Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) ▶ Do not enter social security numbers on this form as it may be made public.

▶ **Go to *www.irs.gov/Form990* for instructions and the latest information.**

OMB No. 1545-0047

2022

Open to Public Inspection

A For the 2022 calendar year, or tax year beginning 01-01-2022 , and ending 12-31-2022

B Check if applicable:
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Final return/terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization
MAYO CLINIC

Doing business as

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

City or town, state or province, country, and ZIP or foreign postal code
ROCHESTER, MN 55905

D Employer identification number
41-6011702

E Telephone number
(507) 538-1297

G Gross receipts $ 14,473,593,274

F Name and address of principal officer:
GIANRICO FARRUGIA MD
200 FIRST STREET SW TAX
ROCHESTER, MN 55905

H(a) Is this a group return 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: 1919

M State of legal domicile: MN

Part I Summary

Activities & Governance

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

2 Check this box ▶☐ 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)	**3**	28
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	16
5	Total number of individuals employed in calendar year 2022 (Part V, line 2a)	**5**	29,136
6	Total number of volunteers (estimate if necessary)	**6**	928
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	916,217,531
b	Net unrelated business taxable income from Form 990-T, Part I, line 11	**7b**	122,337,721

			Prior Year	Current Year
Revenue	**8**	Contributions and grants (Part VIII, line 1h)	2,825,326,266	2,389,724,888
	9	Program service revenue (Part VIII, line 2g)	4,089,305,003	4,050,774,292
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,021,883,730	592,500,111
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	56,726,005	42,354,919
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	7,993,241,004	7,075,354,210
Expenses	**13**	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	540,559,805	323,566,414
	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)	2,842,196,781	3,087,079,075
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	617,878	902,800
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶51,238,052		
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	2,389,744,925	2,266,407,337
	18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	5,773,119,389	5,677,955,626
	19	Revenue less expenses. Subtract line 18 from line 12	2,220,121,615	1,397,398,584

			Beginning of Current Year	End of Year
Net Assets or Fund Balances	**20**	Total assets (Part X, line 16)	20,543,802,362	22,107,639,425
	21	Total liabilities (Part X, line 26)	10,166,049,837	9,578,170,747
	22	Net assets or fund balances. Subtract line 21 from line 20	10,377,752,525	12,529,468,678

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 2023-11-14

▶ DENNIS E DAHLEN CFO
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
Firm's name ▶			Firm's EIN ▶	
Firm's address ▶			Phone no.	

May the IRS discuss this return with the preparer shown above? See Instructions. ☐ Yes ☐ No

Part III Statement of Program Service Accomplishments

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

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 $ 4,231,360,455 including grants of $ 253,195,203) (Revenue $ 4,023,668,447)

PATIENT CARE (SEE SCHEDULE O FOR DESCRIPTION)PATIENT CARE:MAYO CLINIC IS AN INTEGRATED, NOT-FOR-PROFIT MEDICAL GROUP PRACTICE. ITS STANDARD OF CARE BRINGS TOGETHER TEAMS OF EXPERTS TO PROVIDE HIGH-QUALITY, AFFORDABLE AND COMPASSIONATE CARE TO EACH PATIENT CONSISTENT WITH MAYO CLINIC'S PRIMARY VALUE - THE NEEDS OF THE PATIENT COME FIRST. MAYO CLINIC'S MISSION IS TO INSPIRE HOPE AND CONTRIBUTE TO HEALTH AND WELL-BEING BY PROVIDING THE BEST CARE TO EVERY PATIENT THROUGH INTEGRATED CLINICAL PRACTICE, EDUCATION AND RESEARCH. MAYO CLINIC'S HERITAGE OF COLLABORATIVE MEDICAL EXPERTISE IS COMBINED WITH CAREFUL ATTENTION TO INDIVIDUAL PATIENT NEEDS, RESULTING IN A THOROUGH AND PERSONAL APPROACH TO HEALTH CARE.PATIENT CARE ADVANCED THROUGH EDUCATION AND RESEARCH IS THE FOUNDATION OF MAYO CLINIC'S MISSION. TO ACCOMPLISH ITS MISSION, MAYO CLINIC NOT ONLY PROVIDES A VARIETY OF PROGRAMS IN DIRECT PATIENT CARE, MEDICAL EDUCATION AND RESEARCH, BUT ALSO SERVES AS THE PARENT ORGANIZATION OF A MULTI-ENTITY ORGANIZATION CONSISTING OF HOSPITALS, CLINICS, HEALTH CARE PROVIDERS AND OTHER ENTITIES PROVIDING HEALTH CARE-RELATED SERVICES AND KNOWLEDGE DELIVERY TO THE PUBLIC THROUGHOUT THE WORLD. IN ROCHESTER, MAYO CLINIC WORKS COLLABORATIVELY WITH MAYO CLINIC HOSPITAL - ROCHESTER, AN AFFILIATED ENTITY COMPRISED OF SAINT MARYS CAMPUS AND METHODIST CAMPUS TO FORM AN INTEGRATED MEDICAL CENTER DEDICATED TO PROVIDING COMPREHENSIVE DIAGNOSIS AND TREATMENT IN VIRTUALLY EVERY MEDICAL AND SURGICAL SPECIALTY.MAYO CLINIC IS ALSO THE SOLE MEMBER OF MAYO CLINIC ARIZONA AND MAYO CLINIC JACKSONVILLE WHICH PROVIDE SERVICES TO PATIENTS IN THE SOUTHWEST AND SOUTHEAST REGIONS OF THE UNITED STATES. IN THE MIDWEST, MAYO CLINIC HEALTH SYSTEM SERVES COMMUNITIES IN MINNESOTA, WISCONSIN, AND IOWA THROUGH A NETWORK OF COMMUNITY-BASED PHYSICIANS TO PROVIDE QUALITY HEALTH CARE CLOSE TO HOME, AND ALSO SUPPORTED BY THE HIGHLY SPECIALIZED EXPERTISE AND RESOURCES OF MAYO CLINIC.UTILIZING COMMON GOVERNANCE, SHARED SYSTEMS AND STANDARDIZED POLICIES AND PROCEDURES WHENEVER POSSIBLE, MAYO CLINIC STRIVES TO PROVIDE CONSISTENT, HIGH QUALITY HEALTH CARE SERVICES AND KNOWLEDGE DELIVERY WITHIN EVERY ASPECT OF CARE. A 31-MEMBER BOARD OF TRUSTEES COMPRISED OF A MAJORITY OF PUBLIC MEMBERS ALONG WITH MAYO PHYSICIANS AND ADMINISTRATORS ENSURE THE ENTIRE ORGANIZATION REMAINS TRUE TO ITS MISSION AND CULTURE OF PROVIDING FOR THE HEALTH CARE NEEDS OF THE PUBLIC RATHER THAN FOR PRIVATE BENEFIT. MAYO CLINIC HAS REINFORCED ITS LEADERSHIP IN PATIENT CARE, RESEARCH AND EDUCATION TO DRIVE FORWARD THE TRANSFORMATION OF HEALTH CARE OVER THE NEXT DECADE. WITH DIGITAL INNOVATIONS AND NEW TECHNOLOGIES, MAYO CLINIC IS MOVING QUICKLY TO EXTEND ITS COMPASSIONATE CARE, EXPERTISE AND RESEARCH, AND IS REINVESTING IN PEOPLE AND FACILITIES IN THE COMMUNITIES IT SERVES. MAYO CLINIC HAS ACCELERATED ITS INVESTMENT IN THE DIGITAL TRANSFORMATION OF HEALTH CARE, AS PART OF ITS 2030 STRATEGY TO TRANSFORM PATIENT AND CLINICIAN EXPERIENCES AND SOLVE HUMANITY'S MOST COMPLEX MEDICAL CHALLENGES. MAYO CLINIC REMAINS TOP-RANKED IN QUALITY MORE THAN ANY OTHER HEALTH CARE ORGANIZATION BY INDEPENDENT GROUPS, SUCH AS THE NURSING MAGNET RECOGNITION PROGRAM, PRESS GANEY PATIENT EXPERIENCE AWARDS, THE CENTERS FOR MEDICARE & MEDICAID SERVICES OVERALL HOSPITAL QUALITY STAR RATINGS, LEAPFROG HOSPITAL SAFETY SURVEY AND THE AMERICAN COLLEGE OF SURGEONS NATIONAL SURGICAL QUALITY IMPROVEMENT PROGRAM. FOR THE 2022-2023 PERIOD, MAYO CLINIC WAS AGAIN RANKED AS HAVING THE NO. 1 HOSPITAL IN THE NATION (MAYO CLINIC HOSPITAL-ROCHESTER) AND TOP-RANKED IN 14 SPECIALTIES BY U.S. NEWS & WORLD REPORT.MAYO CLINIC OFFERS BOTH SPECIALTY AND PRIMARY CARE IN ITS COMMUNITY PRACTICES AND MAINTAINS A POPULATION HEALTH OFFICE. IT IS THE CHARGE OF MAYO'S POPULATION HEALTH COMMITTEE TO TRANSFORM THE WAY COMMUNITY CARE IS DELIVERED AND IMPROVE PATIENT OUTCOMES WHILE REDUCING THE OVERALL TOTAL COST OF CARE. POPULATION HEALTH AT MAYO COORDINATES EXISTING PRACTICE MODELS WITH TRANSFORMATIONAL INITIATIVES TO BETTER ENGAGE PATIENTS, KEEP THEM HEALTHY, SUPPORT PATIENT WELLNESS GOALS AND HELP PATIENTS TO BETTER MANAGE CHRONIC ILLNESSES. THE PRACTICE CHANGE INITIATIVES DEVELOPED, TESTED AND IMPLEMENTED THROUGH THE MAYO MODEL OF COMMUNITY CARE (MMOCC) ARE AIMED AT IMPROVING THE QUALITY OF LIFE FOR PATIENTS, REDUCING OVERALL HEALTH CARE COSTS AND BUILDING A SUSTAINABLE PRACTICE MODEL THAT TRULY SUPPORTS THE NEEDS OF COMMUNITY PATIENTS.THROUGH MAYO CLINIC'S CENTER FOR CLINICAL AND TRANSLATIONAL SCIENCE, MAYO CLINIC COLLABORATES WITH DIVERSE COMMUNITY MEMBERS TO HELP COMMUNITY MEDICAL PROVIDERS INCORPORATE PRACTICE-BASED AND RESEARCH-BASED KNOWLEDGE TO IMPROVE OVERALL COMMUNITY HEALTH OUTCOMES AND ELIMINATE HEALTH DISPARITIES.EACH YEAR, PEOPLE FROM ALL 50 STATES AND APPROXIMATELY 130 COUNTRIES COME TO MAYO CLINIC FOR CARE. DURING 2022, APPROXIMATELY 455,000 PATIENT VISITS WERE RECORDED BY MAYO CLINIC AND ITS AFFILIATED HOSPITAL IN ROCHESTER, MN. TOTAL PATIENT VISITS FOR MAYO CLINIC AND ITS AFFILIATES DURING 2022 WERE APPROXIMATELY 1.4 MILLION. MAYO CLINIC PROVIDES CARE TO PEOPLE COVERED BY GOVERNMENTAL PROGRAMS SUCH AS MEDICARE AND MEDICAID, AT SUBSTANTIAL DISCOUNTS FROM STANDARD FEES. CHARITY CARE IS ALSO PROVIDED FOR PATIENTS THAT ARE FINANCIALLY UNABLE TO PAY FOR SERVICES PROVIDED. IN 2022, THE COST OF UNCOMPENSATED CARE PROVIDED THROUGH MEDICAID AND MINNESOTA CARE (A PROGRAM THAT PROVIDES MEDICAL ASSISTANCE FOR LOW INCOME POPULATIONS) WAS APPROXIMATELY $249,600,000. THIS AMOUNT INCLUDES APPROXIMATELY $39,900,000 PAID TO MINNESOTACARE. THE COST OF UNCOMPENSATED CARE PROVIDED THROUGH MEDICARE WAS APPROXIMATELY $1,067,100,000 AND THE COST OF CHARITY CARE PROVIDED IN 2022 WAS APPROXIMATELY $13,400,000.IN 2022, WITH SYSTEM-WIDE REVENUES OF $16.3 BILLION, MAYO CLINIC AND ITS AFFILIATES PROVIDED $666 MILLION IN CARE TO PEOPLE IN NEED. THIS TOTAL INCLUDES $53 MILLION IN CHARITY CARE AND $613 MILLION IN UNPAID PORTIONS OF MEDICAID AND OTHER INDIGENT CARE PROGRAMS FOR PEOPLE WHO ARE UNINSURED OR UNDERINSURED. MAYO ALSO PROVIDED $2.9 BILLION IN UNPAID PORTIONS OF MEDICARE AND OTHER SENIOR PROGRAMS. APPROXIMATELY 56 PERCENT OF MAYO'S TOTAL MEDICAL SERVICES PROVIDED ARE FOR MEDICARE AND MEDICAID PATIENTS. MAYO CLINIC AND ITS AFFILIATES CONTRIBUTED APPROXIMATELY $9 MILLION IN CASH AND IN-KIND DONATIONS TO LOCAL COMMUNITIES. THE MAYO CLINIC CARE NETWORK CONSISTS OF INDEPENDENT HEALTH-CARE ORGANIZATIONS THAT SHARE A COMMON GOAL OF IMPROVING DELIVERY OF HEALTH CARE IN THEIR COMMUNITIES THROUGH HIGH-QUALITY, DATA DRIVEN AND EVIDENCE BASED MEDICAL CARE. MEMBERS OF THE NETWORK HAVE ACCESS TO MAYO CLINIC KNOWLEDGE, COLLABORATION TOOLS, DISEASE MANAGEMENT PROTOCOLS, CLINICAL CARE GUIDELINES, TREATMENT RECOMMENDATIONS, PATIENT EDUCATION MATERIALS AND CONTINUING MEDICAL EDUCATION OPPORTUNITIES. THE MAIN GOAL OF THE NETWORK IS TO HELP PEOPLE GAIN THE BENEFITS OF MAYO CLINIC EXPERTISE WITHOUT HAVING TO TRAVEL TO A MAYO CLINIC FACILITY. FOR 2022, THE MAYO CLINIC CARE NETWORK CONSISTED OF APPROXIMATELY 46 MEMBERS LOCATED IN THE UNITED STATES, CHINA, EGYPT, INDIA, INDONESIA, MEXICO, SAUDI ARABIA, AND THE UNITED ARAB EMIRATES. THROUGH THE MAYO CLINIC CARE NETWORK, MILLIONS OF PATIENTS AND THEIR CARE TEAMS HAVE ACCESS TO MAYO CLINIC KNOWLEDGE, CLINICAL PROTOCOLS AND CONSULTATIONS VIA MAYO'S CONNECTED CARE PLATFORM.HEALTH INFORMATION IS VIEWED AS AN IMPORTANT PART OF MAYO CLINIC'S PATIENT CARE MISSION. MAYO CLINIC, IN CONJUNCTION WITH ITS AFFILIATES, PROVIDES A VARIETY OF HEALTH INFORMATION RESOURCES (BOOKS, NEWSLETTER, ON-LINE CONTENT, ETC.) TO PATIENTS, CONSUMERS AND THE GENERAL PUBLIC.MAYO CLINIC'S SOCIAL MEDIA NETWORK IS A NETWORK OF HEALTH CARE ORGANIZATIONS, HOSPITALS AND MEDICAL PROFESSIONALS COMMITTED TO BROADER AND DEEPER ENGAGEMENT IN SOCIAL MEDIA TO HELP IMPROVE HEALTH CARE LITERACY, HEALTH CARE DELIVERY AND POPULATION HEALTH WORLDWIDE.MAYO CLINIC LIBRARIES REFLECT AN INTEGRATED SYSTEM OF LIBRARIES, KNOWLEDGE CENTERS AND ARCHIVES. THE BREADTH OF THESE RESOURCES AND THEIR INTEGRATION MAKES THE MAYO CLINIC LIBRARIES AMONG THE MOST COMPREHENSIVE IN NORTH AMERICA. THE LIBRARIES SUPPORT HOSPITALIZED PATIENTS AND THEIR FAMILIES, ALONG WITH SUPPORTING EMPLOYEES, RESEARCHERS, FACULTY AND STUDENTS IN THEIR CARE OF PATIENTS AND MEDICAL RESEARCH.COMMUNITY GIVING AND INVOLVEMENT IS A VALUE-DRIVEN PRIORITY AT MAYO CLINIC. QUALITY PATIENT CARE IS BEST ADVANCED WITHIN A VIBRANT LOCAL COMMUNITY, WITH STRONG SOCIETAL FOUNDATIONS, SUCH AS EDUCATION, HEALTH, INCLUSIVITY, A DIVERSE ECONOMY, SUPPORTIVE SOCIAL SERVICES, AND AMENITIES THAT MAKE ROCHESTER A DESIRABLE PLACE TO LIVE AND SUPPORT SOCIAL DETERMINANTS OF HEALTH. MAYO CLINIC'S COMMUNITY CONTRIBUTIONS PROGRAM PROVIDES FINANCIAL AND IN-KIND SUPPORT TO NON-PROFIT ORGANIZATIONS IN SUPPORT OF THESE EFFORTS.

4b (Code:) (Expenses $ 827,331,781 including grants of $ 41,977,512) (Revenue $ 8,006,602)

MEDICAL RESEARCH (SEE SCHEDULE O FOR DESCRIPTION)MEDICAL RESEARCH:MAYO CLINIC IS ONE OF THE PREMIER MEDICAL RESEARCH ORGANIZATIONS IN THE WORLD. INNOVATION AND IMPROVEMENT OF SCIENCE AND THE DELIVERY OF HEALTH CARE ARE ENHANCED THROUGH MAYO CLINIC'S RESEARCH PROGRAMS. CLINICAL PRACTICE OBSERVATIONS BECOME THE BASIS FOR RESEARCH STUDIES AND THE FINDINGS FROM RESEARCH FLOW BACK INTO THE PRACTICE TO IMPROVE PATIENT CARE AND OUTCOMES. PHYSICIAN/RESEARCHERS AND CAREER SCIENTISTS' WORK IN TANDEM TO ADVANCE MEDICINE AND TO IMPROVE THE HEALTH AND WELLBEING OF NOT JUST MAYO CLINIC PATIENTS, BUT ALSO THE PUBLIC AT LARGE, AS THESE FINDINGS ARE DISSEMINATED WORLDWIDE.RESEARCH AT MAYO CLINIC INVOLVES MEDICAL PROFESSIONALS COMMITTED TO SEARCHING FOR ANSWERS TO COMPLEX MEDICAL PROBLEMS WITH THE GOAL OF BRINGING NEW SOLUTIONS AND ADVANCED CARE RAPIDLY TO PATIENTS THROUGHOUT THE WORLD. RESEARCH ACTIVITIES INCLUDE BASIC SCIENCE RESEARCH, CLINICAL TRIALS, TRANSLATIONAL RESEARCH AND HUMAN RESEARCH STUDIES. DURING 2022, MAYO CLINIC, IN CONJUNCTION WITH ITS AFFILIATES, HAD OVER 5,000 RESEARCH PERSONNEL, 22 CORE LABORATORIES, NEARLY 10,000 ACTIVE INSTITUTIONAL REVIEW BOARD-APPROVED HUMAN RESEARCH STUDIES, APPROXIMATELY 1,184 NEW HUMAN RESEARCH STUDIES APPROVED BY THE INSTITUTIONAL REVIEW BOARD AND OVER 10,600 RESEARCH AND REVIEW ARTICLES PUBLISHED IN PEER-REVIEWED JOURNALS. MANY OF THESE PERSONNEL, LABORATORIES, STUDIES AND ARTICLES ARE LOCATED OR PERFORMED BY MAYO CLINIC IN ROCHESTER, MINNESOTA.FUNDING OF RESEARCH ACTIVITIES AT MAYO CLINIC COMES FROM GRANTS AND CONTRACTS AS WELL AS FROM MAYO FUNDS AND GIFTS FROM GENEROUS BENEFACTORS.

