914.	654.	20,223.	423,691.	0.
FORMER KEY EMPLOYEE (MCJ)	0.	0.	0.	0.	0.	0.	0.
COLBY M.D., THOMAS V.	309,175.	0.	73,784.	510.	17,840.	401,309.	0.
FORMER KEY EMPLOYEE (MCA)	0.	0.	0.	0.	0.	0.	0.
COLE M.D., DANIEL J.	118,534.	0.	71,098.	40,946.	7,295.	237,873.	0.
FORMER KEY EMPLOYEE (MCA)	0.	0.	0.	0.	0.	0.	0.
EVERSMAN M.D., WILLIAM G.	563,331.	0.	113,536.	38,575.	32,704.	748,146.	0.
FORMER KEY EMPLOYEE (MCA)	0.	0.	0.	0.	0.	0.	0.
FERRIGNI M.D., ROBERT G.	473,044.	0.	78,251.	44,767.	21,470.	617,532.	0.
FORMER KEY EMPLOYEE (MCA)	0.	0.	0.	0.	0.	0.	0.
FOWL M.D., RICHARD J.	493,636.	0.	88,629.	44,908.	16,950.	644,123.	0.
FORMER KEY EMPLOYEE (MCA)	0.	0.	0.	0.	0.	0.	0.
HAROLD M.D., KRISTI L.	445,233.	0.	26,762.	24,911.	10,020.	506,926.	0.
FORMER KEY EMPLOYEE (MCA)	0.	0.	0.	0.	0.	0.	0.
HATTRUP M.D., STEVEN J.	589,213.	0.	86,235.	38,366.	20,636.	734,450.	0.
FORMER KEY EMPLOYEE (MCA)	0.	0.	0.	0.	0.	0.	0.
HAYDEN M.D., RICHARD E.	434,117.	0.	119,796.	465.	17,507.	571,885.	0.
FORMER KEY EMPLOYEE (MCA)	0.	0.	0.	0.	0.	0.	0.
MAGTIBAY M.D., PAUL M.	510,686.	0.	54,260.	30,440.	24,060.	619,446.	0.
FORMER KEY EMPLOYEE (MCA)	0.	0.	0.	0.	0.	0.	0.
PRESUTTI D.O., RICHARD J.	301,389.	0.	4,274.	27,653.	24,595.	357,911.	0.
FORMER KEY EMPLOYEE (MCJ)	0.	0.	0.	0.	0.	0.	0.
SCHILD M.D., STEVEN E.	502,064.	0.	67,713.	32,220.	15,609.	617,606.	0.
FORMER KEY EMPLOYEE (MCA)	0.	0.	0.	0.	0.	0.	0.
SCOTT M.D., LUIS R.	488,441.	0.	56,096.	29,433.	25,278.	599,248.	0.
FORMER KEY EMPLOYEE (MCA)	0.	0.	0.	0.	0.	0.	0.

Schedule J (Form 990) 2014



**Part III** Supplemental Information

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.

**PART I, LINE 1A:**

DR. STEVEN BUSKIRK, DR. WYATT DECKER, DR. LOIS KRAHN AND DR. WILLIAM RUPP

SERVED ON THE BOARD OF TRUSTEES FOR MAYO CLINIC (THE PARENT COMPANY OF THE

FILING ORGANIZATION) AND WERE PROVIDED TRAVEL FOR COMPANIONS SO THEIR

SPOUSES COULD ACCOMPANY THEM TO THE SITE OF THE MAYO CLINIC BOARD OF

TRUSTEE MEETINGS. THIS BENEFIT WAS TREATED AS TAXABLE COMPENSATION AND WAS

GROSSED-UP.

MAYO EMPLOYEES PERFORMING WORK OUTSIDE THEIR STATE OF RESIDENCY ARE

ELIGIBLE TO RECEIVE A SUPPLEMENTAL PAYMENT TO HELP OFFSET THE COST OF

ADDITIONAL STATE INCOME TAXES INCURRED AS A RESULT OF HAVING TO WORK IN A

DIFFERENT STATE. SEVERAL CURRENT & FORMER TRUSTEES, KEY EMPLOYEES AND

HIGHEST PAID EMPLOYEES LISTED ON THIS RETURN RECEIVED THIS SUPPLEMENTAL

PAYMENT.

DR. PAUL MAGTIBAY, DR. RYAN UITYI AND DR. RICHARD ZIMMERMAN 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

Part III Supplemental Information

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.

CELEBRATORY NATURE OF THE AWARD.

HOUSING ALLOWANCES ARE PROVIDED WHEN JUSTIFIED BY BUSINESS NEED SUCH AS  
RELOCATION OR WORK ASSIGNMENT. IN 2014, MARY HOFFMAN RECEIVED A HOUSING  
ALLOWANCE THAT WAS TREATED AS TAXABLE INCOME WHICH WAS GROSSED UP.

AS A BENEFIT TO ITS EMPLOYEES, THE FILING ORGANIZATION SUBSIDIZED EMPLOYEE  
MEMBERSHIPS TO THE YMCA AND SIMILAR HEALTH/FITNESS FACILITIES. SUCH  
SUBSIDIES ARE AVAILABLE TO ALL EMPLOYEES AND ARE TREATED AS TAXABLE INCOME.  
FOR 2014, MARY HOFFMAN, DR. JAMES MESCHIA AND DR. PAUL MONGAN RECEIVED THIS  
BENEFIT.

THE PERSONAL SERVICES THAT WERE PROVIDED ARE INCOME TAX PREPARATION  
SERVICES THAT, IN ACCORDANCE WITH MAYO POLICY, ARE AVAILABLE TO MAYO CLINIC  
VOTING/CONSULTING STAFF. 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.

PART I, LINE 3:

Part III Supplemental Information

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.

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.

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).

ANDREWS M.D., PAUL E. \$ 67,337

BEAUCHAMP M.D., CHRISTOPHER P. \$ 83,362

BLAIR M.D., JANIS E. \$ 3,691

BRIGHAM, ROBERT F. \$ 50,028

**Part III** Supplemental Information

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.

BROTT M.D., THOMAS G.	\$ 13,521
BUSKIRK M.D., STEVEN J.	\$ 69,987
CALAMIA M.D., KENNETH T.	\$ 29,292
CANGEMI M.D., JOHN R.	\$ 54,070
CASLER M.D., JOHN D.	\$ 36,611
COLBY M.D., THOMAS V.	\$ 40,228
COLE M.D., DANIEL J.	\$ 36,639
DAWSON M.D., NANCY L.	\$ 1,609
DECKER M.D., WYATT W.	\$101,059
DEEN JR., M.D., HUGH G.	\$130,600
DEVULT M.D., KENNETH R.	\$ 65,493
DOUGLAS M.D., DAVID D.	\$ 52,893
EVERSMAN M.D., WILLIAM G.	\$ 89,309
FERRIGNI M.D., ROBERT G.	\$ 61,737
FONSECA M.D., RAFAEL	\$ 35,924
FOWL M.D., RICHARD J.	\$ 66,799
FROISLAND, JEFFREY R.	\$ 2,752
GONWA M.D., THOMAS A.	\$ 19,632
HAKAIM M.D., ALBERT G.	\$ 61,099

**Part III** Supplemental Information

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

HAROLD M.D., KRISTI L. \$ 25,485

HATTRUP M.D., STEVEN J. \$ 81,962

HAYDEN M.D., RICHARD E. \$ 61,156

HEILMAN M.D., RAYMOND L. \$ 6,279

HELMERS M.D., RICHARD A. \$ 57,252

HOFFMAN, MARY J. \$ 10,683

JOHNSON M.D., C. DANIEL \$ 92,109

JOHNSON M.D., MARGARET M. \$ 25,401

JORGENSEN, STEVEN C. \$ 13,354

KEAVENY M.D., ANDREW P. \$ 25,607

KHOOR M.D., ANDRAS \$ 39,975

KRAHN M.D., LOIS E. \$ 28,963

LANGE M.D., STEPHEN M. \$ 60,033

LEIGHTON M.D., JONATHAN A. \$ 55,693

LEVENTHAL M.D., JACK P. \$ 17,599

LOEB M.D., DAVID S. \$ 41,677

LYONS M.D., MARK K. \$125,726

MAGTIBAY M.D., PAUL M. \$ 51,165

MATHEWS, HILARY G. \$ 7,601



**Part III** Supplemental Information

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

MAYER M.D., ANITA P.	\$ 5,467
MCKINNEY M.D., J. MARK	\$ 29,896
MENKOSKY, PAULA E.	\$ 27,320
MESA M.D., RUBEN A.	\$ 17,425
MESCHIA M.D., JAMES F.	\$ 3,841
MONEY M.D., SAMUEL R.	\$ 52,724
MONGAN M.D., PAUL D.	\$ 6,332
MUELLER M.D., JEFF T.	\$ 36,639
MURRAY M.D., PETER M.	\$ 62,521
PAIGE SR., KEVIN A.	\$ 16,157
PASCUAL M.D., JORGE M.	\$ 21,331
PATEL M.D., TUSHAR C.	\$ 17,890
PERDIKIS M.D., GALEN	\$ 47,367
PRESUTTI D.O., RICHARD J.	\$ 2,823
REIMER M.D., RONALD	\$129,900
RUPP M.D., WILLIAM C.	\$148,971
SCHILD M.D., STEVEN E.	\$ 65,787
SCOTT M.D., LUIS R.	\$ 34,875
SIRVEN M.D., JOSEPH I.	\$ 11,716