4c (Code:) (Expenses $ 299,283,508 including grants of $ 28,393,698) (Revenue $ 45,139,476)

MEDICAL EDUCATION (SEE SCHEDULE O FOR DESCRIPTION)MEDICAL EDUCATION:MEDICAL EDUCATION, RESEARCH TRAINING, CONTINUOUS MEDICAL LIFE-LONG LEARNING AND A COMMITTED QUEST FOR NEW KNOWLEDGE ARE INTEGRAL FUNCTIONS OF MAYO CLINIC. OUR WORLD-RENOWNED EDUCATIONAL PROGRAMS INFORM, INSTRUCT, AND EMPOWER PHYSICIANS, RESEARCHERS, MEDICAL PROFESSIONALS, PATIENTS, STUDENTS AND OUR COMMUNITIES TO IMPROVE PUBLIC HEALTH AND WELL-BEING. THESE PROGRAMS SPAN THE CONTINUUM OF HEALTH CARE AND ENSURE THE MAYO MODEL OF CARE IS PERPETUATED AND SHARED BROADLY. MAYO CLINIC IS COMMITTED TO PROVIDING USEFUL, TIMELY KNOWLEDGE AND SKILLS THAT REFLECT ITS STANDARDS OF EXCELLENCE AND ITS DEDICATION TO FINDING ANSWERS FOR UNMET PATIENT NEEDS: EDUCATING THE NEXT GENERATION OF PHYSICIANS, MEDICAL RESEARCHERS AND HEALTH PROFESSIONALS WITH TRANSFORMATIVE CURRICULA THAT FOCUSES NOT ONLY ON HELPING THE PATIENT, BUT ALSO IMPROVING THE HEALTH CARE SYSTEM;SHARING KNOWLEDGE AND INNOVATIVE BEST PRACTICES FREELY IN THE SPIRIT OF COLLABORATION TO ADVANCE THE SCIENCE OF MEDICINE AND THE ART OF COMPASSIONATE, PATIENT-CENTERED CARE;EMPOWERING PEOPLE TO MANAGE THEIR HEALTH THROUGH PATIENT EDUCATION AND SHARED DECISION-MAKING MEDICAL TRAINING;SPREADING MAYO'S MEDICAL EXPERTISE, EDUCATION AND RESEARCH FINDINGS THROUGHOUT THE WORLD TO IMPROVE HEALTH CARE FOR ALL.WORKING COLLABORATIVELY AT A NATIONAL LEVEL TO MODERNIZE AND TRANSFORM MEDICAL EDUCATION TO ADDRESS AREAS SUCH AS IMPROVING HEALTH CARE DELIVERY, PHYSICIAN BURN-OUT, POPULATION HEALTH ISSUES, AND TEAM-BASED CARE. THE EDUCATIONAL ACTIVITIES OF MAYO CLINIC ARE CENTERED IN MAYO CLINIC COLLEGE OF MEDICINE AND SCIENCE'S FIVE SCHOOLS: 1. MAYO CLINIC SCHOOL OF GRADUATE MEDICAL EDUCATION IS ONE OF THE NATION'S OLDEST AND LARGEST SCHOOLS OF GRADUATE MEDICAL EDUCATION WITH ANNUAL ENROLLMENT OF APPROXIMATELY 1,800 RESIDENT AND FELLOW PHYSICIANS IN TRAINING. THE SCHOOL TRAINS DOCTORS IN OVER 300 RESIDENCY AND FELLOWSHIP PROGRAMS, REPRESENTING VIRTUALLY EVERY MEDICAL SPECIALTY. IN ADDITION, MANY GRADUATES COMPLETE MAYO CLINIC QUALITY ACADEMY TRAINING - A CONCERTED EFFORT TO EDUCATE AND PREPARE TRAINEES TO CONTINUOUSLY EXPLORE WAYS TO IMPROVE PATIENT SAFETY, QUALITY CARE AND ELIMINATE HEALTH DISPARITIES. 2. MAYO CLINIC ALIX SCHOOL OF MEDICINE PROVIDES A FOUR-YEAR MEDICAL EDUCATION PROGRAM LEADING TO DOCTOR OF MEDICINE DEGREES AND JOINT MD/PH.D. DEGREES. THE SCHOOL HAS ANNUAL ENROLLMENT OF APPROXIMATELY 460 STUDENTS ON THE ROCHESTER, MINNESOTA; SCOTTSDALE, ARIZONA; AND JACKSONVILLE, FLORIDA CAMPUSES.THE INNOVATIVE AND TRANSFORMATIVE CURRICULUM OF MAYO CLINIC ALIX SCHOOL OF MEDICINE FOCUSES ON EDUCATING FUTURE PHYSICIAN LEADERS IN PATIENT-CENTERED, SCIENCE-DRIVEN, TEAM-BASED, HIGH VALUE HEALTH CARE. STUDENTS ACROSS ALL CAMPUSES ARE SOME OF THE FIRST NATIONWIDE TO TRAIN AND FIRST NATIONWIDE TO RECEIVE A SCIENCE OF HEALTH CARE DELIVERY CERTIFICATE IN ADDITION TO A MEDICAL DEGREE. THE INTEGRATED, TRANSFORMATIVE CURRICULUM IS PART OF AN INITIATIVE TO BETTER PREPARE STUDENTS FOR THE CHALLENGES OF DELIVERING PATIENT CARE IN A COMPLEX HEALTH CARE ENVIRONMENT. ADDITIONAL OFFERINGS AT THE SCHOOL INCLUDE VISITING MEDICAL STUDENT CLERKSHIP PROGRAMS AND SUMMER MINORITY MEDICAL STUDENT PROGRAMS. THE SCHOOL CULTIVATES STUDENTS TO CONTINUALLY PURSUE NEW KNOWLEDGE THROUGH DISCOVERY, TRANSLATION AND CLINICAL APPLICATION TO MEET THE NEEDS OF THEIR PATIENTS.THE MAYO CLINIC ALIX SCHOOL OF MEDICINE STUDENTS WAS RANKED NO. 14 IN THE NATION FOR THE BEST MEDICAL SCHOOL FOR RESEARCH FOR THE 2022-2023 PERIOD BY U.S. NEWS & WORLD REPORT. 3. MAYO CLINIC GRADUATE SCHOOL OF BIOMEDICAL SCIENCES HAS A DISTINGUISHED HISTORY OF PREPARING STUDENTS FOR CAREERS AS COMPETITIVE BIOMEDICAL RESEARCH INVESTIGATORS. THE SCHOOL OFFERS MASTER'S AND DOCTORAL DEGREE PROGRAMS FOCUSING SEVERAL BIOMEDICAL SPECIALTIES, AS WELL AS ONE OF THE FIRST INTERDISCIPLINARY PROGRAMS IN REGENERATIVE MEDICAL RESEARCH. THE SCHOOL IS A PIONEER IN EXPANDING RESEARCH TRAINING OPPORTUNITIES FOR STUDENTS FROM BACKGROUNDS UNDERREPRESENTED IN RESEARCH, INCLUDING VISITING PRE-DOCTORAL AND SUMMER UNDERGRADUATE RESEARCH PROGRAMS WHERE DIVERSE STUDENTS HAVE THE OPPORTUNITY TO WORK WITH WORLD-RENOWNED RESEARCHERS AT MAYO CLINIC CAMPUSES IN ARIZONA, FLORIDA AND MINNESOTA. THE MAYO CLINIC GRADUATE SCHOOL OF BIOMEDICAL SCIENCES HAS AN ANNUAL ENROLLMENT OF APPROXIMATELY 350 STUDENTS.4. MAYO CLINIC SCHOOL OF HEALTH SCIENCES PREPARES THE ALLIED HEALTH CARE WORKFORCE OF THE FUTURE IN PROGRAMS RANGING FROM A 10-MONTH PHLEBOTOMY CERTIFICATE PROGRAM TO A DOCTORATE IN PHYSICAL THERAPY OR NURSE ANESTHESIA. THE MAYO CLINIC SCHOOL OF HEALTH SCIENCES HAS AN ANNUAL ENROLLMENT OF APPROXIMATELY 1,600 STUDENTS. WITH CAMPUSES IN MINNESOTA, FLORIDA AND ARIZONA, THE SCHOOL PREPARES STUDENTS IN OVER 150 PROGRAMS REPRESENTING 50 HEALTH SCIENCE AREAS. THE SCHOOL ALSO PROVIDES CLINICAL INTERNSHIPS FOR HUNDREDS OF AFFILIATED SCHOOLS. APPROXIMATELY 480 FACULTY MEMBERS ENSURE EVERY STUDENT RECEIVES EXTENSIVE PERSONALIZED TRAINING. 5. MAYO CLINIC SCHOOL OF CONTINUOUS PROFESSIONAL DEVELOPMENT PROVIDES A COMPREHENSIVE SELECTION OF OVER 300 CLINICAL, SURGICAL, ALLIED HEALTH AND RESEARCH COURSES, AS WELL AS PROGRAMS ON HEALTH CARE ISSUES, PRACTICE MANAGEMENT AND LEADERSHIP, TO HEALTH CARE PROFESSIONALS THROUGHOUT THE WORLD. PARTICIPANTS INCLUDE MAYO AND NON-MAYO ATTENDEES. THE SCHOOL PROVIDES APPROXIMATELY 95,000 LEANER EDUCATIONAL TOUCHPOINTS ANNUALLY. MAYO CLINIC COLLEGE OF MEDICINE AND SCIENCE ALSO HAS INITIATED MAYO CLINIC EDUCATION PLATFORMS TO DEVELOP AND DELIVER ONLINE EDUCATIONAL OPPORTUNITIES FOR BROAD DISTRIBUTION OF CONTINUING MEDICAL EDUCATION, FACULTY DEVELOPMENT, STUDENT EDUCATION AND FUTURE PATIENT EDUCATION. VIDEO SEMINARS AND ONLINE LEARNING MODULES PROVIDE CONSISTENT KNOWLEDGE DELIVERY ACROSS MULTI-SPECIALTIES AND ALLOW FOR MORE INTERACTIVE FACULTY/STUDENT PARTICIPATION IN THE CLASSROOM SETTING. ONLINE LEARNING ALSO FACILITATES THE ABILITY FOR MAYO CLINIC TO SHARE AND EXPAND THE LATEST MEDICAL KNOWLEDGE AND INNOVATIVE LEARNING OPPORTUNITIES WITH OTHERS OUTSIDE MAYO CLINIC.ANOTHER INITIATIVE IMPLEMENTED THROUGH MAYO CLINIC COLLEGE OF MEDICINE AND SCIENCE IS THE OFFICE OF APPLIED SCHOLARSHIP AND EDUCATION SCIENCE (OASES). THIS INNOVATIVE OFFICE PROVIDES EXPERTISE AND SUPPORT IN FACULTY DEVELOPMENT, EDUCATION EVALUATION AND PRINCIPLES AND PRACTICES OF EDUCATION SCIENCE TO ENSURE THE HIGHEST QUALITY OF EDUCATION DELIVERY WITHIN EACH OF THE SCHOOLS WITHIN THE COLLEGE. THE COLLEGE HAS ALSO IMPLEMENTED AN ACADEMY OF EDUCATIONAL EXCELLENCE TO DEVELOP AND RECOGNIZE EDUCATORS TO BETTER PREPARE LEARNERS TO ADVANCE SCIENCE, MEET PATIENTS' NEEDS AND SERVE AS TRANSFORMATIVE LEADERS IN HEALTH CARE.AS PART OF ITS MEDICAL EDUCATION MISSION, MAYO CLINIC SPONSORS MAYO CLINIC PROCEEDINGS, A MONTHLY JOURNAL FOR PHYSICIANS AND OTHER MEDICAL PERSONNEL. THE JOURNAL IS PUBLISHED TO PROMOTE THE BEST INTERESTS OF PATIENTS BY ADVANCING THE KNOWLEDGE AND PROFESSIONALISM OF THE PHYSICIAN COMMUNITY. MAYO CLINIC PROCEEDINGS IS A PEER-REVIEWED CLINICAL JOURNAL IN GENERAL AND INTERNAL MEDICINE AND AMONG THE MOST WIDELY READ AND HIGHLY CITED SCIENTIFIC PUBLICATIONS FOR PHYSICIANS. MAYO CLINIC PROCEEDINGS HAS BEEN CONTINUOUSLY PUBLISHED SINCE 1926 AND HAS AN IMPACT FACTOR OF 8.9, RANKING IT #20 OUT OF 167 JOURNALS IN THE MEDICINE, GENERAL AND INTERNAL CATEGORY. MAYO CLINIC PROCEEDINGS' CONTENT FOCUSES ON CLINICAL AND LABORATORY MEDICINE, HEALTH CARE POLICY AND ECONOMICS, MEDICAL EDUCATION AND ETHICS, AND RELATED TOPICS. ALL OF THESE EDUCATIONAL EFFORTS TO DISCOVER, DELIVER, EXPAND AND SHARE MEDICAL KNOWLEDGE PROMOTE MAYO'S CLINIC'S ABILITY TO PERPETUATE THE HIGHEST QUALITY AND SAFETY IN PATIENT CARE.

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

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

4e **Total program service expenses** ▶ 5,357,975,744

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules *(continued)*

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

				Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	1a	1,286		
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?			1c Yes	

Part V **Statements Regarding Other IRS Filings and Tax Compliance** *(continued)*

2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	**2a** 29,136			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		**2b**	Yes	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?		**3a**	Yes	
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation in Schedule O*		**3b**	Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		**4a**	Yes	
b	If "Yes," enter the name of the foreign country: ▶ GM, CJ, EI, MX, UK See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		**5a**		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		**5b**		No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		**5c**		
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		**6a**		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		**6b**		
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?		**7a**		No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		**7b**		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		**7c**		No
d	If "Yes," indicate the number of Forms 8282 filed during the year	**7d**			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		**7e**		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		**7f**		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		**7g**		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		**7h**		
8	**Sponsoring organizations maintaining donor advised funds.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		**8**		No
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the sponsoring organization make any taxable distributions under section 4966?		**9a**		No
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		**9b**		No
10	**Section 501(c)(7) organizations.** Enter:				
a	Initiation fees and capital contributions included on Part VIII, line 12	**10a**			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	**10b**			
11	**Section 501(c)(12) organizations.** Enter:				
a	Gross income from members or shareholders	**11a**			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	**11b**			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?		**12a**		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	**12b**			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state? **Note.** See the instructions for additional information the organization must report on Schedule O.		**13a**		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	**13b**			
c	Enter the amount of reserves on hand	**13c**			
14a	Did the organization receive any payments for indoor tanning services during the tax year?		**14a**		No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O*		**14b**		
15	Is the organization subject to the section 4960 tax on payment(s) of more than $1,000,000 in remuneration or excess parachute payment(s) during the year?		**15**	Yes	
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.		**16**		No
17	**Section 501(c)(21) organizations.** Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953? If "Yes," complete Form 6069.		**17**		

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

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

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year. 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.	1a	28		
b	Enter the number of voting members included in line 1a, above, who are independent	1b	16		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		Yes	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		Yes	
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Yes	
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5			No
6	Did the organization have members or stockholders?	6			No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a			No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b			No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a	The governing body?	8a		Yes	
b	Each committee with authority to act on behalf of the governing body?	8b		Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O*	9			No

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

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

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ▶ AL,AK,AR,CA,CT,FL,GA,IL,IN,KS,KY,MD,MA,MI,MN,MS,NH,NJ,NY,NC,NM,OK,OR,PA,RI,TN,UT,VA,WV,WI,SD,SC,AZ,DE,HI,ID,IA,LA,ME,WA,WY,VT,TX,NE,NV,MO,MT

18 Section 6104 requires an organization to make its Form 1023 (1024 or 1024-A, 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 200 FIRST STREET SW ROCHESTER,MN 55905 (507) 538-1297

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

Check if Schedule O contains a response 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 the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than $100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations.

See the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee): Individual trustee or director	Institutional Trustee;	Officer	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
(1) FARRUGIA MD GIANRICO TRUSTEE/PRESIDENT/CEO	1.00 40.00	X		X				0	3,636,091	84,251
(2) GRAY MD RICHARD J TRUSTEE/VP	1.00 40.00	X		X				0	1,999,424	73,274
(3) THIELEN MD KENT R TRUSTEE/VP	1.00 40.00	X		X				0	2,006,672	82,342
(4) GORMAN PAUL A TREASURER	1.00 40.00			X				0	1,715,056	86,692
(5) ZORN CHRISTINA K TRUSTEE/VP	1.00 40.00	X		X				0	1,530,674	71,810
(6) DAHLEN DENNIS E CFO	1.00 40.00			X				0	1,481,402	92,474
(7) KRAUSS MD WILLIAM E PHYSICIAN	40.00 0.00					X		1,463,000	0	76,257
(8) LANZINO MD GIUSEPPE PHYSICIAN	40.00 0.00					X		1,452,631	0	78,463
(9) MURPHY JOSHUA B SECY	1.00 40.00			X				0	1,402,046	83,935
(10) PICHELMANN MD MARK A CHAIR-NWWI NEUROSURGERY	40.00 0.00					X		1,405,818	0	64,961
(11) WILLIAMS MD AMY W TRUSTEE	1.00 40.00	X						0	1,397,374	72,259
(12) MARSH MD W RICHARD DIR-SPINE CENTER	40.00 0.00					X		1,378,411	0	39,627
(13) CLARKE MD MICHELLE J PHYSICIAN	40.00 0.00					X		1,327,940	0	53,586
(14) GORES MD GREGORY J EXECUTIVE DEAN OF RESEARCH	40.00 0.00				X			1,301,223	0	39,974
(15) WILLIAMSON MARY J CAO-MCS	40.00 0.00				X			1,096,580	0	78,248
(16) OTLEY MD CLARK C PHYSICIAN	40.00 0.00				X			1,078,010	0	81,918
(17) AMMASH MD NASER M FORMER KEY EMPLOYEE	0.00 40.00						X	0	1,036,062	75,598

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee): Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
(18) MENKOSKY PAULA E ASST SECY	1.00 40.00			X				0	1,011,448	81,544
(19) HARPER JR MD CHARLES M TRUSTEE	40.00 0.00	X						1,042,860	0	38,634
(20) PAGNANO MD MARK W CHAIR-ORTHOPEDICS	40.00 0.00				X			923,369	0	81,668
(21) SHAH MD VIJAY CHAIR-ROCH INTERN MED	40.00 0.00				X			930,719	0	73,536
(22) CALLSTROM MD MATTHEW R TRUSTEE	40.00 0.00	X						920,062	0	78,978
(23) RIHAL MD CHARANJIT S TRUSTEE	40.00 0.00	X						901,460	0	84,702
(24) MORICE MD WILLIAM G CHAIR-LAB MED & PATH	40.00 0.00				X			866,742	0	78,296
(25) ARNETT JENNIFER P CHIEF DEVELOPMENT OFFICER	40.00 0.00				X			877,526	0	36,563
(26) HARA MD AMY K TRUSTEE	1.00 40.00	X						0	817,162	74,377
(27) CAMILLERI MD MICHAEL FORMER KEY EMPLOYEE	40.00 0.00						X	841,962	0	41,116
(28) WALD MD JOHN T FORMER KEY EMPLOYEE	40.00 0.00						X	777,809	0	88,222
(29) KENDRICK MD MICHAEL L CHAIR-SURGERY	40.00 0.00				X			787,711	0	73,225
(30) KHAN RITA G FORMER KEY EMPLOYEE	0.00 40.00						X	0	758,025	58,776
(31) FONSECA MD RAFAEL TRUSTEE	1.00 40.00	X						0	734,769	78,773
(32) LEIBOVICH MD BRADLEY C PHYSICIAN	40.00 0.00				X			734,499	0	75,874
(33) DOWDY MD SEAN C CHIEF VALUE OFFICER	40.00 0.00				X			732,595	0	70,342
(34) LOFTUS MD CONOR G FORMER KEY EMPLOYEE	40.00 0.00						X	720,718	0	65,795
(35) DIDEHBAN ROSHANAK TRUSTEE	1.00 40.00	X						489,841	246,295	36,358
(36) GALANIS MD EVANTHIA EXECUTIVE DEAN OF DEVELOPMENT	40.00 0.00				X			696,670	0	70,863
(37) GERTZ MD MORIE A FORMER KEY EMPLOYEE	40.00 0.00						X	726,233	0	38,084
(38) MCLAUGHLIN MD SARAH A TRUSTEE	1.00 40.00	X						0	682,925	35,344
(39) BROWN MD MICHAEL J PHYSICIAN	40.00 0.00				X			644,181	0	73,027
(40) CIMA MD ROBERT R PHYSICIAN	40.00 0.00				X			640,358	0	74,102
(41) OKUNO MD SCOTT H FORMER KEY EMPLOYEE	40.00 0.00						X	632,334	0	75,447
(42) LUETMER MD PATRICK H FORMER KEY EMPLOYEE	40.00 0.00						X	661,260	0	45,164
(43) FRANK MD IGOR PHYSICIAN	40.00 0.00				X			631,768	0	67,305
(44) KHAN MD AMIR R PHYSICIAN	40.00 0.00				X			603,303	0	73,915
(45) PETERS MD STEVE G PHYSICIAN	40.00 0.00				X			614,018	0	40,312
(46) GAZELKA MD HALENA M FORMER KEY EMPLOYEE	1.00 40.00						X	584,084	21,184	56,096
(47) FAMUYIDE MBBS ABIMBOLA O TRUSTEE	40.00 0.00	X						565,818	0	74,824
(48) FRANCIS JAMES R ASST TREASURER	1.00 40.00			X				0	547,728	89,905
(49) HORLOCKER MD TERESE T PHYSICIAN	40.00 0.00				X			593,169	0	38,669
(50) DUNN AJANI N ASST SECY	1.00 40.00			X				0	535,956	64,190
(51) HAYES MD SHARONNE N FORMER KEY EMPLOYEE	40.00 0.00						X	510,672	0	64,856
(52) LUCCHINETTI MD CLAUDIA F TRUSTEE	40.00 0.00	X						490,858	0	77,982
(53) DIETER HEIDI L CHAIR-RESEARCH ADMIN	40.00 0.00				X			490,358	0	50,076
(54) POE JOHN D CHAIR-EDUCATION ADMIN	1.00 40.00				X			53,273	408,559	61,725
(55) DIASIO MD ROBERT B FORMER KEY EMPLOYEE	40.00 0.00						X	453,641	0	34,018
(56) HUBERT SHERRY L ASST SECY	1.00 40.00			X				0	386,410	83,003
(57) NARR MD BRADLY J FORMER KEY EMPLOYEE	40.00 0.00						X	411,331	0	39,916
(58) NORBY SUSAN M FORMER OFFICER	0.00 40.00						X	0	364,249	72,191
(59) BOLTON JEFFREY W FORMER OFFICER	0.00 40.00						X	0	406,549	0
(60) CAINE NATALIE A CAO-ROCHESTER	40.00 0.00				X			343,552	0	57,644
(61) GREENE MD EDDIE L TRUSTEE	40.00 0.00	X						315,382	0	66,907
(62) BROWN WILLIAM A ASST TREASURER	1.00 40.00			X				0	270,854	37,597
(63) HAEFLINGER RICKY J FORMER OFFICER	40.00 0.00						X	175,431	0	0
(64) ALIX JAY TRUSTEE	5.00 0.00	X						0	13,491	0
(65) POWELL MICHAEL K TRUSTEE/CHAIR	5.00 0.00	X		X				0	9,137	0
(66) STEER MD RANDOLPH C TRUSTEE	5.00 0.00	X						0	3,881	0
(67) ROBERTS ROBIN R TRUSTEE	5.00 0.00	X						0	2,529	0
(68) BAKER JR DOUGLAS M TRUSTEE	5.00 0.00	X						0	2,360	0
(69) BAICKER KATHERINE TRUSTEE	5.00 0.00	X						0	711	0
(70) BILICIC GEORGE W TRUSTEE	5.00 0.00	X						0	0	0
(71) BURNS URSULA M TRUSTEE	5.00 0.00	X						0	0	0
(72) DAVIS RICHARD K TRUSTEE	5.00 0.00	X						0	0	0
(73) DI PIAZZA JR SAMUEL A TRUSTEE	5.00 0.00	X						0	0	0
(74) GERBERDING MD JULIE L TRUSTEE	5.00 0.00	X						0	0	0
(75) HALVORSON GEORGE C TRUSTEE	5.00 0.00	X						0	0	0
(76) MULALLY ALAN R TRUSTEE	5.00 0.00	X						0	0	0
(77) PERETSMAN NANCY B TRUSTEE	5.00 0.00	X						0	0	0
(78) ROTHBLATT A MARTINE TRUSTEE	5.00 0.00	X						0	0	0
(79) SCHMIDT ERIC E TRUSTEE	5.00 0.00	X						0	0	0
(80) SWEENEY ANNE M TRUSTEE	5.00 0.00	X						0	0	0
(81) TOMM CHARLES B TRUSTEE	5.00 0.00	X						0	0	0
1b Sub-Total ▶										
c Total from continuation sheets to Part VII, Section A ▶										
d Total (add lines 1b and 1c) ▶								32,889,180	23,429,023	4,015,610