**Part III** Supplemental Information

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

SMITH M.D., ANTHONY A. \$ 80,562

STEWART, ALEXANDER KEITH \$ 29,099

STONE M.D., WILLIAM M. \$ 81,499

SWANSON M.D., SCOTT K. \$ 66,497

TAWK M.D., RABIH G. \$ 28,885

TAZELAAR M.D., HENRY D. \$ 42,775

TRASTEK M.D., VICTOR F. \$131,600

TRAUB M.D., STEPHEN J. \$ 3,492

TRENTMAN M.D., TERRANCE L. \$ 38,376

UITTI M.D., RYAN J. \$ 5,121

WALTERS, ROBERT M. \$ 10,705

WHAREN M.D., ROBERT E. \$134,100

WILLIAMS M.D., HUGH J. \$ 89,309

YOUNG-PADOK M.D., TONIA M. \$ 40,718

ZIMMERMAN M.D., RICHARD S. \$131,326

UNDER MAYO CLINIC'S ROYALTY SHARING POLICY, INVENTORS, INCLUDING LISTED

PERSONS, ARE ENTITLED TO SHARE IN A PORTION OF ROYALTIES RECEIVED BY MAYO

INCLUDING INSTANCES WHERE SUCH ROYALTIES ARE IN THE FORM OF EQUITY-BASED

Part III Supplemental Information

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

INSTRUMENTS SUCH AS STOCK, WARRANTS, OR PARTNERSHIP INTERESTS.

PART II:

COMPENSATION PAID TO BOARD MEMBERS IS PRIMARILY FOR PROFESSIONAL

RESPONSIBILITIES AS PHYSICIANS, ADMINISTRATORS, OR EMPLOYEES OF THE

ORGANIZATION.

**SCHEDULE K  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information on Tax-Exempt Bonds**

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.

▶ Attach to Form 990. ▶ Information about Schedule K (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2014**  
Open to Public  
Inspection

Name of the organization

MAYO CLINIC GROUP RETURN

Employer identification number  
38-3952644

**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) Pooled financing	
						Yes	No	Yes	Yes	No	Yes	Yes	No
INDUSTRIAL DEVELOPMENT AUTHORITY OF A THE COUNTY OF MARICOPA, ARIZONA	86-0445263	566816HJ6	05/11/06	51,044,714.	CONSTRUCTION OF HEALTH CARE FACILITIES			X			X		X
INDUSTRIAL DEVELOPMENT AUTHORITY OF B THE CITY OF PHOENIX, ARIZONA	52-2038405	71884SAA8	05/08/14	180,000,000.	CONSTRUCTION OF HEALTH CARE FACILITIES			X			X		X
JACKSONVILLE ECONOMIC DEVELOPMENT C COMMISSION	59-6000344	46936FAK4	05/11/06	127,465,000.	CONSTRUCTION OF HEALTH CARE FACILITIES			X			X		X
D													

**Part II Proceeds**

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Amount of bonds retired								
2 Amount of bonds legally defeased								
3 Total proceeds of issue		53,731,834.		180,002,182.		130,491,058.		
4 Gross proceeds in reserve funds								
5 Capitalized interest from proceeds		3,777,160.		32,598.		6,330,449.		
6 Proceeds in refunding escrows								
7 Issuance costs from proceeds		310,641.		911,155.		664,147.		
8 Credit enhancement from proceeds								
9 Working capital expenditures from proceeds								
10 Capital expenditures from proceeds		49,644,033.		171,899,683.		123,496,462.		
11 Other spent proceeds								
12 Other unspent proceeds				7,158,747.				
13 Year of substantial completion	2008				2007			
14 Were the bonds issued as part of a current refunding issue?		X		X		X		
15 Were the bonds issued as part of an advance refunding issue?		X		X		X		
16 Has the final allocation of proceeds been made?	X			X		X		
17 Does the organization maintain adequate books and records to support the final allocation of proceeds?	X			X		X		

**Part III Private Business Use**

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

432121  
10-15-14

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

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Schedule K (Form 990) 2014

**Part III Private Business Use (Continued)**

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
<b>3a</b> Are there any management or service contracts that may result in private business use of bond-financed property?	X			X	X			
<b>b</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		
<b>c</b> Are there any research agreements that may result in private business use of bond-financed property?	X			X	X			
<b>d</b> 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		
<b>4</b> 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		.02 %		.00 %		.02 %		%
<b>5</b> 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		.21 %		.00 %		.21 %		%
<b>6</b> Total of lines 4 and 5		.23 %		.00 %		.23 %		%
<b>7</b> Does the bond issue meet the private security or payment test?		X		X		X		
<b>8a</b> Has there been a sale or disposition of any of the bond-financed property to a non-governmental person other than a 501(c)(3) organization since the bonds were issued?		X		X		X		
<b>b</b> If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of		%		%		%		%
<b>c</b> If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?								
<b>9</b> 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
<b>1</b> Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?		X		X		X		
<b>2</b> If "No" to line 1, did the following apply?								
<b>a</b> Rebate not due yet?		X	X			X		
<b>b</b> Exception to rebate?		X		X		X		
<b>c</b> No rebate due?	X			X	X			
If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed								
<b>3</b> Is the bond issue a variable rate issue?		X	X			X		
<b>4a</b> Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X		X		X		
<b>b</b> Name of provider								
<b>c</b> Term of hedge								
<b>d</b> Was the hedge superintegrated?								
<b>e</b> Was the hedge terminated?								

**Part IV Arbitrage (Continued)**

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
<b>5a</b> Were gross proceeds invested in a guaranteed investment contract (GIC)?		X		X		X		
<b>b</b> Name of provider								
<b>c</b> Term of GIC								
<b>d</b> Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
<b>6</b> Were any gross proceeds invested beyond an available temporary period?		X		X		X		
<b>7</b> Has the organization established written procedures to monitor the requirements of section 148?	X		X		X			

**Part V Procedures To Undertake Corrective Action**

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
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			

**Part VI Supplemental Information.** Provide additional information for responses to questions on Schedule K (see instructions)

SCHEDULE K, PART IV, ARBITRAGE, LINE 2C:

(A) ISSUER NAME:

INDUSTRIAL DEVELOPMENT AUTHORITY OF THE COUNTY OF MARICOPA, ARIZONA

DATE THE REBATE COMPUTATION WAS PERFORMED: 01/04/2011

(A) ISSUER NAME: JACKSONVILLE ECONOMIC DEVELOPMENT COMMISSION

DATE THE REBATE COMPUTATION WAS PERFORMED: 01/04/2011

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 EARNINGS.

THE DIFFERENCE BETWEEN PART I, COLUMN (E) AND PART II, LINE 3 FOR BOND

ISSUE C IS INVESTMENT EARNINGS.

**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, line 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.**

▶ **Information about Schedule L (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).**

OMB No 1545-0047

**2014**

**Open To Public  
Inspection**

Name of the organization

MAYO CLINIC GROUP RETURN

Employer identification number

38-3952644

**Part I Excess Benefit Transactions** (section 501(c)(3), section 501(c)(4), and 501(c)(29) 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 the organization managers or disqualified persons during the year under section 4958

▶ \$

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

▶ \$

**Part II Loans to and/or From Interested Persons.**

Complete if the organization answered "Yes" on Form 990-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?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
			To	From			Yes	No	Yes	No	Yes	No

Total

▶ \$

**Part III Grants or Assistance Benefiting 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

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule L (Form 990 or 990-EZ) 2014

**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
BRIGHAM, TARA J.	FAMILY MEMBER OF RO	55,082.	EMPLOYMENT		X
CANGEMI M.D., DAVID J.	FAMILY MEMBER OF JO	32,180.	EMPLOYMENT		X
CHANG-MILLER M.D., APRIL	FAMILY MEMBER OF LA	205,127.	EMPLOYMENT		X
FOWL, PATRICIA M.	FAMILY MEMBER OF RI	258,279.	EMPLOYMENT		X
JOHNSON, THERESE A.	FAMILY MEMBER OF C.	100,955.	EMPLOYMENT		X
KASZANITS, CAITLIN M.	FAMILY MEMBER OF JE	58,497.	EMPLOYMENT		X
MCKINNEY, BARBARA C.	FAMILY MEMBER OF MA	80,839.	EMPLOYMENT		X
PAIGE, LINDA Q.	FAMILY MEMBER OF KE	141,972.	EMPLOYMENT		X
SCHEFFEL, SHANNEN R.	FAMILY MEMBER OF JE	15,400.	EMPLOYMENT		X
SCOTT, PATRICIA B.	FAMILY MEMBER OF LU	30,699.	EMPLOYMENT		X

**Part V Supplemental Information**

Provide additional information for responses to questions on Schedule L (see instructions).

SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS:

(A) NAME OF PERSON: BRIGHAM, TARA J.

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

FAMILY MEMBER OF ROBERT BRIGHAM (OFFICER / DIRECTOR)

(A) NAME OF PERSON: CANGEMI M.D., DAVID J.