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 ▶ 6,603

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
MAYO FOUNDATION FOR MEDICAL EDUCATION & 200 FIRST STREET SW ROCHESTER, MN 55905	PROCUREMENT & MED SUPPORT SERVICES	615,782,948
MAYO CLINIC JACKSONVILLE 4500 SAN PABLO ROAD JACKSONVILLE, FL 32224	MEDICAL SUPPORT SERVICES	3,766,309

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 ▶ 2

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
Contributions, Gifts, Grants, and OtherAmt Similar Amounts	1a Federated campaigns . . 1a 36,239				
	b Membership dues . . 1b				
	c Fundraising events . . 1c				
	d Related organizations 1d 1,309,186,490				
	e Government grants (contributions) 1e 343,975,717				
	f All other contributions, gifts, grants, and similar amounts not included above 1f 736,526,442				
	g Noncash contributions included in lines 1a - 1f:$ 1g 35,388,697				
	h **Total.** Add lines 1a-1f . . . . . ▶				2,389,724,888
Program Service Revenue		Business Code			
2a NET PATIENT CARE		621110	3,997,628,214	3,115,612,537	882,015,677	
b EDUCATION		611600	45,139,476	45,139,476		
c RESEARCH		541700	8,006,602	4,731,275	3,275,327	
d						
e						
f All other program service revenue.						
g **Total.** Add lines 2a–2f. . . . . ▶		4,050,774,292				
Other Revenue						
3 Investment income (including dividends, interest, and other similar amounts)			261,075,079		23,500,921	237,574,158
4 Income from investment of tax-exempt bond proceeds ▶			810,555			810,555
5 Royalties . . . . . ▶			13,332,077	13,332,077		
		(i) Real	(ii) Personal			
6a Gross rents	6a	1,367,347				
b Less: rental expenses	6b	600,065				
c Rental income or (loss)	6c	767,282				
d Net rental income or (loss) . . . . . ▶				767,282		767,282
		(i) Securities	(ii) Other			
7a Gross amount from sales of assets other than inventory	7a	7,713,291,379	14,684,314			
b Less: cost or other basis and sales expenses	7b	7,378,552,342	18,808,874			
c Gain or (loss)	7c	334,739,037	-4,124,560			
d Net gain or (loss) . . . . . ▶				330,614,477		330,614,477
8a Gross income from fundraising events (not including $ _____ of contributions reported on line 1c). See Part IV, line 18	8a					
b Less: direct expenses	8b					
c Net income or (loss) from fundraising events . . ▶						
9a Gross income from gaming activities. See Part IV, line 19 . . .	9a					
b Less: direct expenses	9b					
c Net income or (loss) from gaming activities . . ▶						
10a Gross sales of inventory, less returns and allowances . .	10a	347,813				
b Less: cost of goods sold . .	10b	277,783				
c Net income or (loss) from sales of inventory . . ▶				70,030	70,030	
OtherRevenueMiscAmt		Business Code				
11a MISC. CONSULTING		541610	10,413,998	1,781,089	7,355,576	1,277,333
b MISC. REVENUE		900099	7,110,562	4,787,333	0	2,323,229
c CAFETERIA/VENDING		722310	5,466,006	5,466,006		
d All other revenue			5,194,964	673,728		4,521,236
e **Total.** Add lines 11a–11d . . . . . ▶			28,185,530			
12 **Total revenue.** See instructions . . . . ▶			7,075,354,210	3,191,523,521	916,217,531	577,888,270

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 . . . . . ☑

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	292,818,127	292,818,127		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	28,497,500	28,497,500		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.	2,250,787	2,250,787		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	21,062,793	19,554,258	287,913	1,220,622
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	11,849,805	11,583,053	175,406	91,346
7 Other salaries and wages	2,524,736,654	2,400,953,196	100,273,034	23,510,424
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	71,539,288	57,379,979	11,472,593	2,686,716
9 Other employee benefits	295,220,414	274,123,604	17,778,228	3,318,582
10 Payroll taxes	162,670,121	153,828,464	7,125,790	1,715,867
11 Fees for services (non-employees):				
a Management				
b Legal	1,328,691	744,236	193,259	391,196
c Accounting	2,528,829		2,528,829	
d Lobbying	313,085	313,085		
e Professional fundraising services. See Part IV, line 17	902,800			902,800
f Investment management fees	4,704,347		4,704,347	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	866,418,809	837,752,541	15,000,741	13,665,527
12 Advertising and promotion	17,664,227	17,495,215	66,742	102,270
13 Office expenses	234,871,105	216,829,100	17,018,225	1,023,780
14 Information technology	54,365,662	53,055,270	1,293,566	16,826
15 Royalties	4,322,175	4,319,675	2,500	
16 Occupancy	67,747,300	36,814,200	29,475,664	1,457,436
17 Travel	48,763,461	46,346,116	1,443,075	974,270
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	4,719,011	4,636,877	73,647	8,487
20 Interest	133,230,969	80,189,416	53,041,553	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	188,378,789	186,333,436	1,975,893	69,460
23 Insurance	25,529,406	25,529,406		
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a MEDICAL SUPPLIES	473,293,285	473,293,285		
b UBIT	20,273,267	20,273,215	52	
c EMPLOYEE RELATED	40,245,561	37,267,122	2,918,976	59,463
d MN CARE TAX	39,909,938	39,908,563	1,375	
e All other expenses	37,799,420	35,886,018	1,890,422	22,980
25 **Total functional expenses.** Add lines 1 through 24e	5,677,955,626	5,357,975,744	268,741,830	51,238,052
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶ ☐ if following SOP 98-2 (ASC 958-720).				

Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part IX . . . . . ☐

				(A) Beginning of year		(B) End of year
Assets	1	Cash–non-interest-bearing		1,715,225	1	7,612,763
	2	Savings and temporary cash investments		88,122	2	1,296,847,969
	3	Pledges and grants receivable, net		496,652,443	3	552,606,481
	4	Accounts receivable, net		550,987,625	4	512,569,768
	5	Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons			5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)			6	
	7	Notes and loans receivable, net		2,101,222	7	1,850,548
	8	Inventories for sale or use		9,188,537	8	10,787,335
	9	Prepaid expenses and deferred charges		40,641,706	9	55,435,863
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 3,994,895,209			
	b	Less: accumulated depreciation	10b 2,481,922,966	1,467,091,871	10c	1,512,972,243
	11	Investments—publicly traded securities		577,599,401	11	509,632,934
	12	Investments—other securities. See Part IV, line 11		14,825,293,684	12	16,069,269,429
	13	Investments—program-related. See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets. See Part IV, line 11		2,572,442,526	15	1,578,054,092
	16	**Total assets.** Add lines 1 through 15 (must equal line 33)		20,543,802,362	16	22,107,639,425
Liabilities	17	Accounts payable and accrued expenses		2,627,802,035	17	2,064,798,992
	18	Grants payable			18	
	19	Deferred revenue		111,583,445	19	172,598,176
	20	Tax-exempt bond liabilities		1,406,307,809	20	1,474,194,291
	21	Escrow or custodial account liability. Complete Part IV of Schedule D			21	
	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons			22	
	23	Secured mortgages and notes payable to unrelated third parties		2,493,906,542	23	2,691,172,955
	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		3,526,450,006	25	3,175,406,333
	26	**Total liabilities.** Add lines 17 through 25		10,166,049,837	26	9,578,170,747
Net Assets or Fund Balances		**Organizations that follow FASB ASC 958, check here ▶ ☑ and complete lines 27, 28, 32, and 33.**				
	27	Net assets without donor restrictions		5,989,293,754	27	8,306,935,513
	28	Net assets with donor restrictions		4,388,458,771	28	4,222,533,165
		Organizations that do not follow FASB ASC 958, check here ▶ ☐ and complete lines 29 through 33.				
	29	Capital stock or trust principal, or current funds			29	
	30	Paid-in or capital surplus, or land, building or equipment fund			30	
	31	Retained earnings, endowment, accumulated income, or other funds			31	
	32	Total net assets or fund balances		10,377,752,525	32	12,529,468,678
	33	Total liabilities and net assets/fund balances		20,543,802,362	33	22,107,639,425

Part XI Reconcilliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI . . . . . ☑

1	Total revenue (must equal Part VIII, column (A), line 12)	1	7,075,354,210
2	Total expenses (must equal Part IX, column (A), line 25)	2	5,677,955,626
3	Revenue less expenses. Subtract line 2 from line 1	3	1,397,398,584
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	10,377,752,525
5	Net unrealized gains (losses) on investments	5	-1,840,274,638
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	2,594,592,207
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column	10	12,529,468,678

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line in this Part XII . . . . . ☑

			Yes	No
1	Accounting method used to prepare the Form 990: ☐ Cash ☑ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: ☐ Separate basis ☑ Consolidated basis ☐ Both consolidated and separate basis			
c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?	3a	Yes	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	3b	Yes	

Additional Data

Return to Form

Software ID:

Software Version:

Form 990, Special Condition Description:

Special Condition Description

SCHEDULE A
(Form 990)

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.
▶ Go to *www.irs.gov/Form990* for instructions and the latest information.

OMB No. 1545-0047

2022

Open to Public Inspection

Name of the organization
MAYO CLINIC

Employer identification number
41-6011702

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

The organization is not a private foundation because it is: (For lines 1 through 12, 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 (Form 990).)

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 agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture. See instructions. Enter the name, city, and state of the college or university:

10 ☑ 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.)

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

12 ☐ 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 on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.

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- 10 above (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**		
Total						

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") . .						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge..						
4 **Total.** Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) . .						
6 **Public support.** Subtract line 5 from line 4.						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7 Amounts from line 4. .						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . .						
9 Net income from unrelated business activities, whether or not the business is regularly carried on . .						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.). .						
11 **Total support.** Add lines 7 through 10						

12 Gross receipts from related activities, etc. (see instructions) **12**

13 **First 5 years.** 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 **stop here** . . . . . ▶☐

Section C. Computation of Public Support Percentage

14 Public support percentage for 2022 (line 6, column (f) divided by line 11, column (f)) **14**

15 Public support percentage for 2020 Schedule A, Part II, line 14 . . . . . **15**

16a **33 1/3% support test—2022.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . . ▶☐

b **33 1/3% support test—2021.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . . ▶☐

17a **10%-facts-and-circumstances test—2022.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . . ▶☐

b **10%-facts-and-circumstances test—2021.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . . ▶☐

18 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions . . . . . ▶☐

Part III **Support Schedule for Organizations Described in Section 509(a)(2)**
(Complete only if you checked the box on line 10 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) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .	1,975,507,156	2,194,234,892	2,422,520,612	2,825,326,266	2,389,724,888	11,807,313,814
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	3,390,245,417	3,324,127,662	3,408,043,003	3,197,736,676	3,191,523,521	16,511,676,279
3 Gross receipts from activities that are not an unrelated trade or business under section 513	17,480,366	17,097,585	9,994,115	12,809,372	8,121,798	65,503,236
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . .						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5	5,383,232,939	5,535,460,139	5,840,557,730	6,035,872,314	5,589,370,207	28,384,493,329
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						0
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year.						0
c Add lines 7a and 7b. .						0
8 **Public support.** (Subtract line 7c from line 6.)						28,384,493,329

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
9 Amounts from line 6. . .	5,383,232,939	5,535,460,139	5,840,557,730	6,035,872,314	5,589,370,207	28,384,493,329
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. .	54,704,231	230,253,855	200,743,329	271,179,894	239,752,060	996,633,369
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.	78,762,106	114,491,776	180,609,096	160,531,494	118,746,266	653,140,738
c Add lines 10a and 10b.	133,466,337	344,745,631	381,352,425	431,711,388	358,498,326	1,649,774,107
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on .						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . .	5,805,837					5,805,837
13 **Total support.** (Add lines 9, 10c, 11, and 12.). .	5,522,505,113	5,880,205,770	6,221,910,155	6,467,583,702	5,947,868,533	30,040,073,273

14 **First 5 years.** 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 **stop here**. . . . . ▶☐

Section C. Computation of Public Support Percentage

15	Public support percentage for 2022 (line 8, column (f) divided by line 13, column (f))	15	94.490 %
16	Public support percentage from 2021 Schedule A, Part III, line 15	16	94.970 %

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2022** (line 10c, column (f) divided by line 13, column (f))	17	5.490 %
18	Investment income percentage from **2021** Schedule A, Part III, line 17	18	4.970 %

19a **33 1/3% support tests-2022.** 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—2021.** 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 12 of Part I. If you checked box 12a, of Part I, complete Sections A and B. If you checked box 12b, of Part I, complete Sections A and C. If you checked box 12c, of Part I, complete Sections A, D, and E. If you checked box 12d, of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? *If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.*	1		
2	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 **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).*	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If "Yes," answer lines 3b and 3c below.*	3a		
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 **Part VI** when and how the organization made the determination.*	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? *If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.*	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? *If "Yes" and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.*	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.*	4b		
c	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 **Part VI** 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.*	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? *If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in **Part VI,** 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).*	5a		
b	**Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
c	**Substitutions only.** Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in **Part VI.***	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If "Yes," complete Part I of Schedule L (Form 990) .*	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? *If "Yes," complete Part I of Schedule L (Form 990).*	8		
9a	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 **Part VI.***	9a		
b	Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If "Yes," provide detail in **Part VI.***	9b		
c	Did a disqualified person (as defined on line 9a) 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 **Part VI.***	9c		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If "Yes," answer line 10b below.*	10a		
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).*	10b		

Part IV **Supporting Organizations** (continued)

			Yes	No
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 on lines 11b and 11c below, the governing body of a supported organization?	**11a**		
b	A family member of a person described on 11a above?	**11b**		
c	A 35% controlled entity of a person described on line 11a or 11b above? *If "Yes" to 11a, 11b, or 11c, provide detail in* ***Part VI.***	**11c**		

Section B. Type I Supporting Organizations

			Yes	No
1	Did the officers, 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.*	**1**		
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.*	**2**		

Section C. Type II Supporting Organizations

			Yes	No
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).*	**1**		

Section D. All Type III Supporting Organizations

			Yes	No
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, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	**1**		
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).*	**2**		
3	By reason of the relationship described in line 2 above, 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.*	**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 lines 2a and 2b below.**

			Yes	No
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.*	**2a**		
b	Did the activities described on line 2a, above 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.*	**2b**		

3 Parent of Supported Organizations. **Answer lines 3a and 3b 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? *If "Yes" or "No", provide details in* ***Part VI.***	**3a**		
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.*	**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 *(explain in **Part VI**)*. **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	**Adjusted Net Income** (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):	1		
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	**Total** (add lines 1a, 1b, and 1c)	1d		
e	**Discount** claimed for blockage or other factors (*explain in detail in **Part VI***):			
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 0.015 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 0.035	6		
7	Recoveries of prior-year distributions	7		
8	**Minimum Asset Amount** (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	**Distributable Amount.** Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		

7 ☐ Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)

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	**1**	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	**2**	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	**3**	
4 Amounts paid to acquire exempt-use assets	**4**	
5 Qualified set-aside amounts (*prior IRS approval required - provide details in* ***Part VI***)	**5**	
6 Other distributions (*describe in* ***Part VI***). See instructions	**6**	
7 **Total annual distributions.** Add lines 1 through 6.	**7**	
8 Distributions to attentive supported organizations to which the organization is responsive (*provide details in* ***Part VI***). See instructions	**8**	
9 Distributable amount for 2022 from Section C, line 6	**9**	
10 Line 8 amount divided by Line 9 amount	**10**	

Section E - Distribution Allocations (see instructions)	**(i) Excess Distributions**	**(ii) Underdistributions Pre-2022**	**(iii) Distributable Amount for 2022**
1 Distributable amount for 2022 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2022 (reasonable cause required-- *explain in* ***Part VI***). See instructions.			
3 Excess distributions carryover, if any, to 2022:			
a From 2017.			
b From 2018.			
c From 2019.			
d From 2020.			
e From 2021.			
f **Total** of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2022 distributable amount			
i Carryover from 2017 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2022 from Section D, line 7: $			
a Applied to underdistributions of prior years			
b Applied to 2022 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2022, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, *explain in* ***Part VI***. See instructions.			
6 Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, *explain in* ***Part VI***. See instructions.			
7 **Excess distributions carryover to 2023.** Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2018.			
b Excess from 2019.			
c Excess from 2020.			
d Excess from 2021.			
e Excess from 2022.			

Part VI **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Return Reference	Explanation
SCHEDULE A, PART III, LINE 12, EXPLANATION OF OTHER INCOME:	MISCELLANEOUS - 2018 AMOUNT: $ 5,805,837.
SCHEDULE A PART I LINE 2:	WHILE THE IRS DETERMINED THAT MAYO CLINIC QUALIFIES UNDER LINE 10, AN ORGANIZATION THAT NORMALLY RECEIVES: (1) MORE THAN 33 1/3% OF ITS SUPPORT FROM CONTRIBUTIONS, MEMBERSHIP FEES, AND GROSS RECEIPTS FROM ACTIVITIES RELATED TO ITS EXEMPT FUNCTIONS, AND (2) NO MORE THAN 33 1/3% OF ITS SUPPORT FROM GROSS INVESTMENT INCOME AND UNRELATED BUSINESS TAXABLE INCOME, WE BELIEVE THAT IT ALSO QUALIFIES UNDER THE CLASSIFICATION OF LINE 2 - A SCHOOL DESCRIBED IN SECTION 170(B)(1)(A)(II), LINE 3 - A HOSPITAL OR A COOPERATIVE HOSPITAL SERVICE ORGANIZATION DESCRIBED IN SECTION 170(B)(1)(A)(III), AND LINE 7, AN ORGANIZATION THAT NORMALLY RECEIVES A SUBSTANTIAL PART OF ITS SUPPORT FROM A GOVERNMENTAL UNIT OR FROM THE GENERAL PUBLIC DESCRIBED IN SECTION 170(B)(1)(A)(VI).

Additional Data

Return to Form

Software ID:

Software Version:

Schedule B

(Form 990)
Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ **Attach to Form 990, 990-EZ, or 990-PF.**
▶ **Go to *www.irs.gov/Form990* for the latest information.**

OMB No. 1545-0047

2022

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

Organization type (check one):

Filers of:	**Section:**
Form 990 or 990-EZ	☐ 501(c)( ) (enter number) organization
	☐ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
	☐ 527 political organization
Form 990-PF	☐ 501(c)(3) exempt private foundation
	☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation
	☐ 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule.**
Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

☐ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling $5,000 or more (in money or other property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

☐ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** $5,000 or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than $1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than $1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling $5,000 or more during the year . . . . . ▶ $ _____

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization
MAYO CLINIC

Employer identification number
41-6011702

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

Contributors

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
RESTRICTED	,	$ RESTRICTED	☐ Person ☐ Payroll ☐ Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-		$	☐ Person ☐ Payroll ☐ Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-		$	☐ Person ☐ Payroll ☐ Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-		$	☐ Person ☐ Payroll ☐ Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-		$	☐ Person ☐ Payroll ☐ Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-		$	☐ Person ☐ Payroll ☐ Noncash (Complete Part II for noncash contributions.)

Name of organization
MAYO CLINIC

Employer identification number
41-6011702

Part II **Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-		$	

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-		$	

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-		$	

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-		$	

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-		$	

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-		$	

Name of organization
MAYO CLINIC

Employer identification number
41-6011702

Part III ***Exclusively*** **religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than $1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of $1,000 or less for the year. (Enter this information once. See instructions.) ▶ $ _____**

Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP 4	Relationship of transferor to transferee

Additional Data

Return to Form

Software ID:

Software Version:

SCHEDULE C
(Form 990)

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.**
▶**Go to *www.irs.gov/Form990* for instructions and the latest information.**

OMB No. 1545-0047

2022

Open to Public Inspection

If the organization answered "Yes" on 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" on 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" on 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 the organization	Employer identification number
MAYO CLINIC	41-6011702

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

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV. See instructions for definition of "political campaign activities."

2 Political campaign activity expenditures. See instructions ▶ $

3 Volunteer hours for political campaign activities. See instructions

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-.
1				
2				
3				
4				
5				
6				

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

A Check ▶ ☐ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).

B Check ▶ ☐ if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	**(a)** Filing organization's totals	**(b)** Affiliated group totals
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)		
b Total lobbying expenditures to influence a legislative body (direct lobbying)		
c Total lobbying expenditures (add lines 1a and 1b)		
d Other exempt purpose expenditures		
e Total exempt purpose expenditures (add lines 1c and 1d)		
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.		
g Grassroots nontaxable amount (enter 25% of line 1f)		
h Subtract line 1g from line 1a. If zero or less, enter -0-.		
i Subtract line 1f from line 1c. If zero or less, enter -0-.		

If the amount on line 1e, column (a) or (b) is:	**The lobbying nontaxable amount is:**
Not over $500,000	20% of the amount on line 1e.
Over $500,000 but not over $1,000,000	$100,000 plus 15% of the excess over $500,000.
Over $1,000,000 but not over $1,500,000	$175,000 plus 10% of the excess over $1,000,000.
Over $1,500,000 but not over $17,000,000	$225,000 plus 5% of the excess over $1,500,000.
Over $17,000,000	$1,000,000.

j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? ☐ **Yes** ☐ **No**

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	**(a)** 2018	**(b)** 2019	**(c)** 2020	**(d)** 2021	**(e)** Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

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

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.

		(a) Yes	(a) No	(b) Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a	Volunteers?		No	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	Yes		
c	Media advertisements?		No	
d	Mailings to members, legislators, or the public?	Yes		
e	Publications, or published or broadcast statements?	Yes		
f	Grants to other organizations for lobbying purposes?		No	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes		
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?	Yes		
i	Other activities?	Yes		313,085
j	Total. Add lines 1c through 1i			313,085
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A **Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).**

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

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

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

Part IV **Supplemental Information**

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.