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

FAMILY MEMBER OF JOHN CANGEMI, M.D. (DIRECTOR)

(A) NAME OF PERSON: CHANG-MILLER M.D., APRIL

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

FAMILY MEMBER OF LAURENCE MILLER, M.D. (FORMER DIRECTOR)

(A) NAME OF PERSON: FOWL, PATRICIA M.

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

FAMILY MEMBER OF RICHARD FOWL, M.D. (FORMER KEY EMPLOYEE)

(A) NAME OF PERSON: JOHNSON, THERESE A.

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

FAMILY MEMBER OF C. DANIEL JOHNSON, M.D. (KEY EMPLOYEE)

Schedule L (Form 990 or 990-EZ) 2014



**Part V** Supplemental information

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

(A) NAME OF PERSON: KASZANITS, CAITLIN M.

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

FAMILY MEMBER OF JEFFREY SCHEFFEL (KEY EMPLOYEE)

(A) NAME OF PERSON: MCKINNEY, BARBARA C.

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

FAMILY MEMBER OF MARK MCKINNEY, M.D. (KEY EMPLOYEE)

(A) NAME OF PERSON: PAIGE, LINDA Q.

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

FAMILY MEMBER OF KEVIN PAIGE (OFFICER / DIRECTOR)

(A) NAME OF PERSON: SCHEFFEL, SHANNEN R.

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

FAMILY MEMBER OF JEFFREY SCHEFFEL (KEY EMPLOYEE)

(A) NAME OF PERSON: SCOTT, PATRICIA B.

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

FAMILY MEMBER OF LUIS SCOTT M.D. (FORMER KEY EMPLOYEE)

(A) NAME OF PERSON: SHEPPARD, ALAN R.

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

FAMILY MEMBER OF MARGARET JOHNSON, M.D. (DIRECTOR)

(C) AMOUNT OF TRANSACTION \$ 48,327.

(D) DESCRIPTION OF TRANSACTION: EMPLOYMENT

(E) SHARING OF ORGANIZATION REVENUES? = NO

**Part V** Supplemental Information

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

(A) NAME OF PERSON: TRAUB, NICOLE A.

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

FAMILY MEMBER OF STEPHEN TRAUB, M.D. (KEY EMPLOYEE)

(C) AMOUNT OF TRANSACTION \$ 63,277.

(D) DESCRIPTION OF TRANSACTION: EMPLOYMENT

(E) SHARING OF ORGANIZATION REVENUES? = NO

**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 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990)

OMB No 1545-0047

**2014**

Open to Public  
Inspection

Name of the organization

MAYO CLINIC GROUP RETURN

Employer identification number

38-3952644

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

PATIENT CARE & COMMUNITY BENEFIT:

MAYO CLINIC, AS AN AFFILIATED GROUP OF HEALTHCARE ENTITIES, IS THE

FIRST AND LARGEST INTEGRATED, NOT-FOR-PROFIT GROUP PRACTICE IN THE

WORLD AND HAS OVER 4,100 PHYSICIANS AND SCIENTISTS AND 52,000 ALLIED

HEALTH STAFF. DOCTORS FROM EVERY MEDICAL SPECIALTY WORK TOGETHER TO

CARE FOR PATIENTS, JOINED BY COMMON SYSTEMS AND A PHILOSOPHY THAT THE

NEEDS OF THE PATIENT COME FIRST. MAYO CLINIC, AS AN AFFILIATED GROUP,

HAS SITES IN ROCHESTER, MINNESOTA; JACKSONVILLE, FLORIDA; AND

SCOTTSDALE/PHOENIX, ARIZONA AND ALSO SERVES OVER 70 COMMUNITIES IN THE

UPPER MIDWEST AND IN GEORGIA THROUGH THE MAYO CLINIC HEALTH SYSTEM.

MAYO CLINIC IS DRIVEN BY ITS MISSION OF PROVIDING THE BEST PATIENT CARE

TO EVERY PATIENT EVERY DAY THROUGH INTEGRATED CLINICAL PRACTICE,

EDUCATION, AND RESEARCH.

THE SUBORDINATE ORGANIZATIONS FROM THE MAYO CLINIC AFFILIATED GROUP

THAT COMPRISE THE FILING ORGANIZATION FOR THIS GROUP RETURN INCLUDE

MAYO CLINIC JACKSONVILLE (A MULTISPECIALTY OUTPATIENT CLINIC); MAYO

CLINIC FLORIDA (A 214-BED ACUTE-CARE HOSPITAL) AND MAYO CLINIC ARIZONA

(A MULTISPECIALTY OUTPATIENT CLINIC AND A 268-BED ACUTE-CARE HOSPITAL).

THE FILING ORGANIZATION HAS OVER 970 STAFF PHYSICIANS AND SCIENTISTS;

OVER 535 RESIDENTS AND FELLOWS AND OVER 9,320 ALLIED HEALTH STAFF.

DURING 2014, THE FILING ORGANIZATION TREATED APPROXIMATELY 208,684

PATIENTS FROM THE JACKSONVILLE, FLORIDA AREA; THE SCOTTSDALE/PHOENIX,

ARIZONA AREA; ALONG WITH NATIONAL AND INTERNATIONAL PATIENTS.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule O (Form 990 or 990-EZ) (2014)

432211  
08-27-14

Name of the organization

MAYO CLINIC GROUP RETURN

Employer identification number

38-3952644

THE FILING ORGANIZATION PROVIDES CARE TO PERSONS COVERED BY  
GOVERNMENTAL PROGRAMS. SERVICES ARE PROVIDED TO BOTH MEDICARE AND  
MEDICAID PATIENTS AT SUBSTANTIAL DISCOUNTS FROM STANDARD FEES.  
FINANCIAL ASSISTANCE IS ALSO PROVIDED FOR PATIENTS THAT ARE FINANCIALLY  
UNABLE TO PAY FOR SERVICES PROVIDED. THE COST OF UNCOMPENSATED CARE  
PROVIDED TO LOW INCOME PATIENTS THROUGH MEDICAID WAS APPROXIMATELY  
\$17,155,000. THE COST OF UNCOMPENSATED CARE PROVIDED TO PATIENTS  
THROUGH MEDICARE WAS APPROXIMATELY \$429,616,000. FINANCIAL ASSISTANCE  
(AT COST) PROVIDED TO PATIENTS IN 2014 WAS APPROXIMATELY \$15,914,000.

THE FILING ORGANIZATION, BY ITSELF AND AS PART OF THE MAYO CLINIC  
AFFILIATED GROUP, IS COMMITTED TO GIVING BACK TO THE COMMUNITY - BOTH  
ITS LOCAL COMMUNITIES AND THE BROADER COMMUNITY. THE FILING  
ORGANIZATION CONTRIBUTES BOTH LOCALLY AND GLOBALLY BY CONTRIBUTING TIME  
AND RESOURCES TO COMMUNITY IMPROVEMENT, EDUCATION, PUBLIC HEALTH AND  
OTHER INITIATIVES.

THROUGH ITS MISSION, THE MAYO CLINIC AFFILIATED GROUP, INCLUDING THE  
FILING ORGANIZATION, ENRICHES THE COMMUNITIES IN WHICH IT OPERATES AS  
WELL AS THE BROADER COMMUNITY BY IMPROVING MEDICINE THROUGH RESEARCH;  
EDUCATING PHYSICIANS AND OTHER HEALTH CARE PROVIDERS; AND PROVIDING  
CARE AND SUPPORT TO PEOPLE IN NEED, ALL OF WHICH BENEFIT PEOPLE  
EVERYWHERE.

THE FILING ORGANIZATION RECEIVED DONATED SERVICES FROM 1,575 COMMUNITY  
VOLUNTEERS, WHO PROVIDED OVER 167,400 HOURS OF SERVICE IN 2014, VALUED  
AT APPROXIMATELY \$3,861,987 BASED ON THE INDEPENDENT SECTOR'S AVERAGE

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ESTIMATED HOURLY VALUE OF SUCH SERVICES FOR 2014.

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:

MEDICAL RESEARCH:

MAYO CLINIC, AS AN AFFILIATED GROUP, CONDUCTS BASIC, TRANSLATIONAL,

CLINICAL AND EPIDEMIOLOGICAL RESEARCH AT ITS CAMPUSES IN ARIZONA,

FLORIDA AND MINNESOTA AND THROUGHOUT MAYO CLINIC HEALTH SYSTEM. THE

NEEDS OF PATIENTS DRIVE RESEARCH AT MAYO CLINIC. AS DOCTORS TREAT

PATIENTS AND SEE OPPORTUNITIES FOR ADVANCING PATIENT CARE, THEY WORK

TOGETHER WITH MAYO SCIENTISTS AND RESEARCH TEAMS TO DEVELOP NEW AND

IMPROVED DIAGNOSTIC TOOLS, MEDICATIONS, DEVICES, TREATMENT PROTOCOLS

AND MORE.