Return Reference	Explanation
PART II-B, LINE 1:	DURING 2022, MAYO CLINIC (MAYO) OFFICIALS HAD MEETINGS AND CONTACTS WITH FEDERAL AND STATE GOVERNMENT OFFICIALS, INCLUDING MEMBERS OF CONGRESS, STATE LEGISLATURES, AND RESPECTIVE EXECUTIVE BRANCH OFFICIALS TO DISCUSS VARIOUS HEALTH CARE REFORM PROPOSALS AND PROPOSED LEGISLATION. THESE DISCUSSIONS AND MEETINGS WERE HELD IN ROCHESTER, MN AS WELL AS WASHINGTON, D.C., ST. PAUL, MN AND OTHER MAYO CLINIC SITE LOCATIONS. IN ADDITION, MAYO SENT CORRESPONDENCE TO MEMBERS, STAFF AND OTHER GOVERNMENT OFFICIALS OUTLINING MAYO'S POSITIONS AND RECOMMENDATIONS ON LEGISLATION AND PROPOSED REGULATIONS. MAYO PROVIDES INFORMATION OR EXPRESSES ITS CONCERN TO LEGISLATIVE BODIES AND GOVERNMENT OFFICIALS ON MATTERS DIRECTLY RELATED TO HEALTH, THE DELIVERY OF HEALTH CARE AND MEDICAL EDUCATION AND/OR RESEARCH. IN 2022, MAYO REPRESENTATIVES HAD SEVERAL MEETINGS WITH MEMBERS OF THE LEGISLATIVE AND EXECUTIVE BRANCHES OF GOVERNMENT TO DISCUSS ISSUES RELATING TO PATIENT CARE, EDUCATION AND RESEARCH. IN ADDITION TO CORRESPONDENCE, MAYO EXPRESSES ITS PERSPECTIVE ON POLICY ISSUES VIA EDITORIALS AND IN RESPONSES TO MEDIA INQUIRIES. ON OCCASION, MAYO'S POLICY PERSPECTIVE MAY BE INCLUDED IN THE SPEECH CONTENT OF MAYO LEADERS. THE MAJORITY OF EXPENSES RELATED TO LOBBYING ARE INCURRED BY MAYO FOUNDATION FOR MEDICAL EDUCATION AND RESEARCH (MFMER), AN AFFILIATED SUPPORT ORGANIZATION OF MAYO CLINIC. IN 2022, THE EXPENSES ASSOCIATED WITH THE ABOVE LOBBYING ACTIVITIES ON BEHALF OF MAYO CLINIC (THE PARENT ORGANIZATION) WHICH ARE INCLUDED IN THIS FORM 990 ARE $721,435.
SCHEDULE C PART II-B LINE 1I	THE AMOUNT IN OTHER ACTIVITIES REPRESENTS A PORTION OF PROFESSIONAL DUES ATTRIBUTABLE TO LOBBYING.

Additional Data

Return to Form

Software ID:

Software Version:

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047
2022
Open to Public Inspection

Name of the organization
MAYO CLINIC

Employer identification number
41-6011702

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

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	10	
2	Aggregate value of contributions to (during year)	4,913,280	
3	Aggregate value of grants from (during year)	427,500	
4	Aggregate value at end of year	8,203,456	

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☑ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☑ Yes ☐ No

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

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

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

			Held at the End of the Year
a	Total number of conservation easements	2a	
b	Total acreage restricted by conservation easements	2b	
c	Number of conservation easements on a certified historic structure included in (a)	2c	
d	Number of conservation easements included in (c) acquired after 7/25/06, 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, handling of violations, and enforcing conservation easements during the year ▶

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, 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" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under FASB 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 FASB 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 on 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 FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1 ▶ $

b Assets included in Form 990, Part X ▶ $

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

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

- **a** ☑ Public exhibition
- **b** ☐ Scholarly research
- **c** ☐ Preservation for future generations
- **d** ☐ Loan or exchange programs
- **e** ☐ Other

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

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

Part IV Escrow and Custodial Arrangements.

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

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

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

		Amount
c	Beginning balance	**1c**
d	Additions during the year	**1d**
e	Distributions during the year	**1e**
f	Ending balance	**1f**

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? . . . ☐ **Yes** ☐ **No**

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII . . . . ☐

Part V Endowment Funds.

Complete if the organization answered "Yes" on 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	6,117,351,716	5,061,662,985	4,427,091,907	3,852,237,495	3,649,041,615
b Contributions	113,233,718	90,896,164	171,083,411	155,829,477	232,064,809
c Net investment earnings, gains, and losses	-545,428,302	1,143,091,782	647,792,722	461,221,455	59,629,160
d Grants or scholarships					
e Other expenditures for facilities and programs	196,565,988	178,299,215	184,305,055	42,196,520	88,498,089
f Administrative expenses					
g End of year balance	5,488,591,144	6,117,351,716	5,061,662,985	4,427,091,907	3,852,237,495

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

- **a** Board designated or quasi-endowment ▶ 46.350 %
- **b** Permanent endowment ▶ 32.120 %
- **c** Term endowment ▶ 21.530 %

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

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

	Yes	No
(i) Unrelated organizations		No
(ii) Related organizations		No
b If "Yes" on 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" on 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		110,386,995		110,386,995
b Buildings		1,979,600,985	1,265,323,083	714,277,902
c Leasehold improvements		70,020,467	45,182,876	24,837,591
d Equipment		1,624,703,551	1,171,417,007	453,286,544
e Other		210,183,211		210,183,211
Total. Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* ▶				1,512,972,243

Part VII **Investments - Other Securities.**
Complete if the organization answered "Yes" on 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	13,905,311,661	F
(B) QUALIFIED PENSION PLAN	2,163,957,768	F
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. *(Column (b) must equal Form 990, Part X, col. (B) line 12.)* ▶	16,069,269,429	

Part VIII **Investments - Program Related.**
Complete if the organization answered 'Yes' on 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)		
Total. *(Column (b) must equal Form 990, Part X, col.(B) line 13.)* ▶		

Part IX **Other Assets.**
Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)INVESTMENTS IN SUBSIDIARIES	526,491,755
(2)CONTRIBUTED ASSETS PENDING DISPOSAL	80,828,573
(3)ART	3,167,394
(4)TRUSTS	139,320,970
(5)DEFERRED INCOME TAX ASSET	18,641,137
(6)OTHER LONG TERM ASSETS	244,224,703
(7)ASSETS HELD FOR DISSOLUTION	307,505
(8)TECH BASED VENTURES	38,829,388
(9)BOND-RELATED TRUSTEE HELD INVEST	44,778,159
(10)DUE FROM AFFILIATES	481,464,508
Total. *(Column (b) must equal Form 990, Part X, col.(B) line 15.)* ▶	1,578,054,092

Part X **Other Liabilities.**
Complete if the organization answered 'Yes' on 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)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col.(B) line 25.)* ▶	3,175,406,333

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 ☑

Part XI **Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.**
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

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

Part XII **Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.**
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

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

Part XIII

Supplemental Information

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.

Return Reference	Explanation
PART III, LINE 1A:	MAYO CLINIC PERIODICALLY RECEIVES WORKS OF ART FROM VARIOUS BENEFACTORS. THESE ITEMS ARE UNIQUE IN NATURE AND ARE HELD ON DISPLAY FOR THE BENEFIT AND ENJOYMENT OF MAYO'S PATIENTS. IT IS MAYO'S POLICY TO NEITHER CAPITALIZE CONTRIBUTED WORKS OF ART, NOR RECORD THE RELATED CONTRIBUTION REVENUE. IN THE RARE OCCURRENCE THAT MAYO CLINIC COMMISSIONS ART; IT IS REFLECTED AS AN EXPENSE OR ON THE BALANCE SHEET.
PART III, LINE 4:	MAYO'S FOUNDERS RECOGNIZED THAT CARING FOR THE WHOLE PATIENT EXTENDS BEYOND TREATING PHYSICAL AILMENTS. SINCE ITS INCEPTION, MAYO HAS USED ART, ARCHITECTURE AND BEAUTY IN SURROUNDINGS TO ADDRESS THE SPIRITUAL ASPECTS OF MEDICAL CARE. BENEFACTOR GIFTS FROM PATIENTS, FRIENDS, EMPLOYEES OR ALUMNI HELP MAYO SUPPORT THE ACQUISITION OF ART USED TO HUMANIZE THE MEDICAL ENVIRONMENT AND COMPLEMENT THE BELIEF THAT RESTORING THE MIND AND SPIRIT IS AN IMPORTANT PART OF MAKING THE BODY WELL. WORKS OF ART DISPLAYED ACROSS THE MAYO CAMPUS PROVIDE BEAUTY, PRESERVATION OF HERITAGE AND RESPECT FOR THE DIVERSITY OF PATIENTS, VISITORS AND STAFF.
PART V, LINE 4:	THE ENDOWMENT FUNDS PROVIDE A STABLE FUNDING SOURCE FOR RESEARCH AND EDUCATION PROGRAMS.
PART X, LINE 2:	PORTION OF INCOME TAX FOOTNOTE FROM MAYO CLINIC CONSOLIDATED AUDITED FINANCIAL STATEMENTS: MOST OF THE INCOME RECEIVED BY THE CLINIC AND ITS SUBSIDIARIES IS EXEMPT FROM TAXATION UNDER SECTION 501(A) OF THE INTERNAL REVENUE CODE. SOME OF ITS SUBSIDIARIES ARE TAXABLE ENTITIES, AND SOME OF THE INCOME RECEIVED BY OTHERWISE EXEMPT ENTITIES IS SUBJECT TO TAXATION AS UNRELATED BUSINESS INCOME. THE CLINIC AND ITS SUBSIDIARIES FILE INCOME TAX RETURNS IN THE U.S., INCLUDING FEDERAL AND VARIOUS STATE RETURNS, AS WELL AS CERTAIN FOREIGN JURISDICTIONS. THE STATUTES OF LIMITATIONS FOR TAX YEARS 2018 THROUGH 2020 REMAIN OPEN IN MAJOR U.S. TAXING JURISDICTIONS IN WHICH THE CLINIC AND SUBSIDIARIES ARE SUBJECT TO TAXATION. THE INTERNAL REVENUE SERVICE (IRS) PERFORMED AN EXAMINATION OF THE TAX AND INFORMATION RETURNS OF THE CLINIC AND TWO SUBSIDIARIES AND ULTIMATELY ASSESSED $12 MILLION IN TAXES FOR YEARS 2003-2012. THE RESULTS OF THIS AUDIT WERE ULTIMATELY LITIGATED IN THE U.S. DISTRICT COURT. ON AUGUST 6, 2019, THE COURT ISSUED A SUMMARY JUDGMENT IN FAVOR OF THE CLINIC. THE IRS APPEALED THIS DECISION AND ON MAY 13, 2021, THE EIGHT CIRCUIT COURT OF APPEALS REVERSED THE SUMMARY JUDGMENT AND REMANDED THE CASE TO THE U.S. DISTRICT COURT FOR TRIAL. THE CASE WAS TRIED IN 2022 AND THE U.S. DISTRICT COURT ISSUED A JUDGEMENT IN FAVOR OF THE CLINIC ON DECEMBER 9, 2022. NO ADJUSTMENT HAS BEEN MADE TO UNRECOGNIZED TAX BENEFITS AS A RESULT OF THE RULING DUE TO THE IRS HAVING UNTIL FEBRUARY 2023 TO APPEAL. THE CLINIC HAS REDUCED THE RESERVE FOR UNCERTAIN TAX POSITIONS BY $2 MILLION, INCLUDING INTEREST AND PENALTIES, DURING THE YEAR ENDED DECEMBER 31, 2022. AS OF DECEMBER 31, 2022 AND 2021, THE RESERVE TOTALED $11 MILLION AND $23 MILLION, RESPECTIVELY. IT IS NOT ANTICIPATED THAT A SIGNIFICANT CHANGE IN THE RESERVE WILL OCCUR OVER THE NEXT 12 MONTHS. THE CLINIC'S PRACTICE IS TO RECOGNIZE INTEREST AND/OR PENALTIES RELATED TO INCOME TAX MATTERS IN INCOME TAX EXPENSE.

Additional Data

Return to Form

Software ID:

Software Version:

SCHEDULE E
(Form 990)

Department of the Treasury
Internal Revenue Service

Schools

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 13, or Form 990-EZ, Part VI, line 48.**
▶ **Attach to Form 990 or Form 990-EZ.**
▶ **Go to *www.irs.gov/Form990EZ* for the latest information.**

OMB No. 1545-0047

2022

Open to Public Inspection

Name of the organization
MAYO CLINIC

Employer identification number
41-6011702

Part I

			YES	NO
1	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	1	Yes	
2	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	2	Yes	
3	Has the organization publicized its racially nondiscriminatory policy on its primary publicly accessible Internet homepage at any time during its taxable year in a manner reasonably expected to be noticed by visitors to the homepage, or through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe. If "No," please explain. If you need more space use Part II.	3	Yes	
4	Does the organization maintain the following?			
a	Records indicating the racial composition of the student body, faculty, and administrative staff?	4a	Yes	
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	4b	Yes	
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	4c	Yes	
d	Copies of all material used by the organization or on its behalf to solicit contributions?	4d	Yes	
	If you answered "No" to any of the above, please explain. If you need more space, use Part II.			
5	Does the organization discriminate by race in any way with respect to:			
a	Students' rights or privileges?	5a		No
b	Admissions policies?	5b		No
c	Employment of faculty or administrative staff?	5c		No
d	Scholarships or other financial assistance?	5d		No
e	Educational policies?	5e		No
f	Use of facilities?	5f		No
g	Athletic programs?	5g		No
h	Other extracurricular activities?	5h		No
	If you answered "Yes" to any of the above, please explain. If you need more space, use Part II.			
6a	Does the organization receive any financial aid or assistance from a governmental agency?	6a	Yes	
b	Has the organization's right to such aid ever been revoked or suspended?	6b		No
	If you answered "Yes" to either line 6a or line 6b, explain on Part II.			
7	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, as modified by Rev. Proc. 2019-22, 2019-22 I.R.B. 1260, covering racial nondiscrimination? If "No," explain on Part II.	7	Yes	

Part II **Supplemental Information.** Provide the explanations required by Part I, lines 3, 4d, 5h, 6b, and 7, as applicable. Also provide any other additional information. See instructions.

Return Reference	Explanation
SCHEDULE E, PART I, LINE 3	THE RACIALLY NONDISCRIMINATORY POLICY OF THE MAYO CLINIC COLLEGE OF MEDICINE AND SCIENCE, WHICH DRAWS STUDENTS FROM ACROSS THE UNITED STATES AND AROUND THE WORLD, IS MADE AVAILABLE IN ALL OF ITS PUBLISHED DOCUMENTS AND WEBSITE TO ANY INTERESTED APPLICANTS.
SCHEDULE E, PART I, LINE 6	MAYO CLINIC COLLEGE OF MEDICINE AND SCIENCE/MAYO CLINIC RECEIVES FUNDS FROM THE STATE OF MINNESOTA FOR MAYO CLINIC ALIX SCHOOL OF MEDICINE STUDENTS WHO ARE RESIDENTS OF MINNESOTA. IN ADDITION, FEDERAL DIRECT STUDENT LOANS (SUBSIDIZED, UNSUBSIDIZED, PARENT PLUS AND GRADPLUS) ARE AVAILABLE FOR STUDENTS IN THE MAYO CLINIC ALIX SCHOOL OF MEDICINE, MAYO CLINIC GRADUATE SCHOOL OF BIOMEDICAL SCIENCES AND MAYO CLINIC SCHOOL OF HEALTH SCIENCES. FINALLY, QUALIFYING UNDERGRADUATE STUDENTS IN THE MAYO CLINIC SCHOOL OF HEALTH SCIENCES ARE ELIGIBLE FOR FUNDS FOR THE FEDERAL PELL GRANT PROGRAM.

Additional Data

Return to Form

Software ID:

Software Version:

SCHEDULE F (Form 990)

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.
▶ Attach to Form 990.
▶ Go to *www.irs.gov/Form990* for instructions and the latest information.

OMB No. 1545-0047

2022

Open to Public Inspection

Name of the organization
MAYO CLINIC

Employer identification number
41-6011702

Part I **General Information on Activities Outside the United States.** Complete if the organization answered "Yes" 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 Activites per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in region (by type) (such as, 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 the region	(f) Total expenditures for and investments in the region
(1) CENTRAL AMERICA AND THE CARIBBEAN	0	105	TRAVEL		235,637
(2) EAST ASIA AND THE PACIFIC	0	112	TRAVEL		356,107
(3) EUROPE (INCLUDING ICELAND AND GREENLAND)	0	893	TRAVEL		3,358,421
(4) MIDDLE EAST AND NORTH AFRICA	0	75	TRAVEL		231,256
(5) NORTH AMERICA	0	367	TRAVEL		906,684
(6) RUSSIA AND THE NEIGHBORING STATES	0	0	TRAVEL		
(7) SOUTH AMERICA	0	36	TRAVEL		215,600
(8) SOUTH ASIA	0	35	TRAVEL		85,344
(9) SUB-SAHARAN AFRICA	0	15	TRAVEL		52,786
(10) EAST ASIA AND THE PACIFIC	0	4	PROGRAM SERVICES	PATIENT CARE	124,203
(11) EUROPE (INCLUDING ICELAND AND GREENLAND)	0	5	PROGRAM SERVICES	PATIENT CARE	97,530
(12) MIDDLE EAST AND NORTH AFRICA	0	10	PROGRAM SERVICES	PATIENT CARE	285,569
(13) EUROPE (INCLUDING ICELAND AND GREENLAND)	0	1	PROGRAM SERVICES	RESEARCH	107,043
(14) NORTH AMERICA	0	2	PROGRAM SERVICES	EDUCATION CONFERENCE - MAYO SPONSOR	221,616
(15) CENTRAL AMERICA AND THE CARIBBEAN	0	0	INVESTMENTS		873,793,287
(16) EAST ASIA AND THE PACIFIC	0	0	INVESTMENTS		1,166,061,076
(17) EUROPE (INCLUDING ICELAND AND GREENLAND)	1	0	INVESTMENTS		646,315,337
(18) MIDDLE EAST AND NORTH AFRICA	0	0	INVESTMENTS		183,255,328
(19) NORTH AMERICA	0	0	INVESTMENTS		98,009,490
(20) RUSSIA AND THE NEIGHBORING STATES	0	0	INVESTMENTS		
(21) SOUTH AMERICA	0	0	INVESTMENTS		13,885,800
(22) SOUTH ASIA	0	0	INVESTMENTS		74,038,853
(23) SUB-SAHARAN AFRICA	0	0	INVESTMENTS		7,511,828
(24) EAST ASIA AND THE PACIFIC	1	5	UNRELATED BUSINESS ACTIVITY	REFERENCE LAB SALES & MARKETING	1,519,211
(25) MIDDLE EAST AND NORTH AFRICA	0	4	UNRELATED BUSINESS ACTIVITY	REFERENCE LAB SALES & MARKETING	1,551,177
(26) NORTH AMERICA	0	7	UNRELATED BUSINESS ACTIVITY	REFERENCE LAB SALES & MARKETING	1,085,384
(27) SOUTH AMERICA	0	4	UNRELATED BUSINESS ACTIVITY	REFERENCE LAB SALES & MARKETING	372,521
(28) EAST ASIA AND THE PACIFIC	0	0	PROGRAM SERVICES	CONSULTING	
(29) EUROPE (INCLUDING ICELAND AND GREENLAND)	0	0	PROGRAM SERVICES	RESEARCH	
(30) EUROPE (INCLUDING ICELAND AND GREENLAND)	0	1	PROGRAM SERVICES	EDUCATION CONFERENCE - MAYO SPONSOR	6,475
(31) EUROPE (INCLUDING ICELAND AND GREENLAND)	0	0	FUNDRAISING		
(32) EAST ASIA AND THE PACIFIC	0	0	INVESTMENTS EXPENSE		
(33) EUROPE (INCLUDING ICELAND AND GREENLAND)	0	0	INVESTMENTS EXPENSE		13,998,633
3a Sub-total	0	1,623			5,389,049
b Total from continuation sheets to Part I . . .	2	58			3,082,293,147
c **Totals** (add lines 3a and 3b)	2	1,681			3,087,682,196

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

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)		EUROPE (INCLUDING ICELAND & GREENLAND) - ALBANIA, ANDORRA, AUSTRIA, BELGIUM		101,216		0		
(2)		EUROPE (INCLUDING ICELAND & GREENLAND) - ALBANIA, ANDORRA, AUSTRIA, BELGIUM		44,219		0		
(3)		EUROPE (INCLUDING ICELAND & GREENLAND) - ALBANIA, ANDORRA, AUSTRIA, BELGIUM		118,616		0		
(4)		EUROPE (INCLUDING ICELAND & GREENLAND) - ALBANIA, ANDORRA, AUSTRIA, BELGIUM		39,891		0		
(5)		EUROPE (INCLUDING ICELAND & GREENLAND) - ALBANIA, ANDORRA, AUSTRIA, BELGIUM		37,119		0		
(6)		EAST ASIA AND THE PACIFIC - AUSTRALIA, BRUNEI, BURMA, CAMBODIA,		29,400		0		
(7)		EUROPE (INCLUDING ICELAND & GREENLAND) - ALBANIA, ANDORRA, AUSTRIA, BELGIUM		328,006		0		
(8)		EUROPE (INCLUDING ICELAND & GREENLAND) - ALBANIA, ANDORRA, AUSTRIA, BELGIUM		8,499		0		
(9)		SOUTH ASIA - AFGHANISTAN, BANGLADESH, BHUTAN, INDIA, MALDIVES, NEPAL,		52,056		0		
(10)		EAST ASIA AND THE PACIFIC - AUSTRALIA, BRUNEI, BURMA, CAMBODIA,		249,743		0		
(11)		EUROPE (INCLUDING ICELAND & GREENLAND) - ALBANIA, ANDORRA, AUSTRIA, BELGIUM		160,485		0		
(12)		EUROPE (INCLUDING ICELAND & GREENLAND) - ALBANIA, ANDORRA, AUSTRIA, BELGIUM		28,000		0		
(13)		NORTH AMERICA - CANADA AND MEXICO, BUT NOT THE UNITED STATES		72,912		0		

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(14)		NORTH AMERICA - CANADA AND MEXICO, BUT NOT THE UNITED STATES		228,974		0		
(15)		EUROPE (INCLUDING ICELAND & GREENLAND) - ALBANIA, ANDORRA, AUSTRIA, BELGIUM		67,343		0		
(16)		NORTH AMERICA - CANADA AND MEXICO, BUT NOT THE UNITED STATES		62,500		0		
(17)		SUB-SAHARAN AFRICA		40,103		0		
(18)		EUROPE (INCLUDING ICELAND & GREENLAND)		275,000		0		
(19)		EUROPE (INCLUDING ICELAND & GREENLAND)		22,538		0		
(20)		EUROPE (INCLUDING ICELAND & GREENLAND)		70,000		0		
(21)		EUROPE (INCLUDING ICELAND & GREENLAND)		20,000		0		
(22)		NORTH AMERICA		33,659		0		
(23)		EUROPE (INCLUDING ICELAND & GREENLAND)		78,107		0		
(24)		EUROPE (INCLUDING ICELAND & GREENLAND)		85,401		0		

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

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

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

(a) Type of grant or assistance	**(b)** Region	**(c)** Number of recipients	**(d)** Amount of cash grant	**(e)** Manner of cash disbursement	**(f)** Amount of noncash assistance	**(g)** Description of noncash assistance	**(h)** Method of valuation (book, FMV, appraisal, other)
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							

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 separately 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; don't 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 separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990).* . . . . . ☑ Yes ☐ No

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. See instructions.