MAYO CLINIC'S UNIQUE CULTURE OF COLLABORATION AND TEAMWORK, AND ITS

EXTENSIVE FACILITIES AND RESOURCES, MAKE IT POSSIBLE FOR RESEARCHERS TO

UNRAVEL AND SOLVE COMPLEX RESEARCH QUESTIONS. ANSWERING THESE

QUESTIONS REQUIRES A TEAM OF PHYSICIANS WHO CARE FOR PATIENTS WITH A

DISEASE, BASIC SCIENTISTS WHO INVESTIGATE THE CONDITION'S MOLECULAR

BASIS AND EPIDEMIOLOGISTS WHO STUDY ITS EFFECT ON POPULATIONS. THIS

CLOSE INTEGRATION MAKES IT POSSIBLE TO QUICKLY BRING PROVEN DIAGNOSTICS

AND THERAPEUTICS TO PATIENTS AND SHARE THIS KNOWLEDGE WITH THE NEXT

GENERATION OF DOCTORS AND SCIENTISTS.

THE FILING ORGANIZATION'S RESEARCH ACTIVITIES ARE CONCENTRATED IN THE

AREAS OF CANCER, METABOLISM, NEUROSCIENCES, NEURODEGENERATIVE DISEASES,

CARDIOVASCULAR DISEASES AND GI DISORDERS/TRANSPLANTATION. DURING 2014,

THE FILING ORGANIZATION'S COMBINED RESEARCH PROGRAMS GENERATED:

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- APPROXIMATELY 168 NEW RESEARCH PROTOCOLS;
- APPROXIMATELY 585 ACTIVE HUMAN RESEARCH STUDIES; AND
- APPROXIMATELY 1,685 PEER-REVIEWED RESEARCH PUBLICATIONS/ARTICLES.

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:

MEDICAL EDUCATION:

MAYO CLINIC INVESTMENTS IN EDUCATION INFORM AND EMPOWER PHYSICIANS,  
RESEARCHERS, MEDICAL PROFESSIONALS, PATIENTS, STUDENTS AND COMMUNITIES  
TO IMPROVE PUBLIC HEALTH AND WELL-BEING, ALONG WITH PREPARING THE NEXT  
GENERATION OF HEALTH CARE PROFESSIONALS TO PROVIDE OUTSTANDING,  
COMPASSIONATE CARE TO PATIENTS WORLDWIDE.

THE EDUCATIONAL ACTIVITIES OF MAYO CLINIC ARE CENTERED IN THE MAYO

CLINIC COLLEGE OF MEDICINE WHICH CONSISTS OF FIVE SCHOOLS:

- MAYO SCHOOL OF GRADUATE MEDICAL EDUCATION
- MAYO MEDICAL SCHOOL
- MAYO GRADUATE SCHOOL
- MAYO SCHOOL OF HEALTH SCIENCES
- MAYO SCHOOL OF CONTINUOUS PROFESSIONAL DEVELOPMENT

MAYO CLINIC, AS AN AFFILIATED GROUP, OFFERS EDUCATIONAL PROGRAMS AND

TRAINING OPPORTUNITIES ON ITS CAMPUSES IN ROCHESTER, MINNESOTA;

JACKSONVILLE, FLORIDA; AND SCOTTSDALE/PHOENIX, ARIZONA. IN AFFILIATION

WITH THE MAYO CLINIC COLLEGE OF MEDICINE, THE FILING ORGANIZATION

OFFERS PHYSICIAN RESIDENCY PROGRAMS AND FELLOWSHIPS IN MANY MEDICAL AND

SURGICAL SPECIALTIES, TRAINING PROGRAMS FOR ALLIED HEALTH PERSONAL AND

ON-GOING EDUCATION FOR PHYSICIANS AND OTHER HEALTH CARE PROFESSIONALS.

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FOR 2014, THERE WERE 4,055 STUDENTS EDUCATED THROUGH THE MAYO CLINIC COLLEGE OF MEDICINE PROGRAM TO SUSTAIN MAYO'S UNIQUE STYLE OF CARE AND PREPARE THE NEXT GENERATION OF CAREGIVERS. OF THESE STUDENTS, MANY WOULD HAVE RECEIVED SOME OR ALL OF THEIR EDUCATION AT THE FILING ORGANIZATION'S CAMPUSES.

FORM 990, PART VI, SECTION A, LINE 2:

THE FOLLOWING INDIVIDUALS ARE EMPLOYED BY A RELATED ORGANIZATION:

FROISLAND, JEFFREY R.

BROWN, MICHAEL E.

RESULTING IN A BUSINESS RELATIONSHIP WITH THE FOLLOWING INDIVIDUALS WHO ARE

ASSOCIATED WITH THE RELATED ORGANIZATION AS AN OFFICER, DIRECTOR, OR

TRUSTEE:

MENKOSKY, PAULA E.

FROISLAND, JEFFREY R.

BROWN, MICHAEL E.

THE FOLLOWING INDIVIDUAL IS EMPLOYED BY A RELATED ORGANIZATION:

JOHNSON, CARLA J.

RESULTING IN A BUSINESS RELATIONSHIP WITH THE FOLLOWING INDIVIDUALS WHO ARE

ASSOCIATED WITH THE RELATED ORGANIZATION AS AN OFFICER, DIRECTOR, OR

TRUSTEE:

HOFFMAN, MARY J.

BRIGHAM, ROBERT F.

THE FOLLOWING INDIVIDUALS ARE EMPLOYED BY A RELATED ORGANIZATION:

RATHBUN, JON

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PERDIKIS M.D., GALEN

PATEL M.D., TUSHAR C.

JOHNSON M.D., MARGARET M.

HAKAIM M.D., ALBERT G.

RUPP M.D., WILLIAM C.

PASCUAL M.D., JORGE M.

MURRAY M.D., PETER M.

MATHEWS, HILARY G.

LANGE M.D., STEPHEN M.

HOFFMAN, MARY J.

HARRISON, DEBRA A.

GONWA M.D., THOMAS A.

DEVAULT M.D., KENNETH R.

DAWSON M.D., NANCY L.

CASLER M.D., JOHN D.

CANGEMI M.D., JOHN R.

BUSKIRK M.D., STEVEN J.

BROTT M.D., THOMAS G.

BRIGHAM, ROBERT F.

ACKERMAN, FRANKLIN K.

RESULTING IN A BUSINESS RELATIONSHIP WITH THE FOLLOWING INDIVIDUALS WHO ARE

ASSOCIATED WITH THE RELATED ORGANIZATION AS AN OFFICER, DIRECTOR, OR

TRUSTEE:

RATHBUN, JON

PERDIKIS M.D., GALEN

PATEL M.D., TUSHAR C.

JOHNSON M.D., MARGARET M.

HAKAIM M.D., ALBERT G.



Name of the organization

MAYO CLINIC GROUP RETURN

Employer identification number

38-3952644

RUPP M.D., WILLIAM C.

PASCUAL M.D., JORGE M.

MURRAY M.D., PETER M.

MATHEWS, HILARY G.

LANGE M.D., STEPHEN M.

HOFFMAN, MARY J.

HARRISON, DEBRA A.

GONWA M.D., THOMAS A.

DEVAVULT M.D., KENNETH R.

DAWSON M.D., NANCY L.

CASLER M.D., JOHN D.

CANGEMI M.D., JOHN R.

BUSKIRK M.D., STEVEN J.

BROTT M.D., THOMAS G.

BRIGHAM, ROBERT F.

ACKERMAN, FRANKLIN K.

JOHNSON, CARLA J.

MENKOSKY, PAULA E.

FROISLAND, JEFFREY R.

HAVE A BUSINESS RELATIONSHIP AS THEY SERVE AS AN OFFICER, DIRECTOR, OR

TRUSTEE OF SUPERBLOCK 3 PROPERTY OWNERS ASSOCIATION, A RELATED TAXABLE

ENTITY.

FORM 990, PART VI, SECTION A, LINE 3:

MAYO CLINIC, MAYO FOUNDATION FOR MEDICAL EDUCATION AND RESEARCH AND OTHER

RELATED COMPANIES PROVIDE MANAGEMENT SERVICES TO THE ENTIRE SYSTEM OF

ENTITIES.

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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.

FORM 990, PART VI, SECTION A, LINE 6:

THE SOLE MEMBER OF EACH SUBORDINATE IN THE MAYO CLINIC GROUP RETURN IS  
EITHER MAYO CLINIC OR A SUBORDINATE OF MAYO CLINIC.

FORM 990, PART VI, SECTION A, LINE 7A:

ELECTION OF EACH SUBORDINATE'S GOVERNING BODY IS SUBJECT TO CONFIRMATION BY  
THE MAYO CLINIC BOARD OF GOVERNORS.

FORM 990, PART VI, SECTION A, LINE 7B:

THE ARTICLES PROVIDE THE SOLE CORPORATE MEMBER POWER IN AREAS SUCH AS  
COMPENSATION, CAPITAL, BUDGET, DEBT, AND APPROVAL OF AMENDMENTS TO THE  
ARTICLES AND BYLAWS.