ReturnReference	Explanation
PART I, LINE 2:	FEDERAL AWARDS THAT ARE SUBCONTRACTED TO OTHER ORGANIZATIONS ARE REGULARLY MONITORED BY THE FILING ORGANIZATION FOR COMPLIANCE WITH EITHER THE FEDERAL REGULATIONS AND/OR THE CONTRACT PROVISIONS. SEE ALSO SCHEDULE I, PART IV FOR ADDITIONAL INFORMATION ON MAYO CLINIC'S PROCEDURES FOR MONITORING THE USE OF GRANT FUNDS AS THE SAME PROCEDURES APPLY TO DOMESTIC AND FOREIGN GRANTS. GENERAL INFORMATION ON ACTIVITIES OUTSIDE THE UNITED STATES IS REPORTED BASED ON WHERE PAYMENTS WERE REMITTED. OUR CURRENT REPORTING SYSTEM DOES NOT TRACK ACTIVITIES OUTSIDE THE UNITED STATES BY LOCATION OF SERVICE.
PART I, LINE 3:	ACCRUAL METHOD
PART III ACCOUNTING METHOD:	
PART IV - 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 CLINIC ARIZONA (EIN: 86-0800150) MAYO CLINIC JACKSONVILLE (EIN: 59-3337028) MAYO FOUNDATION FOR MEDICAL EDUCATION AND RESEARCH (EIN: 41-1506440) 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 THE 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 FORMS 5471 WAS FILED: 41-6011702 IRS SERVICE CENTER WHERE U.S. TAX RETURN WAS OR WILL BE FILED: OGDEN, UT 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 FORMS 5471 WAS FILED: 41-1506440 IRS SERVICE CENTER WHERE U.S. TAX RETURN WAS OR WILL BE FILED: OGDEN, UT 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 (CFPS), 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 FORMS 8865 WAS FILED: 41-6011702 IRS SERVICE CENTER WHERE U.S. TAX RETURN WAS OR WILL BE FILED: OGDEN, UT

Additional Data

Software ID:

Software Version:

SCHEDULE G (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

▶ **Attach to Form 990 or Form 990-EZ.**

▶ **Go to *www.irs.gov/Form990* for instructions and the latest information.**

OMB No. 1545-0047

2022

Open to Public Inspection

Name of the organization
MAYO CLINIC

Employer identification number
41-6011702

Part I **Fundraising Activities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

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

- **a** ☑ Mail solicitations
- **b** ☑ Internet and email solicitations
- **c** ☑ Phone solicitations
- **d** ☑ In-person solicitations
- **e** ☑ Solicitation of non-government grants
- **f** ☑ Solicitation of government grants
- **g** ☐ Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☑ **Yes** ☐ **No**

b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least $5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	**(ii)** Activity	**(iii)** Did fundraiser have custody or control of contributions? Yes	No	**(iv)** Gross receipts from activity	**(v)** Amount paid to (or retained by) fundraiser listed in col. **(i)**	**(vi)** Amount paid to (or retained by) organization
1 TRUESENSE MARKETING 502 KEYSTONE DRIVE WARRENDAL, PA 15086	CONSULTING		No	0	549,956	0
2 THE STELTER COMPANY 10435 NEW YORK AVE DES MOINES, IA 50322	DIRECT MAIL SERVICES		No	0	85,536	0
3 QCSS 21925 FIELD PARKWAY SUITE 210 DEER PARK, IL 60010	SERVICES-THANK YOU CALLS/CARDS		No	0	12,308	0
4 MARKETEAM 600 NORTHPARK TOWN CENTER SUITE 40 ATLANTA, GA 30328	CONSULTING		No	0	255,000	0
5						
6						
7						
8						
9						
10						
Total . . . . . ▶					902,800	

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

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

Part II **Fundraising Events.** Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than $15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than $5,000.

		(a) Event #1 (event type)	(b) Event #2 (event type)	(c) Other events (total number)	(d) Total events (add col. (a) through col. (c))
Revenue	1 Gross receipts				
	2 Less: Contributions				
	3 Gross income (line 1 minus line 2)				
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses				
	10 Direct expense summary. Add lines 4 through 9 in column (d) ▶				
	11 Net income summary. Subtract line 10 from line 3, column (d) ▶				

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

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	☐ Yes ____ % ☐ No	☐ Yes ____ % ☐ No	☐ Yes ____ % ☐ No	
	7 Direct expense summary. Add lines 2 through 5 in column (d) ▶				
	8 Net gaming income summary. Subtract line 7 from line 1, column (d) ▶				

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

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

b If "No," explain: _____

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

b If "Yes," explain: _____

11 Does the organization conduct gaming activities with nonmembers? . . . . . ☐ Yes ☐ No

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? . . . . . ☐ Yes ☐ No

13 Indicate the percentage of gaming activity conducted in:

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

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

Name ▶

Address ▶

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? . . . . . ☐ Yes ☐ No

b If "Yes," enter the amount of gaming revenue received by the organization ▶ $ _____ and the amount of gaming revenue retained by the third party ▶ $ _____.

c If "Yes," enter name and address of the third party:

Name ▶

Address ▶

16 Gaming manager information:

Name ▶

Gaming manager compensation ▶ $

Description of services provided ▶

☐ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? . . . . . ☐ Yes ☐ No

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

Part IV **Supplemental Information.** Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

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

Schedule G (Form 990) 2022

Additional Data

Return to Form

Software ID:

Software Version:

Form 990-PF

Department of the Treasury
Internal Revenue Service

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

Attach to Form 990-PF.

Go to www.irs.gov/Form990PF for instructions and the latest information.

OMB No. 1545-0047

2022

Open to Public Inspection for Charitable Purposes Only

Part XV Grants and Other Assistance to Organizations, Governments, and Individuals in the United States. See instructions. Enter gross amounts paid or accrued to organizations described in section 501(c)(3) and 501(c)(4), governments, and individuals in the United States. Use attachments if additional space is needed.