FORM 990, PART VI, SECTION B, LINE 11:

THE FORM 990 WAS PREPARED BY MAYO CORPORATE TAX WITH ASSISTANCE FROM SITE  
ACCOUNTING STAFF. THE TAX RETURN WENT THROUGH TWO LEVELS OF REVIEW WITHIN  
THE CORPORATE TAX UNIT (INCLUDING REVIEW BY TAX DIRECTOR). RETURN ALSO  
UNDER WENT A LIMITED-SCOPE REVIEW BY AN OUTSIDE CERTIFIED PUBLIC ACCOUNTING  
FIRM AS TO GROUP PRESENTATION (DUE TO LIMITED REVIEW, CPA FIRM IS NOT  
CONSIDERED THE PAID PREPARER UNDER IRS RULES). IT WAS THEN REVIEWED BY  
FINANCE STAFF. A COPY OF THE FORM 990 WAS THEN PROVIDED TO EACH MEMBER OF  
THE GOVERNING BODY VIA U.S. MAIL, E-MAIL, OR DISTRIBUTION AT A BOARD  
MEETING. ALL QUESTIONS WERE ADDRESSED PRIOR TO FILING THE FORM 990.

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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 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

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CONFLICTS.

FORM 990, PART VI, SECTION B, LINE 15:

THE FILING ORGANIZATION IS AN AFFILIATE OF MAYO CLINIC. MAYO CLINIC AND

ITS AFFILIATES HAVE A COORDINATED PROCESS FOR REVIEWING AND APPROVING

COMPENSATION AND BENEFITS FOR PHYSICIANS, EXECUTIVE AND SENIOR

ADMINISTRATIVE LEADERSHIP, ALONG WITH ALLIED HEALTH STAFF. IN ADDITION TO

ANY REVIEW AND APPROVAL THAT MAY TAKE PLACE AT THE LOCAL ENTITY OR REGIONAL

LEVEL, THE FOLLOWING INDEPENDENT APPROVAL PROCESS OCCURS ANNUALLY PRIOR TO

IMPLEMENTATION OF THE RESPECTIVE COMPENSATION INCREASE.

THE COMPENSATION AND BENEFITS OF THE CHIEF EXECUTIVE OFFICER (MCA) AND THE

CHIEF EXECUTIVE OFFICER (MCJ/MCF) WERE REVIEWED AND APPROVED BY THE PROCESS

DESCRIBED BELOW FOR EXECUTIVE LEADERSHIP.

THE COMPENSATION AND BENEFITS OF THE EXECUTIVE LEADERSHIP FOR ALL CAMPUSES,

INCLUDING THE MAYO CLINIC HEALTH SYSTEM LOCATIONS, ARE REVIEWED AND

APPROVED BY THE MAYO CLINIC BOARD OF TRUSTEES GOVERNANCE AND NOMINATING

COMMITTEE.

THE MAYO CLINIC BOARD OF TRUSTEES GOVERNANCE AND NOMINATING COMMITTEE IS

COMPRISED OF NINE OF THE EXTERNAL INDEPENDENT MEMBERS OF THE MAYO CLINIC

BOARD OF TRUSTEES. THIS GROUP REVIEWS AND APPROVES THE COMPENSATION AND

BENEFIT PROGRAMS FOR PHYSICIANS FROM ALL CAMPUSES, 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

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REVIEW AND DOCUMENTS DECISIONS IN ITS MINUTES.

IN ADDITION, THE MAYO CLINIC BOARD OF TRUSTEES GOVERNANCE AND NOMINATING

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.

FORM 990, PART VI, SECTION C, LINE 19:

THE FILING ORGANIZATION'S GOVERNING DOCUMENTS ARE NOT AVAILABLE TO THE

PUBLIC. THE CONFLICT OF INTEREST POLICY IS AVAILABLE UPON REQUEST AND ALSO

ON THE MAYOCLINIC.ORG WEBSITE.

SOME OF THE SUBORDINATES WITHIN THIS GROUP RETURN ARE HOSPITALS AFFILIATED

WITH MAYO CLINIC. AS SUCH, MAYO CLINIC'S CONSOLIDATED AUDITED FINANCIAL

STATEMENTS ARE ATTACHED TO THE FILING ORGANIZATION'S FORM 990 AND WOULD BE

AVAILABLE UPON REQUEST OF THE FORM 990.

FORM 990, PART IX, LINE 11G, OTHER FEES:

I/C PURCHASED SERVICES:

PROGRAM SERVICE EXPENSES 29,817,913.

MANAGEMENT AND GENERAL EXPENSES 152,206,165.

FUNDRAISING EXPENSES 0.

TOTAL EXPENSES 182,024,078.

OTHER PURCHASED SERVICES:

PROGRAM SERVICE EXPENSES 55,110,184.

MANAGEMENT AND GENERAL EXPENSES 1,232,469.

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FUNDRAISING EXPENSES 0.

TOTAL EXPENSES 56,342,653.

TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A 238,366,731.

FILING OF CERTAIN FOREIGN FORMS:

DISCLOSURE STATEMENT RELATED TO FORMS 5713:

FORM 5713 HAS BEEN FILED BY THE FOLLOWING MEMBERS OF THE CONTROLLED

GROUP:

MAYO CLINIC (EIN: 41-6011702)

MAYO FOUNDATION FOR MEDICAL EDUCATION AND RESEARCH (EIN: 41-1506440)

MAYO CLINIC ARIZONA (EIN: 86-0800150)

MAYO CLINIC JACKSONVILLE (EIN: 59-3337028)

DISCLOSURE STATEMENT RELATED TO FORMS 5471:

UNDER THE CONSTRUCTIVE OWNERSHIP RULES OF IRC SECTIONS 958(A) AND (B),

THE TAXPAYER IS REQUIRED TO FILE FORMS 5471, INFORMATION RETURN OF U.S.

PERSONS WITH RESPECT TO CERTAIN FOREIGN CORPORATIONS, AS A CATEGORY 4

AND 5 FILER WITH RESPECT TO CERTAIN CONTROLLED FOREIGN CORPORATIONS

(CFCS). THESE FILING REQUIREMENTS ARE OR WILL BE SATISFIED THROUGH THE

FILING OF FORMS 5471 FOR THESE CFCS BY OTHER U.S. TAXPAYERS IDENTIFIED

BELOW WHO HAVE THE SAME FILING REQUIREMENT.

TAXPAYER NAME: MAYO CLINIC

ADDRESS: 200 FIRST STREET SW, ROCHESTER, MN 55905

ID NUMBER OF U.S. TAX RETURN WITH WHICH FORM 5471 WAS FILED:

41-6011702

IRS SERVICE CENTER WHERE U.S. TAX RETURN WAS OR WILL BE FILED: E-FILED

Name of the organization	Employer identification number
MAYO CLINIC GROUP RETURN	38-3952644

TAXPAYER NAME: MAYO FOUNDATION FOR MEDICAL EDUCATION AND RESEARCH

ADDRESS: 200 FIRST STREET SW, ROCHESTER, MN 55905

ID NUMBER OF U.S. TAX RETURN WITH WHICH FORM 5471 WAS FILED:

41-1506440

IRS SERVICE CENTER WHERE U.S. TAX RETURN WAS OR WILL BE FILED: E-FILED

## DISCLOSURE STATEMENT RELATED TO FORMS 8865:

UNDER THE CONSTRUCTIVE OWNERSHIP RULES OF IRC SECTIONS 958(A) AND (B),

THE TAXPAYER IS REQUIRED TO FILE FORMS 8865, INFORMATION RETURN OF U.S.

PERSONS WITH RESPECT TO CERTAIN FOREIGN PARTNERSHIPS, AS A CATEGORY 2

AND 3 FILER. THESE FILING REQUIREMENTS ARE OR WILL BE SATISFIED

THROUGH THE FILING OF FORMS 8865 FOR THESE PARTNERSHIPS BY OTHER U.S.

TAXPAYERS IDENTIFIED BELOW WHO HAVE THE SAME FILING REQUIREMENT.

TAXPAYER NAME: MAYO CLINIC

ADDRESS: 200 FIRST STREET SW, ROCHESTER, MN 55905

ID NUMBER OF U.S. TAX RETURN WITH WHICH FORM 8865 WAS FILED:

41-6011702

IRS SERVICE CENTER WHERE U.S. TAX RETURN WAS OR WILL BE FILED: E-FILED

## LIST OF AFFILIATED ORGANIZATIONS NOT INCLUDED IN GROUP RETURN:

BLOOMER LAKEVIEW, INC.

39-1450617

2110 DUNCAN ROAD, BLOOMER, WI 54724

CHARTERHOUSE, INC.

41-1405254

200 FIRST STREET SW, ROCHESTER, MN 55905

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GOLD CROSS AMBULANCE SERVICE

41-1917516

200 FIRST STREET SW, ROCHESTER, MN 55905

LUTHER LAKESIDE APARTMENTS, INC.

39-1409024

P.O. BOX 1510, EAU CLAIRE, WI 54702

MAYO CLINIC HOSPITAL - ROCHESTER

41-0944601

200 FIRST STREET SW, ROCHESTER, MN 55905

MAYO CLINIC HEALTH SYSTEM - ALBERT LEA AND AUSTIN

41-1404075

1000 FIRST DRIVE NW, AUSTIN, MN 55912

MAYO CLINIC HEALTH SYSTEM - AUSTIN FOUNDATION

30-0107471

1000 FIRST DRIVE NW, AUSTIN, MN 55912

MAYO CLINIC HEALTH SYSTEM - CANNON FALLS

20-4156428

1116 WEST MILL STREET, CANNON FALLS, MN 55009

MAYO CLINIC HEALTH SYSTEM - EAU CLAIRE CLINIC, INC.

39-1735831

733 WEST CLAIREMONT AVENUE, EAU CLAIRE, WI 54701

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MAYO CLINIC GROUP RETURN

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38-3952644

MAYO CLINIC HEALTH SYSTEM - EAU CLAIRE HOSPITAL, INC.

39-0813418

1221 WHIPPLE STREET, EAU CLAIRE, WI 54703

MAYO CLINIC HEALTH SYSTEM - FAIRMONT

41-0760836

800 MEDICAL CENTER DRIVE, FAIRMONT, MN 56031

MAYO CLINIC HEALTH SYSTEM - FRANCISCAN HEALTHCARE FOUNDATION OF SPARTA,

INC.

39-1423234

310 WEST MAIN STREET, LA CROSSE, WI 54656

MAYO CLINIC HEALTH SYSTEM - FRANCISCAN HEALTHCARE FOUNDATION, INC.

39-1186647

700 WEST AVE SOUTH, LA CROSSE, WI 54601

MAYO CLINIC HEALTH SYSTEM - FRANCISCAN HEALTHCARE, INC.

39-1411999

700 WEST AVE SOUTH, LA CROSSE, WI 54601

MAYO CLINIC HEALTH SYSTEM - FRANCISCAN MEDICAL CENTER, INC.

39-0806374

700 WEST AVE SOUTH, LA CROSSE, WI 54601

MAYO CLINIC HEALTH SYSTEM - HOME HEALTH &amp; HOSPICE, INC.

39-1491516

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Name of the organization

MAYO CLINIC GROUP RETURN

Employer identification number

38-3952644

PO BOX 2060, EAU CLAIRE, WI 54702

MAYO CLINIC HEALTH SYSTEM - LAKE CITY

41-1906820

500 WEST GRANT STREET, LAKE CITY, MN 55041

MAYO CLINIC HEALTH SYSTEM - MANKATO

41-1236756

1025 MARSH STREET, MANKATO, MN 56002

MAYO CLINIC HEALTH SYSTEM - MANKATO HEALTH CARE FOUNDATION

41-1663357

1025 MARSH STREET, MANKATO, MN 56002

MAYO CLINIC HEALTH SYSTEM - NEW PRAGUE

41-0723639

301 2ND STREET NE, NEW PRAGUE, MN 56071

MAYO CLINIC HEALTH SYSTEM - NORTHLAND, INC.

39-0920634

1222 E. WOODLAND AVENUE, BARRON, WI 54812

MAYO CLINIC HEALTH SYSTEM - OAKRIDGE, INC.

39-1029430

13025 EIGHT STREET, OSSEO, WI 54758

MAYO CLINIC HEALTH SYSTEM - OWATONNA

41-1862132

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Name of the organization

MAYO CLINIC GROUP RETURN

Employer identification number

38-3952644

2200 26TH STREET NW, OWATONNA, MN 55060

MAYO CLINIC HEALTH SYSTEM - RED CEDAR, INC.

51-0190875

2321 STOUT ROAD, MENOMONIE, WI 54751

MAYO CLINIC HEALTH SYSTEM - RED WING

41-1713783

701 HEWITT BLVD., RED WING, MN 55066

MAYO CLINIC HEALTH SYSTEM - SPRINGFIELD

41-1893827

625 NORTH JACKSON AVENUE, SPRINGFIELD, MN 56087

MAYO CLINIC HEALTH SYSTEM - ST. JAMES

41-0797368

1101 MOULTON &amp; PARSONS, ST. JAMES, MN 56081

MAYO CLINIC HEALTH SYSTEM - ST. JAMES HEALTH CARE FOUNDATION

41-1444129

1101 MOULTON &amp; PARSONS, ST. JAMES, MN 56081

MAYO CLINIC HEALTH SYSTEM - SUPPORTIVE HOMECARE, INC.

39-1686673

PO BOX 2060, EAU CLAIRE, WI 54702

MAYO CLINIC HEALTH SYSTEM - WASECA

36-3606405

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Name of the organization

MAYO CLINIC GROUP RETURN

Employer identification number

38-3952644

501 NORTH STATE STREET, WASECA, MN 56093

MAYO CLINIC HEALTH SYSTEM IN WAYCROSS, INC.

58-1667166

1900 TEBEAU STREET, WAYCROSS, GA 31501

MAYO FOUNDATION FOR MEDICAL EDUCATION &amp; RESEARCH

41-1506440

200 FIRST STREET SW, ROCHESTER, MN 55905

POVERELLO FOUNDATION

41-1494881

200 FIRST STREET SW, ROCHESTER, MN 55905

► Information about Schedule R (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

MAYO CLINIC GROUP RETURN

**Employer identification number**  
**38-3952644**

Organization answered "Yes" on Form 990, Part IV, line 33

[illegible]

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
BLOOMER LAKEVIEW, INC. - 39-1450617							
2110 DUNCAN ROAD							
BLOOMER, WI 54724	LOW INCOME HOUSING	WISCONSIN	501(C)(3)	7	MCHS--CHIPPEWA VALLEY, INC.	X	
CHARTERHOUSE, INC. - 41-1405254							
200 FIRST STREET S.W.							
ROCHESTER, MN 55905	RETIREMENT LIVING CENTER	MINNESOTA	501(C)(3)	9	MAYO CLINIC	X	
DESTINATION MEDICAL CENTER EDA - 46-4893585							
50 SOUTH SIXTH STREET, SUITE 1500							
MINNEAPOLIS, MN 55402-1498	ECONOMIC DEVELOPMENT	MINNESOTA	501(C)(3)	11-I	MAYO CLINIC	X	
GOLD CROSS AMBULANCE SERVICE - 41-1917516							
200 FIRST STREET S.W.							
ROCHESTER, MN 55905	AMBULANCE SERVICE	MINNESOTA	501(C)(3)	9	MFMR	X	

**For Paperwork Reduction Act Notice, see the Instructions for Form 990.**

Schedule R (Form 990) 2014

**Part II** Continuation of Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization?	
						Yes	No
LUTHER LAKESIDE APARTMENTS, INC. - 39-1409024, PO BOX 1510, EAU CLAIRE, WI 54702	LOW INCOME HOUSING FOR ELDERLY	WISCONSIN	501(C)(3)	9	MCHS--EAU CLAIRE HOSPITAL, INC.		X
MAYO CLINIC - 41-6011702 200 FIRST STREET S.W.							
ROCHESTER, MN 55905	PATIENT CARE - CLINIC	MINNESOTA	501(C)(3)	9	N/A		X
MAYO CLINIC ARIZONA - 86-0800150 13400 EAST SHEA BOULEVARD							
SCOTTSDALE, AZ 85259	HOSPITAL AND CLINIC	ARIZONA	501(C)(3)	3	MAYO CLINIC	X	
MAYO CLINIC FLORIDA (A NONPROFIT CORPORATION) - 59-0714831, 4500 SAN PABLO ROAD, JACKSONVILLE, FL 32224	HOSPITAL	FLORIDA	501(C)(3)	3	MAYO CLINIC JACKSONVILLE	X	
MAYO CLINIC HOSPITAL -- ROCHESTER - 41-0944601, 200 FIRST STREET S.W., ROCHESTER, MN 55905	HOSPITAL	MINNESOTA	501(C)(3)	3	MAYO CLINIC	X	
MAYO CLINIC JACKSONVILLE - 59-3337028 4500 SAN PABLO ROAD							
JACKSONVILLE, FL 32224	PATIENT CARE - CLINIC	FLORIDA	501(C)(3)	7	MAYO CLINIC	X	
MAYO FOUNDATION FOR MEDICAL EDUCATION AND RESEARCH - 41-1506440, 200 FIRST STREET S.W., ROCHESTER, MN 55905	CHARITABLE, EDUCATIONAL & SCIENTIFIC ACTIVITIES	MINNESOTA	501(C)(3)	9	MAYO CLINIC	X	
MAYO KLINIK STIFTUNG 60486 FRANKFURT AM MAIN FRANKFURT, GERMANY	FUNDRAISING FOUNDATION	GERMANY			MFMER	X	
MCHS IN WAYCROSS, INC. - 58-1667166 1900 TEBEAU STREET							
WAYCROSS, GA 31501	HOSPITAL	GEORGIA	501(C)(3)	3	MAYO CLINIC JACKSONVILLE	X	
MCHS--ALBERT LEA AND AUSTIN - 41-1404075 1000 FIRST DRIVE N.W.							
AUSTIN, MN 55912	HOSPITAL AND CLINIC	MINNESOTA	501(C)(3)	3	MAYO CLINIC	X	
MCHS--AUSTIN FOUNDATION - 30-0107471 1000 FIRST DRIVE N.W.							
AUSTIN, MN 55912	FUNDRAISING FOUNDATION	MINNESOTA	501(C)(3)	7	MCHS--ALBERT LEA AND AUSTIN	X	
MCHS--CANNON FALLS - 20-4156428 32021 COUNTY ROAD 24 BLVD							
CANNON FALLS, MN 55009	HOSPITAL AND CLINIC	MINNESOTA	501(C)(3)	3	MAYO CLINIC	X	