Recipient name and address (or real estate transacted)	Recipient's EIN (if known)	Purpose of grant or contribution	Amount	Recipient's foundation status or 501(c)(3) organization's IRC section	Recipient's relationship to the foundation manager or trustee
1 a See Attachment 1		Various	1,000,000.	Various	None
b See Attachment 2		Various	1,000,000.	Various	None
c See Attachment 3		Various	1,000,000.	Various	None
d See Attachment 4		Various	1,000,000.	Various	None
e See Attachment 5		Various	1,000,000.	Various	None
f See Attachment 6		Various	1,000,000.	Various	None
g See Attachment 7		Various	1,000,000.	Various	None
h See Attachment 8		Various	1,000,000.	Various	None
i See Attachment 9		Various	1,000,000.	Various	None
j See Attachment 10		Various	1,000,000.	Various	None
k See Attachment 11		Various	1,000,000.	Various	None
l See Attachment 12		Various	1,000,000.	Various	None
m See Attachment 13		Various	1,000,000.	Various	None
n See Attachment 14		Various	1,000,000.	Various	None
o See Attachment 15		Various	1,000,000.	Various	None
p See Attachment 16		Various	1,000,000.	Various	None
q See Attachment 17		Various	1,000,000.	Various	None
r See Attachment 18		Various	1,000,000.	Various	None
s See Attachment 19		Various	1,000,000.	Various	None
t See Attachment 20		Various	1,000,000.	Various	None
u See Attachment 21		Various	1,000,000.	Various	None
v See Attachment 22		Various	1,000,000.	Various	None
w See Attachment 23		Various	1,000,000.	Various	None
x See Attachment 24		Various	1,000,000.	Various	None
y See Attachment 25		Various	1,000,000.	Various	None
z See Attachment 26		Various	1,000,000.	Various	None
aa See Attachment 27		Various	1,000,000.	Various	None
bb See Attachment 28		Various	1,000,000.	Various	None
cc See Attachment 29		Various	1,000,000.	Various	None
dd See Attachment 30		Various	1,000,000.	Various	None
ee See Attachment 31		Various	1,000,000.	Various	None
ff See Attachment 32		Various	1,000,000.	Various	None
gg See Attachment 33		Various	1,000,000.	Various	None
hh See Attachment 34		Various	1,000,000.	Various	None
ii See Attachment 35		Various	1,000,000.	Various	None
jj See Attachment 36		Various	1,000,000.	Various	None
kk See Attachment 37		Various	1,000,000.	Various	None
ll See Attachment 38		Various	1,000,000.	Various	None
mm See Attachment 39		Various	1,000,000.	Various	None
nn See Attachment 40		Various	1,000,000.	Various	None
oo See Attachment 41		Various	1,000,000.	Various	None
pp See Attachment 42		Various	1,000,000.	Various	None
qq See Attachment 43		Various	1,000,000.	Various	None
rr See Attachment 44		Various	1,000,000.	Various	None
ss See Attachment 45		Various	1,000,000.	Various	None
tt See Attachment 46		Various	1,000,000.	Various	None
uu See Attachment 47		Various	1,000,000.	Various	None
vv See Attachment 48		Various	1,000,000.	Various	None
ww See Attachment 49		Various	1,000,000.	Various	None
xx See Attachment 50		Various	1,000,000.	Various	None
yy See Attachment 51		Various	1,000,000.	Various	None
zz See Attachment 52		Various	1,000,000.	Various	None
aaa See Attachment 53		Various	1,000,000.	Various	None
bbb See Attachment 54		Various	1,000,000.	Various	None
ccc See Attachment 55		Various	1,000,000.	Various	None
ddd See Attachment 56		Various	1,000,000.	Various	None
eee See Attachment 57		Various	1,000,000.	Various	None
fff See Attachment 58		Various	1,000,000.	Various	None
ggg See Attachment 59		Various	1,000,000.	Various	None
hhh See Attachment 60		Various	1,000,000.	Various	None
iii See Attachment 61		Various	1,000,000.	Various	None
jjj See Attachment 62		Various	1,000,000.	Various	None
kkk See Attachment 63		Various	1,000,000.	Various	None
lll See Attachment 64		Various	1,000,000.	Various	None
mmm See Attachment 65		Various	1,000,000.	Various	None
nnn See Attachment 66		Various	1,000,000.	Various	None
ooo See Attachment 67		Various	1,000,000.	Various	None
ppp See Attachment 68		Various	1,000,000.	Various	None
qqq See Attachment 69		Various	1,000,000.	Various	None
rrr See Attachment 70		Various	1,000,000.	Various	None
sss See Attachment 71		Various	1,000,000.	Various	None
ttt See Attachment 72		Various	1,000,000.	Various	None
uuu See Attachment 73		Various	1,000,000.	Various	None
vvv See Attachment 74		Various	1,000,000.	Various	None
www See Attachment 75		Various	1,000,000.	Various	None
xxx See Attachment 76		Various	1,000,000.	Various	None
yyy See Attachment 77		Various	1,000,000.	Various	None
zzz See Attachment 78		Various	1,000,000.	Various	None
aaaa See Attachment 79		Various	1,000,000.	Various	None
bbbb See Attachment 80		Various	1,000,000.	Various	None
cccc See Attachment 81		Various	1,000,000.	Various	None
dddd See Attachment 82		Various	1,000,000.	Various	None
eeee See Attachment 83		Various	1,000,000.	Various	None
ffff See Attachment 84		Various	1,000,000.	Various	None
gggg See Attachment 85		Various	1,000,000.	Various	None
hhhh See Attachment 86		Various	1,000,000.	Various	None
iiii See Attachment 87		Various	1,000,000.	Various	None
jjjj See Attachment 88		Various	1,000,000.	Various	None
kkkk See Attachment 89		Various	1,000,000.	Various	None
llll See Attachment 90		Various	1,000,000.	Various	None
mmmm See Attachment 91		Various	1,000,000.	Various	None
nnnn See Attachment 92		Various	1,000,000.	Various	None
oooo See Attachment 93		Various	1,000,000.	Various	None
pppp See Attachment 94		Various	1,000,000.	Various	None
qqqq See Attachment 95		Various	1,000,000.	Various	None
rrrr See Attachment 96		Various	1,000,000.	Various	None
ssss See Attachment 97		Various	1,000,000.	Various	None
tttt See Attachment 98		Various	1,000,000.	Various	None
uuuu See Attachment 99		Various	1,000,000.	Various	None
vvvv See Attachment 100		Various	1,000,000.	Various	None
wwww See Attachment 101		Various	1,000,000.	Various	None
xxxx See Attachment 102		Various	1,000,000.	Various	None
yyyy See Attachment 103		Various	1,000,000.	Various	None
zzzz See Attachment 104		Various	1,000,000.	Various	None
aaaaa See Attachment 105		Various	1,000,000.	Various	None
bbbbb See Attachment 106		Various	1,000,000.	Various	None
ccccc See Attachment 107		Various	1,000,000.	Various	None
ddddd See Attachment 108		Various	1,000,000.	Various	None
eeeee See Attachment 109		Various	1,000,000.	Various	None
fffff See Attachment 110		Various	1,000,000.	Various	None
ggggg See Attachment 111		Various	1,000,000.	Various	None
hhhhh See Attachment 112		Various	1,000,000.	Various	None
iiiii See Attachment 113		Various	1,000,000.	Various	None
jjjjj See Attachment 114		Various	1,000,000.	Various	None
kkkkk See Attachment 115		Various	1,000,000.	Various	None
lllll See Attachment 116		Various	1,000,000.	Various	None
mmmmm See Attachment 117		Various	1,000,000.	Various	None
nnnnn See Attachment 118		Various	1,000,000.	Various	None
ooooo See Attachment 119		Various	1,000,000.	Various	None
ppppp See Attachment 120		Various	1,000,000.	Various	None
qqqqq See Attachment 121		Various	1,000,000.	Various	None
rrrrr See Attachment 122		Various	1,000,000.	Various	None
sssss See Attachment 123		Various	1,000,000.	Various	None
ttttt See Attachment 124		Various	1,000,000.	Various	None
uuuuu See Attachment 125		Various	1,000,000.	Various	None
vvvvv See Attachment 126		Various	1,000,000.	Various	None
wwwww See Attachment 127		Various	1,000,000.	Various	None
xxxxx See Attachment 128		Various	1,000,000.	Various	None
yyyyy See Attachment 129		Various	1,000,000.	Various	None
zzzzz See Attachment 130		Various	1,000,000.	Various	None
aaaaaa See Attachment 131		Various	1,000,000.	Various	None
bbbbbb See Attachment 132		Various	1,000,000.	Various	None
cccccc See Attachment 133		Various	1,000,000.	Various	None
dddddd See Attachment 134		Various	1,000,000.	Various	None
eeeeee See Attachment 135		Various	1,000,000.	Various	None
ffffff See Attachment 136		Various	1,000,000.	Various	None
gggggg See Attachment 137		Various	1,000,000.	Various	None
hhhhhh See Attachment 138		Various	1,000,000.	Various	None
iiiiii See Attachment 139		Various	1,000,000.	Various	None
jjjjjj See Attachment 140		Various	1,000,000.	Various	None
kkkkkk See Attachment 141		Various	1,000,000.	Various	None
llllll See Attachment 142		Various	1,000,000.	Various	None
mmmmmm See Attachment 143		Various	1,000,000.	Various	None
nnnnnn See Attachment 144		Various	1,000,000.	Various	None
oooooo See Attachment 145		Various	1,000,000.	Various	None
pppppp See Attachment 146		Various	1,000,000.	Various	None
qqqqqq See Attachment 147		Various	1,000,000.	Various	None
rrrrrr See Attachment 148		Various	1,000,000.	Various	None
ssssss See Attachment 149		Various	1,000,000.	Various	None
tttttt See Attachment 150		Various	1,000,000.	Various	None
uuuuuu See Attachment 151		Various	1,000,000.	Various	None
vvvvvv See Attachment 152		Various	1,000,000.	Various	None
wwwwww See Attachment 153		Various	1,000,000.	Various	None
xxxxxx See Attachment 154		Various	1,000,000.	Various	None
yyyyyy See Attachment 155		Various	1,000,000.	Various	None
zzzzzz See Attachment 156		Various	1,000,000.	Various	None
aaaaaaa See Attachment 157		Various	1,000,000.	Various	None
bbbbbbb See Attachment 158		Various	1,000,000.	Various	None
ccccccc See Attachment 159		Various	1,000,000.	Various	None
ddddddd See Attachment 160		Various	1,000,000.	Various	None
eeeeeee See Attachment 161		Various	1,000,000.	Various	None
fffffff See Attachment 162		Various	1,000,000.	Various	None
ggggggg See Attachment 163		Various	1,000,000.	Various	None
hhhhhhh See Attachment 164		Various	1,000,000.	Various	None
iiiiiii See Attachment 165		Various	1,000,000.	Various	None
jjjjjjj See Attachment 166		Various	1,000,000.	Various	None
kkkkkkk See Attachment 167		Various	1,000,000.	Various	None
lllllll See Attachment 168		Various	1,000,000.	Various	None
mmmmmmm See Attachment 169		Various	1,000,000.	Various	None
nnnnnnn See Attachment 170		Various	1,000,000.	Various	None
ooooooo See Attachment 171		Various	1,000,000.	Various	None
ppppppp See Attachment 172		Various	1,000,000.	Various	None
qqqqqqq See Attachment 173		Various	1,000,000.	Various	None
rrrrrrr See Attachment 174		Various	1,000,000.	Various	None
sssssss See Attachment 175		Various	1,000,000.	Various	None
ttttttt See Attachment 176		Various	1,000,000.	Various	None
uuuuuuu See Attachment 177		Various	1,000,000.	Various	None
vvvvvvv See Attachment 178		Various	1,000,000.	Various	None
wwwwwww See Attachment 179		Various	1,000,000.	Various	None
xxxxxxx See Attachment 180		Various	1,000,000.	Various	None
yyyyyyy See Attachment 181		Various	1,000,000.	Various	None
zzzzzzz See Attachment 182		Various	1,000,000.	Various	None
aaaaaaaa See Attachment 183		Various	1,000,000.	Various	None
bbbbbbbb See Attachment 184		Various	1,000,000.	Various	None
cccccccc See Attachment 185		Various	1,000,000.	Various	None
dddddddd See Attachment 186		Various	1,000,000.	Various	None
eeeeeeee See Attachment 187		Various	1,000,000.	Various	None
ffffffff See Attachment 188		Various	1,000,000.	Various	None
gggggggg See Attachment 189		Various	1,000,000.	Various	None
hhhhhhhh See Attachment 190		Various	1,000,000.	Various	None
iiiiiiii See Attachment 191		Various	1,000,000.	Various	None
jjjjjjjj See Attachment 192		Various	1,000,000.	Various	None
kkkkkkkk See Attachment 193		Various	1,000,000.	Various	None
llllllll See Attachment 194		Various	1,000,000.	Various	None
mmmmmmmm See Attachment 195		Various	1,000,000.	Various	None
nnnnnnnn See Attachment 196		Various	1,000,000.	Various	None
oooooooo See Attachment 197		Various	1,000,000.	Various	None
pppppppp See Attachment 198		Various	1,000,000.	Various	None
qqqqqqqq See Attachment 199		Various	1,000,000.	Various	None
rrrrrrrr See Attachment 200		Various	1,000,000.	Various	None
ssssssss See Attachment 201		Various	1,000,000.	Various	None
tttttttt See Attachment 202		Various	1,000,000.	Various	None
uuuuuuuu See Attachment 203		Various	1,000,000.	Various	None
vvvvvvvv See Attachment 204		Various	1,000,000.	Various	None
wwwwwwww See Attachment 205		Various	1,000,000.	Various	None
xxxxxxxx See Attachment 206		Various	1,000,000.	Various	None
yyyyyyyy See Attachment 207		Various	1,000,000.	Various	None
zzzzzzzz See Attachment 208		Various	1,000,000.	Various	None
aaaaaaaaa See Attachment 209		Various	1,000,000.	Various	None
bbbbbbbbb See Attachment 210		Various	1,000,000.	Various	None
ccccccccc See Attachment 211		Various	1,000,000.	Various	None
ddddddddd See Attachment 212		Various	1,000,000.	Various	None
eeeeeeeee See Attachment 213		Various	1,000,000.	Various	None
fffffffff See Attachment 214		Various	1,000,000.	Various	None
ggggggggg See Attachment 215		Various	1,000,000.	Various	None
hhhhhhhhh See Attachment 216		Various	1,000,000.	Various	None
iiiiiiiii See Attachment 217		Various	1,000,000.	Various	None
jjjjjjjjj See Attachment 218		Various	1,000,000.	Various	None
kkkkkkkkk See Attachment 219		Various	1,000,000.	Various	None
lllllllll See Attachment 220		Various	1,000,000.	Various	None
mmmmmmmmm See Attachment 221		Various	1,000,000.	Various	None
nnnnnnnnn See Attachment 222		Various	1,000,000.	Various	None
ooooooooo See Attachment 223		Various	1,000,000.	Various	None
ppppppppp See Attachment 224		Various	1,000,000.	Various	None
qqqqqqqqq See Attachment 225		Various	1,000,000.	Various	None
rrrrrrrrr See Attachment 226		Various	1,000,000.	Various	None
sssssssss See Attachment 227		Various	1,000,000.	Various	None
ttttttttt See Attachment 228		Various	1,000,000.	Various	None
uuuuuuuuu See Attachment 229		Various	1,000,000.	Various	None
vvvvvvvvv See Attachment 230		Various	1,000,000.	Various	None
wwwwwwwww See Attachment 231		Various	1,000,000.	Various	None
xxxxxxxxx See Attachment 232		Various	1,000,000.	Various	None
yyyyyyyyy See Attachment 233		Various	1,000,000.	Various	None
zzzzzzzzz See Attachment 234		Various	1,000,000.	Various	None
aaaaaaaaaa See Attachment 235		Various	1,000,000.	Various	None
bbbbbbbbbb See Attachment 236		Various	1,000,000.	Various	None
cccccccccc See Attachment 237		Various	1,000,000.	Various	None
dddddddddd See Attachment 238		Various	1,000,000.	Various	None
eeeeeeeeee See Attachment 239		Various	1,000,000.	Various	None
ffffffffff See Attachment 240		Various	1,000,000.	Various	None
gggggggggg See Attachment 241		Various	1,000,000.	Various	None
hhhhhhhhhh See Attachment 242		Various	1,000,000.	Various	None
iiiiiiiiii See Attachment 243		Various	1,000,000.	Various	None
jjjjjjjjjj See Attachment 244		Various	1,000,000.	Various	None
kkkkkkkkkk See Attachment 245		Various	1,000,000.	Various	None
llllllllll See Attachment 246		Various	1,000,000.	Various	None
mmmmmmmmmm See Attachment 247		Various	1,000,000.	Various	None
nnnnnnnnnn See Attachment 248		Various	1,000,000.	Various	None
oooooooooo See Attachment 249		Various	1,000,000.	Various	None
pppppppppp See Attachment 250		Various	1,000,000.	Various	None
qqqqqqqqqq See Attachment 251		Various	1,000,000.	Various	None
rrrrrrrrrr See Attachment 252		Various	1,000,000.	Various	None
ssssssssss See Attachment 253		Various	1,000,000.	Various	None
tttttttttt See Attachment 254		Various	1,000,000.	Various	None
uuuuuuuuuu See Attachment 255		Various	1,000,000.	Various	None
vvvvvvvvvv See Attachment 256		Various	1,000,000.	Various	None
wwwwwwwwww See Attachment 257		Various	1,000,000.	Various	None
xxxxxxxxxx See Attachment 258		Various	1,000,000.	Various	None
yyyyyyyyyy See Attachment 259		Various	1,000,000.	Various	None
zzzzzzzzzz See Attachment 260		Various	1,000,000.	Various	None
aaaaaaaaaaa See Attachment 261		Various	1,000,000.	Various	None
bbbbbbbbbbb See Attachment 262		Various	1,000,000.	Various	None
ccccccccccc See Attachment 263		Various	1,000,000.	Various	None
ddddddddddd See Attachment 264		Various	1,000,000.	Various	None
eeeeeeeeeee See Attachment 265		Various	1,000,000.	Various	None
fffffffffff See Attachment 266		Various	1,000,000.	Various	None
ggggggggggg See Attachment 267		Various	1,000,000.	Various	None
hhhhhhhhhhh See Attachment 268		Various	1,000,000.	Various	None
iiiiiiiiiii See Attachment 269		Various	1,000,000.	Various	None
jjjjjjjjjjj See Attachment 270		Various	1,000,000.	Various	None
kkkkkkkkkkk See Attachment 271		Various	1,000,000.	Various	None
lllllllllll See Attachment 272		Various	1,000,000.	Various	None
mmmmmmmmmmm See Attachment 273		Various	1,000,000.	Various	None
nnnnnnnnnnn See Attachment 274		Various	1,000,000.	Various	None
ooooooooooo See Attachment 275		Various	1,000,000.	Various	None
ppppppppppp See Attachment 276		Various	1,000,000.	Various	None
qqqqqqqqqqq See Attachment 277		Various	1,000,000.	Various	None
rrrrrrrrrrr See Attachment 278		Various	1,000,000.	Various	None
sssssssssss See Attachment 279		Various	1,000,000.	Various	None
ttttttttttt See Attachment 280		Various	1,000,000.	Various	None
uuuuuuuuuuu See Attachment 281		Various	1,000,000.	Various	None
vvvvvvvvvvv See Attachment 282		Various	1,000,000.	Various	None
wwwwwwwwwww See Attachment 283		Various	1,000,000.	Various	None
xxxxxxxxxxx See Attachment 284		Various	1,000,000.	Various	None
yyyyyyyyyyy See Attachment 285		Various	1,000,000.	Various	None
zzzzzzzzzzz See Attachment 286		Various	1,000,000.	Various	None
aaaaaaaaaaaa See Attachment 287		Various	1,000,000.	Various	None
bbbbbbbbbbbb See Attachment 288		Various	1,000,000.	Various	None
cccccccccccc See Attachment 289		Various	1,000,000.	Various	None
dddddddddddd See Attachment 290		Various	1,000,000.	Various	None
eeeeeeeeeeee See Attachment 291		Various	1,000,000.	Various	None
ffffffffffff See Attachment 292		Various	1,000,000.	Various	None
gggggggggggg See Attachment 293		Various	1,000,000.	Various	None
hhhhhhhhhhhh See Attachment 294		Various	1,000,000.	Various	None
iiiiiiiiiiii See Attachment 295		Various	1,000,000.	Various	None
jjjjjjjjjjjj See Attachment 296		Various	1,000,000.	Various	None
kkkkkkkkkkkk See Attachment 297		Various	1,000,000.	Various	None
llllllllllll See Attachment 298		Various	1,000,000.	Various	None
mmmmmmmmmmmm See Attachment 299		Various	1,000,000.	Various	None
nnnnnnnnnnnn See Attachment 300		Various	1,000,000.	Various	None
oooooooooooo See Attachment 301		Various	1,000,000.	Various	None
pppppppppppp See Attachment 302		Various	1,000,000.	Various	None
qqqqqqqqqqqq See Attachment 303		Various	1,000,000.	Various	None
rrrrrrrrrrrr See Attachment 304		Various	1,000,000.	Various	None
ssssssssssss See Attachment 305		Various	1,000,000.	Various	None
tttttttttttt See Attachment 306		Various	1,000,000.	Various	None
uuuuuuuuuuuu See Attachment 307		Various	1,000,000.	Various	None
vvvvvvvvvvvv See Attachment 308		Various	1,000,000.	Various	None
wwwwwwwwwwww See Attachment 309		Various	1,000,000.	Various	None
xxxxxxxxxxxx See Attachment 310		Various	1,000,000.	Various	None
yyyyyyyyyyyy See Attachment 311		Various	1,000,000.	Various	None
zzzzzzzzzzzz See Attachment 312		Various	1,000,000.	Various	None
aaaaaaaaaaaaa See Attachment 313		Various	1,000,000.	Various	None
bbbbbbbbbbbbb See Attachment 314		Various	1,000,000.	Various	None
ccccccccccccc See Attachment 315		Various	1,000,000.	Various	None
ddddddddddddd See Attachment 316		Various	1,000,000.	Various	None
eeeeeeeeeeeee See Attachment 317		Various	1,000,000.	Various	None
fffffffffffff See Attachment 318		Various	1,000,000.	Various	None
ggggggggggggg See Attachment 319		Various	1,000,000.	Various	None
hhhhhhhhhhhhh See Attachment 320		Various	1,000,000.	Various	None
iiiiiiiiiiiii See Attachment 321		Various	1,000,000.	Various	None
jjjjjjjjjjjjj See Attachment 322		Various	1,000,000.	Various	None
kkkkkkkkkkkkk See Attachment 323		Various	1,000,000.	Various	None
lllllllllllll See Attachment 324		Various	1,000,000.	Various	None
mmmmmmmmmmmmm See Attachment 325		Various	1,000,000.	Various	None
nnnnnnnnnnnnn See Attachment 326		Various	1,000,000.	Various	None
ooooooooooooo See Attachment 327		Various	1,000,000.	Various	None
ppppppppppppp See Attachment 328		Various	1,000,000.	Various	None
qqqqqqqqqqqqq See Attachment 329		Various	1,000,000.	Various	None
rrrrrrrrrrrrr See Attachment 330		Various	1,000,000.	Various	None
sssssssssssss See Attachment 331		Various	1,000,000.	Various	None
ttttttttttttt See Attachment 332		Various	1,000,000.	Various	None
uuuuuuuuuuuuu See Attachment 333		Various	1,000,000.	Various	None
vvvvvvvvvvvvv See Attachment 334		Various	1,000,000.	Various	None
wwwwwwwwwwwww See Attachment 335		Various	1,000,000.	Various	None
xxxxxxxxxxxxx See Attachment 336		Various	1,000,000.	Various	None
yyyyyyyyyyyyy See Attachment 337		Various	1,000,000.	Various	None
zzzzzzzzzzzzz See Attachment 338		Various	1,000,000.	Various	None
aaaaaaaaaaaaaa See Attachment 339		Various	1,000,000.	Various	None
bbbbbbbbbbbbbb See Attachment 340		Various	1,000,000.	Various	None
cccccccccccccc See Attachment 341		Various	1,000,000.	Various	None
dddddddddddddd See Attachment 342		Various	1,000,000.	Various	None
eeeeeeeeeeeeee See Attachment 343		Various	1,000,000.	Various	None
ffffffffffffff See Attachment 344		Various	1,000,000.	Various	None
gggggggggggggg See Attachment 345		Various	1,000,000.	Various	None
hhhhhhhhhhhhhh See Attachment 346		Various	1,000,000.	Various	None
iiiiiiiiiiiiii See Attachment 347		Various	1,000,000.	Various	None
jjjjjjjjjjjjjj See Attachment 348		Various	1,000,000.	Various	None
kkkkkkkkkkkkkk See Attachment 349		Various	1,000,000.	Various	None
llllllllllllll See Attachment 350		Various	1,000,000.	Various	None
mmmmmmmmmmmmmm See Attachment 351		Various	1,000,000.	Various	None
nnnnnnnnnnnnnn See Attachment 352		Various	1,000,000.	Various	None
oooooooooooooo See Attachment 353		Various	1,000,000.	Various	None
pppppppppppppp See Attachment 354		Various	1,000,000.	Various	None
qqqqqqqqqqqqqq See Attachment 355		Various	1,000,000.	Various	None
rrrrrrrrrrrrrr See Attachment 356		Various	1,000,000.	Various	None
ssssssssssssss See Attachment 357		Various	1,000,000.	Various	None
tttttttttttttt See Attachment 358		Various	1,000,000.	Various	None
uuuuuuuuuuuuuu See Attachment 359		Various	1,000,000.	Various	None
vvvvvvvvvvvvvv See Attachment 360		Various	1,000,000.	Various	None
wwwwwwwwwwwwww See Attachment 361		Various	1,000,000.	Various	None
xxxxxxxxxxxxxx See Attachment 362		Various	1,000,000.	Various	None
yyyyyyyyyyyyyy See Attachment 363		Various	1,000,000.	Various	None
zzzzzzzzzzzzzz See Attachment 364		Various	1,000,000.	Various	None
aaaaaaaaaaaaaaa See Attachment 365		Various	1,000,000.	Various	None
bbbbbbbbbbbbbbb See Attachment 366		Various	1,000,000.	Various	None
ccccccccccccccc See Attachment 367		Various	1,000,000.	Various	None
ddddddddddddddd See Attachment 368		Various	1,000,000.	Various	None
eeeeeeeeeeeeeee See Attachment 369		Various	1,000,000.	Various	None
fffffffffffffff See Attachment 370		Various	1,000,000.	Various	None
ggggggggggggggg See Attachment 371		Various	1,000,000.	Various	None
hhhhhhhhhhhhhhh See Attachment 372		Various	1,000,000.	Various	None
iiiiiiiiiiiiiii See Attachment 373		Various	1,000,000.	Various	None
jjjjjjjjjjjjjjj See Attachment 374		Various	1,000,000.	Various	None
kkkkkkkkkkkkkkk See Attachment 375		Various	1,000,000.	Various	None
lllllllllllllll See Attachment 376		Various	1,000,000.	Various	None
mmmmmmmmmmmmmmm See Attachment 377		Various	1,000,000.	Various	None
nnnnnnnnnnnnnnn See Attachment 378		Various	1,000,000.	Various	None
ooooooooooooooo See Attachment 379		Various	1,000,000.	Various	None
ppppppppppppppp See Attachment 380		Various	1,000,000.	Various	None
qqqqqqqqqqqqqqq See Attachment 381		Various	1,000,000.	Various	None
rrrrrrrrrrrrrrr See Attachment 382		Various	1,000,000.	Various	None
sssssssssssssss See Attachment 383		Various	1,000,000.	Various	None
ttttttttttttttt See Attachment 384		Various	1,000,000.	Various	None
uuuuuuuuuuuuuuu See Attachment 385		Various	1,000,000.	Various	None
vvvvvvvvvvvvvvv See Attachment 386		Various	1,000,000.	Various	None
wwwwwwwwwwwwwww See Attachment 387		Various	1,000,000.	Various	None
xxxxxxxxxxxxxxx See Attachment 388		Various	1,000,000.	Various	None
yyyyyyyyyyyyyyy See Attachment 389		Various	1,000,000.	Various	None
zzzzzzzzzzzzzzz See Attachment 390		Various	1,000,000.	Various	None
aaaaaaaaaaaaaaaa See Attachment 391		Various	1,000,000.	Various	None
bbbbbbbbbbbbbbbb See Attachment 392		Various	1,000,000.	Various	None
cccccccccccccccc See Attachment 393		Various	1,000,000.	Various	None
dddddddddddddddd See Attachment 394		Various	1,000,000.	Various	None
eeeeeeeeeeeeeeee See Attachment 395		Various	1,000,000.	Various	None
ffffffffffffffff See Attachment 396		Various	1,000,000.	Various	None
gggggggggggggggg See Attachment 397		Various	1,000,000.	Various	None
hhhhhhhhhhhhhhhh See Attachment 398		Various	1,000,000.	Various	None
iiiiiiiiiiiiiiii See Attachment 399		Various	1,000,000.	Various	None
jjjjjjjjjjjjjjjj See Attachment 400		Various	1,000,000.	Various	None
kkkkkkkkkkkkkkkk See Attachment 401		Various	1,000,000.	Various	None
llllllllllllllll See Attachment 402		Various	1,000,000.	Various	None
mmmmmmmmmmmmmmmm See Attachment 403		Various	1,000,000.	Various	None
nnnnnnnnnnnnnnnn See Attachment 404		Various	1,000,000.	Various	None
oooooooooooooooo See Attachment 405		Various	1,000,000.	Various	None
pppppppppppppppp See Attachment 406		Various	1,000,000.	Various	None
qqqqqqqqqqqqqqqq See Attachment 407		Various	1,000,000.	Various	None
rrrrrrrrrrrrrrrr See Attachment 408		Various	1,000,000.	Various	None
ssssssssssssssss See Attachment 409		Various	1,000,000.	Various	None
tttttttttttttttt See Attachment 410		Various	1,000,000.	Various	None
uuuuuuuuuuuuuuuu See Attachment 411		Various	1,000,000.	Various	None
vvvvvvvvvvvvvvvv See Attachment 412		Various	1,000,000.	Various	None
wwwwwwwwwwwwwwww See Attachment 413		Various	1,000,000.	Various	None
xxxxxxxxxxxxxxxx See Attachment 414		Various	1,000,000.	Various	None
yyyyyyyyyyyyyyyy See Attachment 415		Various	1,000,000.	Various	None
zzzzzzzzzzzzzzzz See Attachment 416		Various	1,000,000.	Various	None
aaaaaaaaaaaaaaaaa See Attachment 417		Various	1,000,000.	Various	None
bbbbbbbbbbbbbbbbb See Attachment 418		Various	1,000,000.	Various	None
ccccccccccccccccc See Attachment 419		Various	1,000,000.	Various	None
ddddddddddddddddd See Attachment 420		Various	1,000,000.	Various	None
eeeeeeeeeeeeeeeee See Attachment 421		Various	1,000,000.	Various	None
fffffffffffffffff See Attachment 422		Various	1,000,000.	Various	None
ggggggggggggggggg See Attachment 423		Various	1,000,000.	Various	None
hhhhhhhhhhhhhhhhh See Attachment 424		Various	1,000,000.	Various	None
iiiiiiiiiiiiiiiii See Attachment 425		Various	1,000,000.	Various	None
jjjjjjjjjjjjjjjjj See Attachment 426		Various	1,000,000.	Various	None
kkkkkkkkkkkkkkkkk See Attachment 427		Various	1,000,000.	Various	None
lllllllllllllllll See Attachment 428		Various	1,000,000.	Various	None
mmmmmmmmmmmmmmmmm See Attachment 429		Various	1,000,000.	Various	None
nnnnnnnnnnnnnnnnn See Attachment 430		Various	1,000,000.	Various	None
ooooooooooooooooo See Attachment 431		Various	1,000,000.	Various	None
ppppppppppppppppp See Attachment 432		Various	1,000,000.	Various	None
qqqqqqqqqqqqqqqqq See Attachment 433		Various	1,000,000.	Various	None
rrrrrrrrrrrrrrrrr See Attachment 434		Various	1,000,000.	Various	None
sssssssssssssssss See Attachment 435		Various	1,000,000.	Various	None
ttttttttttttttttt See Attachment 436		Various	1,000,000.	Various	None
uuuuuuuuuuuuuuuuu See Attachment 437		Various	1,000,000.	Various	None
vvvvvvvvvvvvvvvvv See Attachment 438		Various	1,000,000.	Various	None
wwwwwwwwwwwwwwwww See Attachment 439		Various	1,000,000.

Part III **Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on 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 noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1) SCHOLARSHIPS	1074	16,281,182			
(2) MEDICAL STUDENT STIPENDS	688	12,112,516			
(3) CHARITABLE SUPPORT OF INDIVIDUALS	42	103,802			
(3)					
(4)					
(5)					
(6)					
(7)					

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

Return Reference	Explanation
PART I, LINE 2:	AS A PRIVATE TRUST FOR THE PUBLIC GOOD, MAYO IS DEDICATED TO GIVING BACK TO THE COMMUNITIES IN WHICH ITS EMPLOYEES LIVE AND WORK. MAYO INVESTS RESOURCES RESPONSIBLY TO PRODUCE THE BEST OUTCOMES FOR PATIENT CARE, EDUCATION, RESEARCH, COMMUNITY ENRICHMENT AND SUSTAINABILITY. GRANT APPLICATIONS ARE REVIEWED AND PRIORITIZED IN HOW THEY: -ADDRESS SIGNIFICANT AND EMERGENT COMMUNITY NEEDS -ALIGN WITH MAYO'S MISSION -IMPROVE HEALTH OF INDIVIDUALS IN THE COMMUNITY -DEMONSTRATE PARTNERSHIP AND COLLABORATION BUILDING -ENABLE LONG TERM CAPACITY BUILDING AND SUSTAINABILITY -REDUCE DISPARITIES AND INEQUITIES RELATED TO ACCESS TO HEALTH AND WELLNESS MONITORING OF GRANTS GIVEN IS DEPENDENT ON TYPE. LARGER MULTI-YEAR AND CAPITAL GRANTS ARE MONITORED FOR ACHIEVEMENT OF STATED GOALS WITHIN THE GRANT AGREEMENT. SINGLE-YEAR OPERATIONAL AND PROGRAMMATIC GRANTS ARE NOT MONITORED AFTER THE FUNDS HAVE BEEN DISBURSED; HOWEVER, ADDITIONAL FUNDING REQUESTS ARE CONSIDERED BASED ON USE AND OUTCOMES OF PREVIOUSLY AWARDED GRANTS. FEDERAL AWARDS THAT ARE SUBCONTRACTED TO INDIVIDUALS AND OTHER ORGANIZATIONS ARE MONITORED BY MAYO AS PRESCRIBED IN TITLE 2 U.S. CODE OF FEDERAL REGULATIONS PART 200, UNIFORM ADMINISTRATIVE REQUIREMENTS, COST PRINCIPLES, AND AUDIT REQUIREMENTS FOR FEDERAL AWARDS (UNIFORM GUIDANCE), SUBPART D-SUBRECIPIENT MONITORING AND MANAGEMENT 200.331 REQUIREMENTS FOR PASS-THROUGH ENTITIES. SHORT-TERM FINANCIAL ASSISTANCE AND SUPPORT IS PROVIDED TO EMPLOYEES AND INDIVIDUALS EXPERIENCING TEMPORARY HARDSHIPS. GRANTS ARE PROVIDED BASED ON A PROVEN NEED AND ARE NOT MONITORED. MEDICAL STUDENT STIPENDS ARE PAID TO THE STUDENTS OF THE MAYO CLINIC COLLEGE OF MEDICINE AND SCIENCE TO HELP OFFSET THE COST OF THE STUDENT'S LIVING EXPENSES AND ARE NOT MONITORED. MERIT-BASED AND NEEDS-BASED SCHOLARSHIPS AND GRANTS ARE AWARDED TO INDIVIDUALS PURSUING A DEGREE IN A HEALTHCARE FIELD AND ARE CONTINGENT UPON ON-GOING SATISFACTORY ACADEMIC PROGRESS.

Additional Data

Return to Form

Software ID:

Software Version:

Schedule J
(Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
▶ Attach to Form 990.
▶ Go to *www.irs.gov/Form990* for instructions and the latest information.