**Part II** Continuation of Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization?	
						Yes	No
MCHS--CHIPPEWA VALLEY, INC. - 39-0980343 1501 THOMPSON STREET BLOOMER, WI 54724	HOSPITAL AND CLINIC	WISCONSIN	501(C)(3)	3	MCHS--EAU CLAIRE HOSPITAL, INC.		X
MCHS--EAU CLAIRE CLINIC, INC. - 39-1735831 733 W. CLAIREMONT AVE, PO BOX 1510 EAU CLAIRE, WI 54702	PATIENT CARE - CLINIC	WISCONSIN	501(C)(3)	3	MAYO CLINIC		X
MCHS--EAU CLAIRE FOUNDATION, INC. - 39-1633407, 733 W. CLAIREMONT AVE, PO BOX 1510, EAU CLAIRE, WI 54702	GRANTMAKING FOUNDATION	WISCONSIN	501(C)(3)	11-I	MCHS--EAU CLAIRE CLINIC, INC.		X
MCHS--EAU CLAIRE HOSPITAL, INC. - 39-0813418 1221 WHIPPLE STREET EAU CLAIRE, WI 54703	HOSPITAL	WISCONSIN	501(C)(3)	3	MAYO CLINIC	X	
MCHS--FAIRMONT - 41-0760836 800 MEDICAL CENTER DRIVE, PO BOX 800 FAIRMONT, MN 56031	HOSPITAL AND CLINIC	MINNESOTA	501(C)(3)	3	MCHS--MANKATO	X	
MCHS--FRANCISCAN HEALTHCARE FOUNDATION, INC. - 39-1186647, 700 WEST AVE SOUTH, LA CROSSE, WI 54601	FUNDRAISING FOUNDATION	WISCONSIN	501(C)(3)	7	MCHS--FRANCISCAN HEALTHCARE, INC.	X	
MCHS--FRANCISCAN HEALTHCARE FOUNDATION-SPARTA, INC. - 39-1423234, 310 WEST MAIN STREET, SPARTA, WI 54656	FUNDRAISING FOUNDATION	WISCONSIN	501(C)(3)	9	MCHS--FRANCISCAN HEALTHCARE, INC.	X	
MCHS--FRANCISCAN HEALTHCARE, INC. - 39-1411999, 700 WEST AVE SOUTH, LA CROSSE, WI 54601	HEALTHCARE SYSTEM PARENT	WISCONSIN	501(C)(3)	11-I	MAYO CLINIC	X	
MCHS--FRANCISCAN MEDICAL CENTER, INC. - 39-0806374, 700 WEST AVE SOUTH, LA CROSSE, WI 54601	HOSPITAL AND CLINIC	WISCONSIN	501(C)(3)	3	MCHS--FRANCISCAN HEALTHCARE, INC.	X	
MCHS--HOME HEALTH & HOSPICE, INC. - 39-1491516, PO BOX 2060, EAU CLAIRE, WI 54702	HOME HEALTH AND HOSPICE CARE	WISCONSIN	501(C)(3)	9	MCHS--EAU CLAIRE HOSPITAL, INC.	X	
MCHS--LAKE CITY - 41-1906820 500 WEST GRANT STREET LAKE CITY, MN 55041	HOSPITAL	MINNESOTA	501(C)(3)	3	MAYO CLINIC	X	
MCHS--MANKATO - 41-1236756 1025 MARSH STREET MANKATO, MN 56002	HOSPITAL AND CLINIC	MINNESOTA	501(C)(3)	3	MAYO CLINIC	X	

**Part II** Continuation of Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(e)(13) controlled organization?	
						Yes	No
MCHS--MANKATO HEALTH CARE FOUNDATION - 41-1663357, 1025 MARSH STREET, MANKATO, MN 56002	FUNDRAISING FOUNDATION	MINNESOTA	501(C)(3)	7	MCHS--MANKATO		X
MCHS--NEW PRAGUE - 41-0723639 301 SECOND STREET N.E. NEW PRAGUE, MN 56071	HOSPITAL AND CLINIC	MINNESOTA	501(C)(3)	3	MCHS--MANKATO		X
MCHS--NORTHLAND, INC. - 39-0920634 1222 EAST WOODLAND AVENUE BARRON, WI 54812	HOSPITAL AND CLINIC	WISCONSIN	501(C)(3)	3	MCHS--EAU CLAIRE HOSPITAL, INC.		X
MCHS--OAKRIDGE, INC. - 39-1029430 13025 EIGHTH STREET, PO BOX 70 OSSEO, WI 54758	HOSPITAL AND CLINIC	WISCONSIN	501(C)(3)	3	MCHS--EAU CLAIRE HOSPITAL, INC.		X
MCHS--OWATONNA - 41-1862132 134 SOUTHVIEW ST OWATONNA, MN 55060	PATIENT CARE - CLINIC	MINNESOTA	501(C)(3)	3	MAYO CLINIC		X
MCHS--RED CEDAR, INC. - 51-0190875 2321 STOUT ROAD MENOMONIE, WI 54751	HOSPITAL AND CLINIC	WISCONSIN	501(C)(3)	3	MAYO CLINIC		X
MCHS--RED WING - 41-1713783 701 HEWITT BOULEVARD RED WING, MN 55066	PATIENT CARE SERVICES	MINNESOTA	501(C)(3)	3	MAYO CLINIC		X
MCHS--SPRINGFIELD - 41-1893827 625 NORTH JACKSON AVENUE SPRINGFIELD, MN 56087	HOSPITAL AND CLINIC	MINNESOTA	501(C)(3)	3	MCHS--MANKATO		X
MCHS--ST. JAMES - 41-0797368 1101 MOULTON & PARSONS DR. PO BOX 460 ST. JAMES, MN 56081	HOSPITAL AND CLINIC	MINNESOTA	501(C)(3)	3	MCHS--MANKATO		X
MCHS--ST. JAMES HEALTH CARE FOUNDATION - 41-1444129, 1101 MOULTON & PARSONS DR. PO BOX 460, ST. JAMES, MN 56081	FUNDRAISING FOUNDATION	MINNESOTA	501(C)(3)	7	MCHS--ST. JAMES		X
MCHS--SUPPORTIVE HOMECARE, INC. - 39-1686673 PO BOX 2060 EAU CLAIRE, WI 54702	HOME HEALTH CARE	WISCONSIN	501(C)(3)	9	MCHS--EAU CLAIRE HOSPITAL, INC.		X
MCHS--WASECA - 36-3606405 501 NORTH STATE STREET WASECA, MN 56093	HOSPITAL AND CLINIC	MINNESOTA	501(C)(3)	3	MCHS--MANKATO		X





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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?	(k) Percentage ownership
							Yes	No			
FRANKLIN HEATING STATION - 41-0264830, 119 THIRD ST SW, ROCHESTER, MN 55902	UTILITY	MN	N/A	N/A	N/A	N/A			N/A	N/A	N/A
LATIGO PETROLEUM, LLC - 36-4767494, P.O. BOX 14230, ODESSA, TX 79768	OIL & GAS EXPLORATION	DE	N/A	N/A	N/A	N/A			N/A	N/A	N/A
PHYSICIAN SOFTWARE SYSTEMS, LLC - 45-3414836, 3333 WARRENVILLE ROAD, SUITE 200, LISLE, IL 60532	HEALTHCARE RELATED SOFTWARE	IL	N/A	N/A	N/A	N/A			N/A	N/A	N/A
WATERSHED CAP INSTL PRTRNS III, L.P. - 46-2982848, ONE MARITIME PLAZA, SUITE 1525, SAN FRANCISCO, CA 94111	INVESTMENT ACTIVITIES	DE	N/A	N/A	N/A	N/A			N/A	N/A	N/A

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
BWL HOLDINGS, INC - 47-2413749 1209 ORANGE STREET WILMINGTON, DE 19801	OIL & GAS EXPLORATION	DE	N/A	C CORP	N/A	N/A	N/A		X
AMBIENT CLINICAL ANALYTICS, INC. - 80-0928405, 221 1ST AVE SW, SUITE 202, ROCHESTER, MN 55902	SOFTWARE	DE	N/A	C CORP	N/A	N/A	N/A		X
CAVALRY CLO III, LTD PO BOX 1093 GT, QUEENSGATE HOUSE, SOUTH CHURCH GRAND CAYMAN, CAYMAN ISLANDS	INVESTMENT ACTIVITIES	CAYMAN ISLANDS	N/A	C CORP	N/A	N/A	N/A		X
CAVALRY CLO IV, LTD PO BOX 1093 GT, QUEENSGATE HOUSE, SOUTH CHURCH GRAND CAYMAN, CAYMAN ISLANDS	INVESTMENT ACTIVITIES	CAYMAN ISLANDS	N/A	C CORP	N/A	N/A	N/A		X
GMO GLOBAL BOND INVESTMENT FUND 78 SIR JOHN ROGERSON'S QUAY DUBLIN 2, IRELAND	OTHER FINANCIAL INVESTMENT ACTIVITIES	IRELAND	N/A		N/A	N/A	N/A		X