OMB No. 1545-0047

2022

Open to Public Inspection

Name of the organization
MAYO CLINIC

Employer identification number
41-6011702

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropiate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	☑ First-class or charter travel ☑ Travel for companions ☑ Tax idemnification and gross-up payments ☐ Discretionary spending account ☐ Housing allowance or residence for personal use ☐ Payments for business use of personal residence ☐ Health or social club dues or initiation fees ☑ Personal services (e.g., maid, chauffeur, chef)			
b	If any of the boxes on Line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	**1b**	Yes	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked on Line 1a?	**2**	Yes	
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.			
	☑ Compensation committee ☑ Independent compensation consultant ☑ Form 990 of other organizations ☐ Written employment contract ☑ Compensation survey or study ☑ Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:			
a	Receive a severance payment or change-of-control payment?	**4a**		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**	Yes	
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**	Yes	
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:			
a	The organization?	**5a**		No
b	Any related organization?	**5b**		No
	If "Yes," on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:			
a	The organization?	**6a**		No
b	Any related organization?	**6b**		No
	If "Yes," on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III	**7**		No
8	Were any amounts reported on Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	**8**		No
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	**9**		

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

For each individual whose compensation must be reported on 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, 1099-MISC compensation, and/or 1099-NEC			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 FARRUGIA MD GIANRICO TRUSTEE/PRESIDENT/CEO	(i)	0	0	0	0	0	0	0
	(ii)	2,894,309	0	741,782	45,200	39,051	3,720,342	0
2 GRAY MD RICHARD J TRUSTEE/VP	(i)	0	0	0	0	0	0	0
	(ii)	1,662,172	0	337,252	38,938	34,336	2,072,698	0
3 THIELEN MD KENT R TRUSTEE/VP	(i)	0	0	0	0	0	0	0
	(ii)	1,666,603	0	340,069	46,442	35,900	2,089,014	0
4 GORMAN PAUL A TREASURER	(i)	0	0	0	0	0	0	0
	(ii)	831,217	737,643	146,196	50,632	36,060	1,801,748	0
5 ORN CHRISTINA K TRUSTEE/VP	(i)	0	0	0	0	0	0	0
	(ii)	1,352,248	0	178,426	35,962	35,848	1,602,484	0
6 DAHLEN DENNIS E CFO	(i)	0	0	0	0	0	0	0
	(ii)	1,326,278	0	155,124	56,527	35,947	1,573,876	0
7 KRAUSS MD WILLIAM E PHYSICIAN	(i)	1,206,203	0	256,797	48,573	27,684	1,539,257	0
	(ii)	0	0	0	0	0	0	0
8 LANZINO MD GIUSEPPE PHYSICIAN	(i)	1,201,063	0	251,568	44,008	34,455	1,531,094	0
	(ii)	0	0	0	0	0	0	0
9 MURPHY JOSHUA B SECY	(i)	0	0	0	0	0	0	0
	(ii)	1,162,409	0	239,637	45,082	38,853	1,485,981	0
10 PICHELMANN MD MARK A CHAIR-NWW1 NEUROSURGERY	(i)	1,218,043	0	187,775	32,347	32,614	1,470,779	0
	(ii)	0	0	0	0	0	0	0
11 WILLIAMS MD AMY W TRUSTEE	(i)	0	0	0	0	0	0	0
	(ii)	1,209,322	0	188,052	63,336	8,923	1,469,633	0
12 MARSH MD W RICHARD DIR-SPINE CENTER	(i)	1,123,766	0	254,645	12,200	27,427	1,418,038	0
	(ii)	0	0	0	0	0	0	0
13 CLARKE MD MICHELLE J PHYSICIAN	(i)	1,202,943	0	124,997	29,483	24,103	1,381,526	0
	(ii)	0	0	0	0	0	0	0
14 GORES MD GREGORY J EXECUTIVE DEAN OF RESEARCH	(i)	1,074,182	0	227,041	12,200	27,774	1,341,197	0
	(ii)	0	0	0	0	0	0	0
15 WILLIAMSON MARY J CAO-MCS	(i)	926,412	0	170,168	38,629	39,619	1,174,828	0
	(ii)	0	0	0	0	0	0	0
16 OTLEY MD CLARK C PHYSICIAN	(i)	881,648	0	196,362	44,702	37,216	1,159,928	0
	(ii)	0	0	0	0	0	0	0
17 AMMASH MD NASER M FORMER KEY EMPLOYEE	(i)	0	0	0	0	0	0	0
	(ii)	413,941	0	622,121	52,861	22,737	1,111,660	0
18 MENKOSKY PAULA E ASST SECY	(i)	0	0	0	0	0	0	0
	(ii)	839,482	20,000	151,966	48,196	33,348	1,092,992	0
19 HARPER JR MD CHARLES M TRUSTEE	(i)	673,709	0	369,151	12,200	26,434	1,081,494	0
	(ii)	0	0	0	0	0	0	0
20 PAGNANO MD MARK W CHAIR-ORTHOPEDICS	(i)	785,193	0	138,176	45,724	35,944	1,005,037	0
	(ii)	0	0	0	0	0	0	0
21 SHAH MD VIJAY CHAIR-ROCH INTERN MED	(i)	763,209	0	167,510	41,360	32,176	1,004,255	0
	(ii)	0	0	0	0	0	0	0
22 CALLSTROM MD MATTHEW R TRUSTEE	(i)	758,030	0	162,032	53,268	25,710	999,040	0
	(ii)	0	0	0	0	0	0	0
23 RIHAL MD CHARANJIT S TRUSTEE	(i)	723,645	0	177,815	51,299	33,403	986,162	0
	(ii)	0	0	0	0	0	0	0
24 MORICE MD WILLIAM G CHAIR-LAB MED & PATH	(i)	755,425	0	111,317	45,212	33,084	945,038	0
	(ii)	0	0	0	0	0	0	0
25 ARNETT JENNIFER P CHIEF DEVELOPMENT OFFICER	(i)	866,865	0	10,661	13,347	23,216	914,089	0
	(ii)	0	0	0	0	0	0	0
26 HARA MD AMY K TRUSTEE	(i)	0	0	0	0	0	0	0
	(ii)	702,507	0	114,655	37,140	37,237	891,539	0
27 CAMILLERI MD MICHAEL FORMER KEY EMPLOYEE	(i)	635,519	0	206,443	12,200	28,916	883,078	0
	(ii)	0	0	0	0	0	0	0
28 WALD MD JOHN T FORMER KEY EMPLOYEE	(i)	669,390	0	108,419	53,419	34,803	866,031	0
	(ii)	0	0	0	0	0	0	0
29 KENDRICK MD MICHAEL L CHAIR-SURGERY	(i)	667,130	0	120,581	40,404	32,821	860,936	0
	(ii)	0	0	0	0	0	0	0
30 KHAN RITA G FORMER KEY EMPLOYEE	(i)	0	0	0	0	0	0	0
	(ii)	732,379	0	25,646	39,970	18,806	816,801	0
31 FONSECA MD RAFAEL TRUSTEE	(i)	0	0	0	0	0	0	0
	(ii)	540,243	0	194,526	43,071	35,702	813,542	0
32 LEIBOVICH MD BRADLEY C PHYSICIAN	(i)	621,534	0	112,965	43,146	32,728	810,373	0
	(ii)	0	0	0	0	0	0	0
33 DOWDY MD SEAN C CHIEF VALUE OFFICER	(i)	654,963	0	77,632	34,805	35,537	802,937	0
	(ii)	0	0	0	0	0	0	0
34 LOFTUS MD CONOR G FORMER KEY EMPLOYEE	(i)	647,129	0	73,589	33,067	32,728	786,513	0
	(ii)	0	0	0	0	0	0	0
35 DIDEHBAN ROSHANAK TRUSTEE	(i)	426,643	0	63,198	24,409	8,424	522,674	0
	(ii)	208,701	0	37,594	0	3,525	249,820	0
36 GALANIS MD EVANTHIA EXECUTIVE DEAN OF DEVELOPMENT	(i)	602,061	0	94,609	38,258	32,605	767,533	0
	(ii)	0	0	0	0	0	0	0
37 GERTZ MD MORIE A FORMER KEY EMPLOYEE	(i)	529,421	0	196,812	12,200	25,884	764,317	0
	(ii)	0	0	0	0	0	0	0
38 MCLAUGHLIN MD SARAH A TRUSTEE	(i)	0	0	0	0	0	0	0
	(ii)	619,782	0	63,143	28,219	7,125	718,269	0
39 BROWN MD MICHAEL J PHYSICIAN	(i)	563,885	0	80,296	37,828	35,199	717,208	0
	(ii)	0	0	0	0	0	0	0
40 CIMA MD ROBERT R PHYSICIAN	(i)	557,874	0	82,484	42,648	31,454	714,460	0
	(ii)	0	0	0	0	0	0	0
41 OKUNO MD SCOTT H FORMER KEY EMPLOYEE	(i)	561,421	0	70,913	48,793	26,654	707,781	0
	(ii)	0	0	0	0	0	0	0
42 LUETMER MD PATRICK H FORMER KEY EMPLOYEE	(i)	540,785	0	120,475	12,213	32,951	706,424	0
	(ii)	0	0	0	0	0	0	0
43 FRANK MD IGOR PHYSICIAN	(i)	570,034	0	61,734	33,283	34,022	699,073	0
	(ii)	0	0	0	0	0	0	0
44 KHAN MD AMIR R PHYSICIAN	(i)	534,074	0	69,229	41,519	32,396	677,218	0
	(ii)	0	0	0	0	0	0	0
45 PETERS MD STEVE G PHYSICIAN	(i)	535,766	0	78,252	12,200	28,112	654,330	0
	(ii)	0	0	0	0	0	0	0
46 GAZELKA MD HALENA M FORMER KEY EMPLOYEE	(i)	498,687	0	85,397	6,100	16,420	606,604	0
	(ii)	21,140	0	44	32,985	591	54,760	0
47 FAMUYIDE MBBS ABIMBOLA O TRUSTEE	(i)	474,595	0	91,223	49,995	24,829	640,642	0
	(ii)	0	0	0	0	0	0	0
48 FRANCIS JAMES R ASST TREASURER	(i)	0	0	0	0	0	0	0
	(ii)	488,877	0	58,851	61,591	28,314	637,633	0
49 HORLOCKER MD TERESE T PHYSICIAN	(i)	525,625	0	67,544	12,204	26,465	631,838	0
	(ii)	0	0	0	0	0	0	0
50 DUNN AJANI N ASST SECY	(i)	0	0	0	0	0	0	0
	(ii)	527,713	0	8,243	26,454	37,736	600,146	0
51 HAYES MD SHARONNE N FORMER KEY EMPLOYEE	(i)	413,634	0	97,038	39,565	25,291	575,528	0
	(ii)	0	0	0	0	0	0	0
52 LUCCHINETTI MD CLAUDIA F TRUSTEE	(i)	436,001	0	54,857	48,467	29,515	568,840	0
	(ii)	0	0	0	0	0	0	0
53 DIETER HEIDI L CHAIR-RESEARCH ADMIN	(i)	458,071	0	32,287	38,059	12,017	540,434	0
	(ii)	0	0	0	0	0	0	0
54 POE JOHN D CHAIR-EDUCATION ADMIN	(i)	53,063	0	210	1,604	4,870	59,747	0
	(ii)	406,614	0	1,945	36,197	19,054	463,810	0
55 DIASIO MD ROBERT B FORMER KEY EMPLOYEE	(i)	372,459	0	81,182	6,188	27,830	487,659	0
	(ii)	0	0	0	0	0	0	0
56 HUBERT SHERRY L ASST SECY	(i)	0	0	0	0	0	0	0
	(ii)	366,166	0	20,244	48,423	34,580	469,413	0
57 NARR MD BRADLY J FORMER KEY EMPLOYEE	(i)	309,378	0	101,953	12,200	27,716	451,247	0
	(ii)	0	0	0	0	0	0	0
58 NORBY SUSAN M FORMER OFFICER	(i)	0	0	0	0	0	0	0
	(ii)	347,885	0	16,364	42,628	29,563	436,440	0
59 BOLTON JEFFREY W FORMER OFFICER	(i)	0	0	0	0	0	0	0
	(ii)	0	0	406,549	0	0	406,549	35,921
60 CAINE NATALIE A CAO-ROCHESTER	(i)	341,246	0	2,306	21,086	36,558	401,196	0
	(ii)	0	0	0	0	0	0	0
61 GREENE MD EDDIE L TRUSTEE	(i)	286,967	0	28,415	42,105	24,802	382,289	0
	(ii)	0	0	0	0	0	0	0
62 BROWN WILLIAM A ASST TREASURER	(i)	0	0	0	0	0	0	0
	(ii)	266,298	0	4,556	10,086	27,511	308,451	0
63 HAEFLINGER RICKY J FORMER OFFICER	(i)	0	0	175,431	0	0	175,431	0
	(ii)	0	0	0	0	0	0	0

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.

Return Reference	Explanation
PART I, LINE 1A	EXTERNAL TRUSTEES MAY BE REIMBURSED FOR ACTUAL TRAVEL EXPENSES, INCLUDING FIRST CLASS TRAVEL, RELATED TO MAYO BUSINESS. THIS REIMBURSEMENT MAY INCLUDE PRIVATE AIR TRAVEL, IN WHICH CASE REIMBURSEMENT IS LIMITED TO THE COST OF A FIRST CLASS TICKET AND THE AMOUNT IS GROSSED UP AND TREATED AS TAXABLE INCOME. IN 2022, MATTHEW R. CALLSTROM M.D., IGOR FRANK M.D. AND EVANTHIA GALANIS M.D. WERE PROVIDED BUSINESS/FIRST-CLASS TRAVEL. THE TRAVEL WAS NOT TREATED AS TAXABLE COMPENSATION AS ALL FLIGHTS WERE BUSINESS RELATED. TRAVEL FOR COMPANIONS IS AVAILABLE TO ALL TRUSTEES AND EX-OFFICIOS SO THAT SPOUSES CAN ACCOMPANY THEM TO THE SITE OF BOARD MEETINGS AND FOR OTHER BUSINESS RELATED PURPOSES. IN 2022, JAY ALIX, JENNIFER P. ARNETT, KATHERINE BAICKER, CLAUDIA F. LUCCHINETTI M.D., MICHAEL K. POWELL, CHARANJIT S. RIHAL M.D., ROBIN R. ROBERTS AND RANDOLPH C. STEER M.D. RECEIVED SPOUSAL TRAVEL, WHICH WAS GROSSED UP AND TREATED AS TAXABLE INCOME. MOVING EXPENSE REIMBURSEMENT IS PROVIDED TO QUALIFYING EMPLOYEES WHEN JUSTIFIED BY BUSINESS NEED. REIMBURSEMENT MAY INCLUDE TRAVEL FOR COMPANIONS. IN 2022, ONE OR MORE LISTED PERSONS RECEIVED SUCH A PAYMENT WHICH INCLUDED A GROSS UP PAYMENT. THE GROSS UP PAYMENT WAS TREATED AS ADDITIONAL TAXABLE COMPENSATION. PURSUANT TO INSTITUTIONAL POLICIES, CERTAIN AWARDS HAVE A TAX GROSS-UP APPLIED IN ORDER TO NOT DIMINISH THE RECOGNITION AND CELEBRATORY NATURE OF THE AWARD. ONE OR MORE LISTED PERSONS RECEIVED AN AWARD, WHICH WAS TREATED AS TAXABLE COMPENSATION TO THE INDIVIDUALS. 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. ONE OR MORE LISTED PERSONS RECEIVED THIS SERVICE, WHICH WAS TREATED AS TAXABLE COMPENSATION TO THE INDIVIDUALS.
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 PARTICIPATED IN OR RECEIVED A PAYMENT FROM THE SUPPLEMENTAL RETIREMENT PLAN. AMOUNTS ARE INCLUDED IN SCHEDULE J, PART II, COLUMN (B)(III). AMMASH M.D., NASER M. $113,509 ARNETT, JENNIFER P. $ 4,480 BOLTON, JEFFREY W. $370,628 BROWN M.D., MICHAEL J. $ 67,134 CAINE, NATALIE A. $ 716 CALLSTROM M.D., MATTHEW R. $133,609 CAMILLERI M.D., MICHAEL $116,010 CIMA M.D., ROBERT R. $ 74,633 CLARKE M.D., MICHELLE J. $123,357 DAHLEN, DENNIS E. $143,487 DIASIO M.D., ROBERT B. $ 64,492 DIDEHBAN, ROSHANAK $ 60,501 DIETER, HEIDI L. $ 30,126 DOWDY M.D., SEAN C. $ 67,916 DUNN, AJANI N. $ 3,791 FAMUYIDE M.B.B.S., ABIMBOLA O. $ 58,957 FARRUGIA M.D., GIANRICO $722,101 FONSECA M.D., RAFAEL $111,757 FRANCIS, JAMES R. $ 53,065 FRANK M.D., IGOR $ 57,262 GALANIS M.D., EVANTHIA $ 89,159 GAZELKA M.D., HALENA M. $ 32,664 GERTZ M.D., MORIE A. $ 84,457 GORES M.D., GREGORY J. $209,763 GORMAN, PAUL A. $140,092 GRAY M.D., RICHARD J. $324,738 GREENE M.D., EDDIE L. $ 24,809 HARA M.D., AMY K. $113,169 HARPER JR., M.D., CHARLES M. $223,863 HAYES M.D., SHARONNE N. $ 65,851 HORLOCKER M.D., TERESE T. $ 63,074 HUBERT, SHERRY L. $ 17,058 KENDRICK M.D., MICHAEL L. $108,561 KHAN M.D., AMIR R. $ 65,301 KHAN, RITA G. $ 21,269 KRAUSS M.D., WILLIAM E. $247,834 LANZINO M.D., GIUSEPPE $246,714 LEIBOVICH M.D., BRADLEY C. $ 92,619 LOFTUS M.D., CONOR G. $ 72,098 LUCCHINETTI M.D., CLAUDIA F. $ 47,477 LUETMER M.D., PATRICK H. $106,029 MARSH M.D., W. RICHARD $225,710 MCLAUGHLIN M.D., SARAH A. $ 62,008 MENKOSKY, PAULA E. $145,275 MORICE M.D., WILLIAM G. $108,034 MURPHY, JOSHUA B. $229,142 NARR M.D., BRADLY J. $ 61,213 NORBY, SUSAN M. $ 13,627 OKUNO M.D., SCOTT H. $ 65,697 OTLEY M.D., CLARK C. $167,962 PAGNANO M.D., MARK W. $135,347 PETERS M.D., STEVE G. $ 65,804 PICHELMANN M.D., MARK A. $186,004 POE, JOHN D. $0 RIHAL M.D., CHARANJIT S. $124,292 SHAH M.D., VIJAY $135,686 THIELEN M.D., KENT R. $324,738 WALD M.D., JOHN T. $103,229 WILLIAMS M.D., AMY W. $178,140 WILLIAMSON, MARY J. $167,752 ZORN, CHRISTINA K. $116,164 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 INSTRUMENTS SUCH AS STOCK, WARRANTS, OR PARTNERSHIP INTERESTS. THE FOLLOWING INDIVIDUALS PARTICIPATED IN AN EQUITY-BASED COMPENSATION ARRANGEMENT: CAMILLERI M.D., MICHAEL DOWDY M.D., SEAN C. FAMUYIDE M.B.B.S., ABIMBOLA O. HARA M.D., AMY K. RIHAL M.D., CHARANJIT S. SHAH M.D., VIJAY PART II: COMPENSATION PAID TO BOARD MEMBERS IS PRIMARILY FOR PROFESSIONAL RESPONSIBILITIES AS PHYSICIANS, ADMINISTRATORS, OR EMPLOYEES OF THE ORGANIZATION.

Additional Data

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Schedule K (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax-Exempt Bonds

▶ Complete if the organization answered "Yes" to Form 990, Part VI, line 24a. Provide descriptions, explanations, and any additional information in Part VI.
▶ Attach to Form 990.
▶Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2022

Open to Public Inspection

Name of the organization
MAYO CLINIC

Employer identification number
41-6011702

Part I Bond Issues

	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
							Yes	No	Yes	No	Yes	No
A	CITY OF ROCHESTER MINNESOTA	41-6005494	771902FE8	04-10-2008	330,000,000	CONSTRUCTION OF HEALTH CARE FACILITIES & REFUND 1998 BONDS		X		X		X
B	CITY OF ROCHESTER MINNESOTA	41-6005494	771902GA5	05-05-2011	293,208,150	REFUND 1992 AND 2001 BONDS		X		X		X
C	CITY OF ROCHESTER MINNESOTA	41-6005494	771902GW7	05-08-2014	120,000,000	CONSTRUCTION OF HEALTH CARE FACILITIES		X		X		X
D	CITY OF ROCHESTER MINNESOTA	41-6005494	771902GB3	12-31-2015	494,267	CONSTRUCTION OF HEALTH CARE FACILITIES		X		X		X

Part II Proceeds

		A	B	C	D
1	Amount of bonds retired	130,000,000	135,494,267		
2	Amount of bonds legally defeased				
3	Total proceeds of issue	325,948,187	293,208,150	120,012,445	494,267
4	Gross proceeds in reserve funds				
5	Capitalized interest from proceeds	8,864,264		310,855	
6	Proceeds in refunding escrows				
7	Issuance costs from proceeds	2,230,808	2,088,829	400,343	
8	Credit enhancement from proceeds				
9	Working capital expenditures from proceeds				
10	Capital expenditures from proceeds	87,603,115		119,301,247	
11	Other spent proceeds	227,250,000	291,119,321		494,267
12	Other unspent proceeds				
13	Year of substantial completion	2010	2011	2016	2016

		A Yes	A No	B Yes	B No	C Yes	C No	D Yes	D No
14	Were the bonds issued as part of a current refunding issue of tax-exempt bonds (or, if issued prior to 2020, a current refunding issue)?	X		X			X	X	
15	Were the bonds issued as part of an advance refunding issue of taxable bonds (or, if issued prior to 2020, an advance refunding issue)?		X		X		X		X
16	Has the final allocation of proceeds been made?	X		X		X		X	
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X		X		X	

Part III Private Business Use

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?		X		X				
2	Are there any lease arrangements that may result in private business use of bond-financed property?		X		X				
3a	Are there any management or service contracts that may result in private business use of bond-financed property?		X		X				
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?								
c	Are there any research agreements that may result in private business use of bond-financed property?		X		X				
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶		1.020 %		0 %				
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶		0.020 %		0 %				
6	Total of lines 4 and 5		1.040 %		0 %				
7	Does the bond issue meet the private security or payment test?		X		X				
8a	Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		X		X				
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of.								
c	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?								
9	Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?	X		X					

Part IV Arbitrage

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?		X		X		X		X
2	If "No" to line 1, did the following apply?								
a	Rebate not due yet?		X		X		X		X
b	Exception to rebate?		X		X		X		X
c	No rebate due?	X		X		X		X	
	If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed								
3	Is the bond issue a variable rate issue?		X		X	X			X

Part IV **Arbitrage** (Continued)

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
4a	Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X		X		X		X
b	Name of provider								
c	Term of hedge								
d	Was the hedge superintegrated?								
e	Was the hedge terminated?								
5a	Were gross proceeds invested in a guaranteed investment contract (GIC)?		X		X		X		X
b	Name of provider								
c	Term of GIC								
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6	Were any gross proceeds invested beyond an available temporary period?		X		X		X		X
7	Has the organization established written procedures to monitor the requirements of section 148? . . .	X		X		X		X	

Part V **Procedures To Undertake Corrective Action**

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations?	X		X		X		X	

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

Return Reference	Explanation
DATE REBATE COMPUTATION PERFORMED	ISSUER NAME: CITY OF ROCHESTER, MINNESOTA DATE THE REBATE COMPUTATION WAS PERFORMED: 03/05/2013 ISSUER NAME: CITY OF ROCHESTER, MINNESOTA DATE THE REBATE COMPUTATION WAS PERFORMED: 05/05/2016 ISSUER NAME: CITY OF ROCHESTER, MINNESOTA DATE THE REBATE COMPUTATION WAS PERFORMED: 05/08/2019 ISSUER NAME: CITY OF ROCHESTER, MINNESOTA DATE THE REBATE COMPUTATION WAS PERFORMED: 12/31/2020
SCHEDULE K, PART I, COLUMN (E) AND PART II, LINE 3	THE DIFFERENCE BETWEEN PART I, COLUMN (E) AND PART II, LINE 3 FOR THE BOND ISSUES ARE INVESTMENT EARNINGS OR LOSSES.
SCHEDULE K, PART IV, ARBITRAGE CALCULATIONS FOR 2015 BOND ISSUES	DURING 2015 PROPERTY THAT WAS FINANCED BY PREVIOUSLY ISSUED BONDS WAS SOLD. REMEDIAL ACTION WAS REQUIRED DUE TO THE SALE OF BOND-FINANCED PROPERTY WHICH RESULTED IN AN ALLOCABLE PORTION OF EACH OF THE PREVIOUSLY ISSUED BONDS TO BE TREATED AS HAVING BEEN REISSUED - RESULTING IN THE 2015 BOND ISSUES REFLECTED ON THIS SCHEDULE K. THE TRANSFERRED/SALE PROCEEDS WERE DEEMED TO HAVE BEEN SPENT IMMEDIATELY TO RETIRE THE ALLOCABLE PORTIONS OF THE PREVIOUS BOND ISSUES. THE 2015 TRANSFERRED/SALE PROCEEDS WERE REDIRECTED TO ANOTHER QUALIFYING PROJECT ALREADY COMPLETED RESULTING IN ZERO INVESTMENT EARNINGS FOR PURPOSES OF THE ARBITRAGE CALCULATIONS. SINCE THERE WERE NO INVESTMENT EARNINGS RELATED TO THE PROCEEDS, WE HAVE INDICATED FOR PART IV (ARBITRAGE), LINE 2C THAT NO REBATE WAS DUE AS OF DECEMBER 31, 2020.