**Part IV** Continuation of 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
HEALTH TRADITION HEALTH PLAN - 39-1545987 1808 EAST MAIN STREET ONALASKA, WI 54650	MEDICAL SERVICES COMPANY	WI	N/A	C CORP	N/A	N/A	N/A		X
LOBSS NETWORK SUPPORT 2002, INC. - 48-1276150, 200 FIRST STREET S.W., ROCHESTER, MN 55905	ADMINISTRATIVE SERVICES	MN	N/A	C CORP	N/A	N/A	N/A		X
MAYO CLINIC GBS MAURITIUS 2ND FLOOR, EBENE MEWS, 57 EBENE CYBERCITY, MAURITIUS	HEALTHCARE MANAGEMENT	MAURITIUS	N/A	C CORP	N/A	N/A	N/A		X
MAYO CLINIC SUPPORT SERVICES, TEXAS - 47-1751102, 200 FIRST STREET S.W., ROCHESTER, MN 55905	HEALTH SERVICES	TX	N/A	C CORP	N/A	N/A	N/A		X
MAYO HOLDING COMPANY - 41-1578020 200 FIRST STREET S.W. ROCHESTER, MN 55905	HOLDING COMPANY	MN	N/A	C CORP	N/A	N/A	N/A		X
MAYO INSURANCE COMPANY, LTD. 200 FIRST STREET S.W. ROCHESTER, MN 55905	SELF INSURANCE POOL	CAYMAN ISLANDS	N/A	C CORP	N/A	N/A	N/A		X
MCHS--DECORAH CLINIC PHYSICIANS - 41-1711329 907 MONTGOMERY STREET DECORAH, IA 52101	PATIENT CARE - CLINIC	IA	N/A	C CORP	N/A	N/A	N/A		X
MCHS--PHARMACY & HOME MEDICAL, INC. - 39-1528920, 1221 WHIPPLE STREET, EAU CLAIRE, WI 54703	PHARMACY SERVICES	WI	N/A	C CORP	N/A	N/A	N/A		X
MMSI, INC. - 41-1547003 21 FIRST STREET SW ROCHESTER, MN 55905	THIRD PARTY ADMINISTRATION SERVICES	MN	N/A	C CORP	N/A	N/A	N/A		X
RESOUNDANT, INC. - 46-1661978 221 1ST AVE SW ROCHESTER, MN 55902	MANUFACTURING MEDICAL DEVICE COMPONENT	MN	N/A	C CORP	N/A	N/A	N/A		X
ROCHESTER AIRPORT COMPANY - 41-0506870 ROUTE 2 ROCHESTER, MN 55902	AIRPORT MANAGEMENT	MN	N/A	C CORP	N/A	N/A	N/A		X
SATILLA HEALTHNET, INC. - 58-2151076 1900 TEBEAU STREET WAYCROSS, GA 31501	HEALTH SERVICES	GA	N/A	C CORP	N/A	N/A	N/A		X

**Part IV** Continuation of 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
SUPERBLOCK 3 PROPERTY OWNERS ASSOCIATION - 86-0870505, 13400 E. SHEA BLVD, SCOTTSDALE, AZ 85259	COMMERCIAL PROPERTY OWNERS ASSOCIATION	AZ	MAYO CLINIC ARIZONA	C CORP	0.	0.	66.67%		X
THE STABILE BUILDING OWNERS' ASSOCIATION - 20-8994499, 200 FIRST STREET S.W., ROCHESTER, MN 55905	COMMERCIAL PROPERTY OWNERS ASSOCIATION	MN	N/A	C CORP	N/A	N/A	N/A		X
CHARITABLE LEAD TRUST	CHARITABLE TRUST	CA	N/A	TRUST	N/A	N/A	N/A		X
PERPETUAL TRUST	CHARITABLE TRUST	ND	N/A	TRUST	N/A	N/A	N/A		X
PERPETUAL TRUST	CHARITABLE TRUST	AZ	N/A	TRUST	N/A	N/A	N/A		X
PERPETUAL TRUST	CHARITABLE TRUST	LA	N/A	TRUST	N/A	N/A	N/A		X
PERPETUAL TRUST (2)	CHARITABLE TRUST	MA	N/A	TRUST	N/A	N/A	N/A		X
PERPETUAL TRUST	CHARITABLE TRUST	MO	N/A	TRUST	N/A	N/A	N/A		X
CHARITABLE REMAINDER TRUST	CHARITABLE TRUST	AZ	N/A	TRUST	N/A	N/A	N/A		X
CHARITABLE REMAINDER TRUST	CHARITABLE TRUST	CO	N/A	TRUST	N/A	N/A	N/A		X
CHARITABLE REMAINDER TRUST (9)	CHARITABLE TRUST	FL	N/A	TRUST	N/A	N/A	N/A		X
CHARITABLE REMAINDER TRUST	CHARITABLE TRUST	LA	N/A	TRUST	N/A	N/A	N/A		X

**Part IV** Continuation of 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 (73)	CHARITABLE TRUST	MN	N/A	TRUST	N/A	N/A	N/A	X	
CHARITABLE REMAINDER TRUST	CHARITABLE TRUST	NC	N/A	TRUST	N/A	N/A	N/A	X	
CHARITABLE REMAINDER TRUST	CHARITABLE TRUST	NM	N/A	TRUST	N/A	N/A	N/A	X	
CHARITABLE REMAINDER TRUST	CHARITABLE TRUST	NV	N/A	TRUST	N/A	N/A	N/A	X	
CHARITABLE REMAINDER TRUST	CHARITABLE TRUST	NY	N/A	TRUST	N/A	N/A	N/A	X	
CHARITABLE REMAINDER TRUST	CHARITABLE TRUST	TX	N/A	TRUST	N/A	N/A	N/A	X	
CHARITABLE REMAINDER TRUST	CHARITABLE TRUST	WI	N/A	TRUST	N/A	N/A	N/A	X	
CHARITABLE REMAINDER TRUST	CHARITABLE TRUST	CO	N/A	TRUST	N/A	N/A	N/A	X	
CHARITABLE REMAINDER TRUST	CHARITABLE TRUST	IL	N/A	TRUST	N/A	N/A	N/A	X	
CHARITABLE REMAINDER TRUST	CHARITABLE TRUST	MI	N/A	TRUST	N/A	N/A	N/A	X	
CHARITABLE REMAINDER TRUST (70)	CHARITABLE TRUST	MN	N/A	TRUST	N/A	N/A	N/A	X	

**Part V Transactions With Related Organizations** Complete if the organization answered "Yes" on 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.**1** During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?**a** Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity**b** Gift, grant, or capital contribution to related organization(s)**c** Gift, grant, or capital contribution from related organization(s)**d** Loans or loan guarantees to or for related organization(s)**e** Loans or loan guarantees by related organization(s)**f** Dividends from related organization(s)**g** Sale of assets to related organization(s)**h** Purchase of assets from related organization(s)**i** Exchange of assets with related organization(s)**j** Lease of facilities, equipment, or other assets to related organization(s)**k** Lease of facilities, equipment, or other assets from related organization(s)**l** Performance of services or membership or fundraising solicitations for related organization(s)**m** Performance of services or membership or fundraising solicitations by related organization(s)**n** Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)**o** Sharing of paid employees with related organization(s)**p** Reimbursement paid to related organization(s) for expenses**q** Reimbursement paid by related organization(s) for expenses**r** Other transfer of cash or property to related organization(s)**s** Other transfer of cash or property from related organization(s)**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 related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) MAYO CLINIC ARIZONA	B	214,197, GAAP	
(2) MAYO CLINIC ARIZONA	R	67,133, GAAP	
(3) MAYO CLINIC FLORIDA	L	1,017,886, GAAP	
(4) MAYO CLINIC FLORIDA	P	47,120,878, GAAP	
(5) MAYO CLINIC FLORIDA	Q	51,879,125, GAAP	
(6) MAYO CLINIC FLORIDA	R	1,085,848, GAAP	

**Part V** Continuation of Transactions With Related Organizations (Schedule R (Form 990), Part V, line 2)

(a) Name of other organization	(b) Transaction type (a-r)	(c) Amount involved	(d) Method of determining amount involved
(7)MAYO CLINIC FLORIDA	S	23,311,250.GAAP	
(8)MAYO CLINIC HOSPITAL - ROCHESTER	L	97,064.GAAP	
(9)MAYO CLINIC JACKSONVILLE	C	214,198.GAAP	
(10)MAYO CLINIC JACKSONVILLE	S	67,133.GAAP	
(11)MAYO FOUNDATION FOR MEDICAL EDUCATION AND RESEARCH	M	384,187.GAAP	
(12)MAYO FOUNDATION FOR MEDICAL EDUCATION AND RESEARCH	P	1,663,041,041.GAAP	
(13)MAYO FOUNDATION FOR MEDICAL EDUCATION AND RESEARCH	Q	266,365.GAAP	
(14)MAYO FOUNDATION FOR MEDICAL EDUCATION AND RESEARCH	R	41,113,359.GAAP	
(15)MAYO FOUNDATION FOR MEDICAL EDUCATION AND RESEARCH	S	5,264,326.GAAP	
(16)MCHS IN WAYCROSS, INC.	P	2,954,054.GAAP	
(17)MMST, INC.	M	4,414,917.GAAP	
(18)MMST, INC.	S	101,183,083.GAAP	
(19)			
(20)			
(21)			
(22)			
(23)			
(24)			





## Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R (see instructions).

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