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Schedule K (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax-Exempt Bonds

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▶Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2022

Open to Public Inspection

Name of the organization
MAYO CLINIC

Employer identification number
41-6011702

Part I Bond Issues

	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
							Yes	No	Yes	No	Yes	No
A	CITY OF ROCHESTER MINNESOTA	41-6005494	771902GY3	05-03-2016	75,000,000	REFUND 2006 BONDS		X		X		X
B	CITY OF ROCHESTER MINNESOTA	41-6005494	771902HE6	10-13-2016	293,825,280	REFUND 2000 BONDS		X		X		X
C	CITY OF ROCHESTER MINNESOTA	41-6005494	771902HF3	10-16-2018	200,152,000	CONSTRUCTION OF HEALTH CARE FACILITIES		X		X		X
D	CITY OF ROCHESTER MINNESOTA	41-6005494	000000000	05-15-2020	130,000,000	REFUND 2008 BONDS		X		X		X

Part II Proceeds

		A	B	C	D
1	Amount of bonds retired				
2	Amount of bonds legally defeased				
3	Total proceeds of issue	75,000,000	293,828,470	201,883,614	130,000,000
4	Gross proceeds in reserve funds				
5	Capitalized interest from proceeds		2,361,460	9,157,904	
6	Proceeds in refunding escrows				
7	Issuance costs from proceeds		1,467,010	1,140,947	
8	Credit enhancement from proceeds				
9	Working capital expenditures from proceeds				
10	Capital expenditures from proceeds			191,584,762	
11	Other spent proceeds	75,000,000	290,000,000		130,000,000
12	Other unspent proceeds				
13	Year of substantial completion	2016	2016	2020	2020

		A Yes	A No	B Yes	B No	C Yes	C No	D Yes	D No
14	Were the bonds issued as part of a current refunding issue of tax-exempt bonds (or, if issued prior to 2020, a current refunding issue)?	X		X			X	X	
15	Were the bonds issued as part of an advance refunding issue of taxable bonds (or, if issued prior to 2020, an advance refunding issue)?		X		X		X		X
16	Has the final allocation of proceeds been made?	X		X		X		X	
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X		X		X	

Part III Private Business Use

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?		X		X		X		
2	Are there any lease arrangements that may result in private business use of bond-financed property?		X		X		X		
3a	Are there any management or service contracts that may result in private business use of bond-financed property?		X		X		X		
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?								
c	Are there any research agreements that may result in private business use of bond-financed property?	X			X	X			
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?		X				X		
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶		0.110 %		0 %		0.010 %		
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶		0.250 %		0 %		0.020 %		
6	Total of lines 4 and 5		0.360 %		0 %		0.030 %		
7	Does the bond issue meet the private security or payment test?		X		X		X		
8a	Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		X		X		X		
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of.								
c	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?								
9	Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?	X		X		X			

Part IV Arbitrage

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?		X		X		X		X
2	If "No" to line 1, did the following apply?								
a	Rebate not due yet?		X		X	X		X	
b	Exception to rebate?	X		X			X		X
c	No rebate due?		X		X		X		X
	If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed								
3	Is the bond issue a variable rate issue?	X			X		X	X	

Part IV Arbitrage (Continued)

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
4a	Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X		X		X		X
b	Name of provider								
c	Term of hedge								
d	Was the hedge superintegrated?								
e	Was the hedge terminated?								
5a	Were gross proceeds invested in a guaranteed investment contract (GIC)?		X		X		X		X
b	Name of provider								
c	Term of GIC								
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6	Were any gross proceeds invested beyond an available temporary period?		X		X		X		X
7	Has the organization established written procedures to monitor the requirements of section 148? . . .	X		X		X		X	

Part V Procedures To Undertake Corrective Action

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations?	X		X		X		X	

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

Return Reference	Explanation

Additional Data

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Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

Schedule K (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax-Exempt Bonds

▶ Complete if the organization answered "Yes" to Form 990, Part VI, line 24a. Provide descriptions, explanations, and any additional information in Part VI.
▶ Attach to Form 990.
▶Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2022

Open to Public Inspection

Name of the organization
MAYO CLINIC

Employer identification number
41-6011702

Part I Bond Issues

	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
							Yes	No	Yes	No	Yes	No
A	CITY OF ROCHESTER MINNESOTA	41-6005494	771902HM8	04-12-2022	305,570,347	REFUND 2012 AND 2015 BONDS AND CONSTRUCTION		X		X		X

Part II Proceeds

		A	B	C	D
1	Amount of bonds retired				
2	Amount of bonds legally defeased				
3	Total proceeds of issue	306,357,339			
4	Gross proceeds in reserve funds				
5	Capitalized interest from proceeds	6,735,393			
6	Proceeds in refunding escrows				
7	Issuance costs from proceeds	1,518,194			
8	Credit enhancement from proceeds				
9	Working capital expenditures from proceeds				
10	Capital expenditures from proceeds	49,693,357			
11	Other spent proceeds	204,031,250			
12	Other unspent proceeds	44,379,146			
13	Year of substantial completion				

		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue of tax-exempt bonds (or, if issued prior to 2020, a current refunding issue)?	X							
15	Were the bonds issued as part of an advance refunding issue of taxable bonds (or, if issued prior to 2020, an advance refunding issue)?		X						
16	Has the final allocation of proceeds been made?		X						
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	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						
2	Are there any lease arrangements that may result in private business use of bond-financed property?		X						
3a	Are there any management or service contracts that may result in private business use of bond-financed property?		X						
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?								
c	Are there any research agreements that may result in private business use of bond-financed property?	X							
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?		X						
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶		0.040 %						
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶		0.020 %						
6	Total of lines 4 and 5		0.060 %						
7	Does the bond issue meet the private security or payment test?		X						
8a	Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		X						
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of.								
c	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?								
9	Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?	X							

Part IV Arbitrage

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?		X						
2	If "No" to line 1, did the following apply?								
a	Rebate not due yet?	X							
b	Exception to rebate?		X						
c	No rebate due?		X						
	If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed								
3	Is the bond issue a variable rate issue?		X						

Part IV Arbitrage (Continued)

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
4a	Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X						
b	Name of provider								
c	Term of hedge								
d	Was the hedge superintegrated?								
e	Was the hedge terminated?								
5a	Were gross proceeds invested in a guaranteed investment contract (GIC)?		X						
b	Name of provider								
c	Term of GIC								
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6	Were any gross proceeds invested beyond an available temporary period?		X						
7	Has the organization established written procedures to monitor the requirements of section 148? . . .	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							

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

Return Reference	Explanation

Additional Data

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Schedule L
(Form 990)

Department of the Treasury
Internal Revenue Service

Transactions with Interested Persons

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.**
▶ **Attach to Form 990 or Form 990-EZ.**
▶**Go to *www.irs.gov/Form990* for instructions and the latest information.**

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2022

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Name of the organization
MAYO CLINIC

Employer identification number
41-6011702

Part I **Excess Benefit Transactions** (section 501(c)(3), section 501(c)(4), and section 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? To	From	**(e)** Original principal amount	**(f)** Balance due	**(g)** In default? Yes	No	**(h)** Approved by board or committee? Yes	No	**(i)** Written agreement? Yes	No
Total . . . . . ▶ $												

Part III **Grants or Assistance 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
(1)	MERIT SCHOLARSHIP	30,000	SCHOLARSHIP	

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
(1) EMANUEL ELIZABETH M	FAMILY MEMBER OF FORMER OFFICER NORBY, SUSAN M.	88,616	EMPLOYMENT		No
(2) FAMUYIDE OMOLOLA O	FAMILY MEMBER OF TRUSTEE FAMUYIDE M.B.B.S., ABIMBOLA O.	109,942	EMPLOYMENT		No
(3) GORMAN ELLEN K	FAMILY MEMBER OF OFFICER GORMAN, PAUL A.	32,860	EMPLOYMENT		No
(4) KENDRICK CONNER D	FAMILY MEMBER OF KEY EMPLOYEE KENDRICK M.D., MICHAEL L.	51,768	EMPLOYMENT		No
(5) LAMER MD TIM J	FAMILY MEMBER OF KEY EMPLOYEE GAZELKA M.D., HALENA M.	617,511	EMPLOYMENT		No
(6) LARSON MD MARK V	FAMILY MEMBER OF TRUSTEE WILLIAMS M.D., AMY W.	777,138	EMPLOYMENT		No
(7) LUETMER MD MARIANNE T	FAMILY MEMBER OF FORMER KEY EMPLOYEE LUETMER M.D., PATRICK H.	276,782	EMPLOYMENT		No
(8) MIDTHUN MD DAVID E	FAMILY MEMBER OF TRUSTEE WILLIAMS M.D., AMY W.	631,533	EMPLOYMENT		No
(9) NEAL MD LONZETTA	FAMILY MEMBER OF TRUSTEE GREENE M.D., EDDIE L.	49,786	EMPLOYMENT		No
(10) PETERS MD MARGOT S	FAMILY MEMBER OF KEY EMPLOYEE PETERS M.D., STEVE G.	338,694	EMPLOYMENT		No
(11) POE KIMBERLY L	FAMILY MEMBER OF KEY EMPLOYEE POE, JOHN D.	27,938	EMPLOYMENT		No
(12) POE KRISTIN L	FAMILY MEMBER OF KEY EMPLOYEE POE, JOHN D.	55,078	EMPLOYMENT		No
(13) SAITO LOFTUS MD YURI A	FAMILY MEMBER OF FORMER KEY EMPLOYEE LOFTUS M.D., CONOR G.	386,870	EMPLOYMENT		No
(14) UHLENKAMP NOAH B	FAMILY MEMBER OF FORMER OFFICER NORBY, SUSAN M.	49,198	EMPLOYMENT		No
(15) WALD MICHELLE K	FAMILY MEMBER OF FORMER KEY EMPLOYEE WALD M.D., JOHN T.	71,380	EMPLOYMENT		No
(16) WILLIAMSON MD ERIC E	FAMILY MEMBER OF KEY EMPLOYEE WILLIAMSON, MARY J.	848,432	EMPLOYMENT		No

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

Return Reference	Explanation

Additional Data

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SCHEDULE M (Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

▶ **Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.**
▶ **Attach to Form 990.**
▶ **Go to *www.irs.gov/Form990* for the latest information.**

OMB No. 1545-0047

2022

Open to Public Inspection

Name of the organization
MAYO CLINIC

Employer identification number
41-6011702

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art	X	1		EXPERTS
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications	X		0	EXPERTS
5 Clothing and household goods	X		0	EXPERTS
6 Cars and other vehicles	X	1	280,000	EXPERTS
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded	X	242	26,240,936	MEAN MARKET VALUE
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous	X	2	5,310,830	EXPERTS
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential	X	2	567,700	EXPERTS
16 Real estate—Commercial	X	4	2,977,529	EXPERTS
17 Real estate—Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (JEWELRY)	X	1	8,902	EXPERTS
26 Other ▶ (EQUIPMENT)	X	1	2,800	EXPERTS
27 Other ▶ (TOYS, GAMES, ETC.)	X	6	0	EXPERTS
28 Other ▶ (FURNITURE)	X	2	0	EXPERTS

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement — **29** 5

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

Part II **Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Return Reference	Explanation
PART I, COLUMN (B):	FOR PURPOSES OF SCHEDULE M. MAYO CLINIC IS REPORTING THE NUMBER OF CONTRIBUTIONS IN COLUMN (B).
PART I, LINE 32B:	MAYO CLINIC (MAYO) UTILIZES SEVERAL THIRD PARTIES TO SELL NON-CASH CONTRIBUTIONS. FOR REAL ESTATE GIFTS, MAYO CONTRACTS WITH REALTORS AND BROKERS; FOR STOCK AND SECURITY GIFTS MAYO UTILIZES SEVERAL DIFFERENT BROKERS AND BROKERAGE FIRMS; FOR TANGIBLE PERSONAL PROPERTY, MAYO USES VARIOUS AUCTION OUTLETS DEPENDING ON THE VALUE (I.E. BONHAMS, CHRISTIE'S, SOTHEBY'S, ETC.). THESE ARRANGEMENTS ARE ALL FEE AND COMMISSION-BASED.
PART I, LINE 33:	MAYO CLINIC RECEIVED CONTRIBUTIONS OF WORKS OF ART DURING THE YEAR WHERE NO REVENUE WAS RECORDED. AS PERMITTED UNDER GENERALLY ACCEPTED ACCOUNTING PRINCIPLES (SFAS 116), MAYO CLINIC DID NOT RECOGNIZE REVENUE OR CAPITALIZE THE WORKS OF ART. MAYO CLINIC RECEIVED IN-KIND GIFTS (BOOKS/PUBLICATIONS, CLOTHING/HOUSEHOLD GOODS, SUPPLIES, ETC.) THROUGHOUT THE YEAR WHERE NO REVENUE WAS RECORDED AND NO DESCRIPTIVE RECEIPTS WERE ISSUED. REVENUE IS RECOGNIZED ON GIFTS IN-KIND WHEN THE FAIR MARKET VALUE MEETS CAPITALIZATION THRESHOLDS OR WHEN TANGIBLE PERSONAL PROPERTY IS SOLD.

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SCHEDULE O
(Form 990)

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.
▶ Go to *www.irs.gov/Form990* for the latest information.

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Open to Public Inspection

Name of the organization
MAYO CLINIC

Employer identification number
41-6011702

Return Reference	Explanation
FORM 990 LINE H	MAYO CLINIC IS INCLUDED IN A GROUP EXEMPTION. THE GROUP EXEMPTION COVERS MAYO CLINIC (THE CENTRAL ORGANIZATION) AND MAYO CLINIC'S AFFILIATED SUBSIDIARIES (THE SUBORDINATE ORGANIZATIONS). FOR 2022, A GROUP RETURN (MAYO CLINIC GROUP RETURN - EIN: 38-3952644) WAS FILED THAT INCLUDED SEVENTEEN OF MAYO CLINIC'S SUBORDINATE ORGANIZATIONS. IN ACCORDANCE WITH REG. 1.6033-2(D)(5), WITH RESPECT TO THE CENTRAL ORGANIZATION, MAYO CLINIC HAS REPORTED THE INFORMATION REQUIRED BY REG. 1.6033-2(A)(2)(II)(F), (G) AND (H) ON ITS FORM 990 FOR THE 2022 TAX YEAR. THIS IS IN LIEU OF CONSOLIDATING SUCH INFORMATION WITH ITS SUBORDINATE ORGANIZATIONS AND REPORTING SUCH INFORMATION ON THE 2022 MAYO CLINIC GROUP RETURN.
FORM 990, PART VI, SECTION A, LINE 1A	BETWEEN MEETINGS OF MAYO CLINIC'S BOARD OF TRUSTEES, MAYO CLINIC'S BYLAWS DELEGATE TO THE MAYO CLINIC BOARD OF GOVERNORS, AN EXECUTIVE COMMITTEE OF THE BOARD OF TRUSTEES, BROAD AUTHORITY TO EXERCISE THE POWERS OF THE BOARD OF TRUSTEES WITHIN CERTAIN LIMITATIONS OF TIME AND TOPIC.
FORM 990, PART VI, SECTION A, LINE 2	THE FOLLOWING INDIVIDUAL(S) IS/ARE EMPLOYED BY A RELATED ORGANIZATION: DAHLEN, DENNIS E., WILLIAMS M.D., AMY W., ZORN, CHRISTINA K., THIELEN M.D., KENT R., MURPHY, JOSHUA B., MENKOSKY, PAULA E., HUBERT, SHERRY L., GORMAN, PAUL A., FRANCIS, JAMES R., FARRUGIA M.D., GIANRICO, BROWN, WILLIAM A., RESULTING IN A BUSINESS RELATIONSHIP WITH THE FOLLOWING INDIVIDUAL(S) WHO IS/ARE ASSOCIATED WITH THE RELATED ORGANIZATION AS AN OFFICER, DIRECTOR, OR TRUSTEE: DUNN, AJANI N., MENKOSKY, PAULA E., OTLEY M.D., CLARK C., DAHLEN, DENNIS E., MURPHY, JOSHUA B., HUBERT, SHERRY L., GORMAN, PAUL A., FRANCIS, JAMES R., BROWN, WILLIAM A., THE FOLLOWING INDIVIDUAL(S) IS/ARE EMPLOYED BY A RELATED ORGANIZATION: DIDEHBAN, ROSHANAK, HARA M.D., AMY K., FONSECA M.D., RAFAEL, MENKOSKY, PAULA E., RESULTING IN A BUSINESS RELATIONSHIP WITH THE FOLLOWING INDIVIDUAL(S) WHO IS/ARE ASSOCIATED WITH THE RELATED ORGANIZATION AS AN OFFICER, DIRECTOR, OR TRUSTEE: DIDEHBAN, ROSHANAK, HARA M.D., AMY K., FONSECA M.D., RAFAEL, MENKOSKY, PAULA E., THE FOLLOWING INDIVIDUAL(S) IS/ARE EMPLOYED BY A RELATED ORGANIZATION: DUNN, AJANI N., MCLAUGHLIN M.D., SARAH A., RESULTING IN A BUSINESS RELATIONSHIP WITH THE FOLLOWING INDIVIDUAL(S) WHO IS/ARE ASSOCIATED WITH THE RELATED ORGANIZATION AS AN OFFICER, DIRECTOR, OR TRUSTEE: DUNN, AJANI N., MCLAUGHLIN M.D., SARAH A., THIELEN M.D., KENT R., ********** DAHLEN, DENNIS E., MURPHY, JOSHUA B., HUBERT, SHERRY L., HAVE A BUSINESS RELATIONSHIP AS THEY SERVE AS AN OFFICER, DIRECTOR, OR TRUSTEE OF MAYO HOLDING COMPANY, A RELATED TAXABLE ENTITY. DAHLEN, DENNIS E., GORMAN, PAUL A., HAVE A BUSINESS RELATIONSHIP AS THEY SERVE AS AN OFFICER, DIRECTOR, OR TRUSTEE OF MAYO INSURANCE COMPANY, LTD, A RELATED TAXABLE ENTITY. BAKER JR., DOUGLAS M. GERBERDING M.D., JULIE L. SERVE AS AN OFFICER, DIRECTOR, OR TRUSTEE OF MAYO CLINIC AND HAVE A BUSINESS RELATIONSHIP WITH MERCK AND CO.
FORM 990, PART VI, SECTION A, LINE 3	MAYO FOUNDATION FOR MEDICAL EDUCATION AND RESEARCH AND OTHER RELATED COMPANIES PROVIDE MANAGEMENT SERVICES TO THE ENTIRE SYSTEM OF ENTITIES WHICH WOULD INCLUDE THE FILING ORGANIZATION. SINCE THE ENTITIES ARE RELATED ORGANIZATIONS, COMPENSATION FOR THE OFFICERS, DIRECTORS, KEY EMPLOYEES, AND HIGHEST COMPENSATED EMPLOYEES HAS BEEN DISCLOSED IN PART VII AND SCHEDULE J AS REQUIRED.
FORM 990, PART VI, SECTION A, LINE 4	ARTICLE III HAVING TO DO WITH THE MEETINGS OF TRUSTEES WAS AMENDED SO ACTIONS MAY BE TAKEN WITHOUT A MEETING IF THE VOTES THAT WOULD BE REQUIRED AT A MEETING ARE MADE BY ADDITIONAL METHODS TO INCLUDE AUTHENTICATED WRITING AND MAIL. ARTICLE IV HAVING TO DO WITH OFFICERS WAS AMENDED TO CHANGE THE TYPE OF CORPORATE DOCUMENTS REQUIRED TO BE EXECUTED BY THE BOARD OF TRUSTEES AND THE BOARD OF GOVERNORS ALONG WITH DEFINING WHICH OFFICERS MUST SIGN AND EXECUTE THE DOCUMENTS. ARTICLE V HAVING TO DO WITH COMMITTEES WAS AMENDED SO THAT CERTAIN COMMITTEES ARE APPROVED BY THE GOVERNANCE & NOMINATING COMMITTEE VERSUS THE MAJORITY OF THE BOARD OF TRUSTEES. ARTICLE VI HAVING TO DO WITH MAYO CLINIC MIDWEST EXECUTIVE OPERATIONS TEAM WAS AMENDED SO ACTIONS MAY BE TAKEN WITHOUT A MEETING IF THE VOTES THAT WOULD BE REQUIRED AT A MEETING ARE MADE BY ADDITIONAL METHODS TO INCLUDE AUTHENTICATED WRITING AND MAIL.
FORM 990, PART VI, SECTION B, LINE 11B	THE FORM 990 IS PREPARED BY MAYO CORPORATE TAX. THE TAX RETURN GOES THROUGH TWO LEVELS OF REVIEW WITHIN THE CORPORATE TAX UNIT AND IS REVIEWED BY THE TAX DIRECTOR. IT IS THEN REVIEWED BY THE DIVISION CHAIR-ACCOUNTING, CHAIR-FINANCIAL AND ACCOUNTING SERVICES, CHAIR-REVENUE CYCLE, CHIEF INVESTMENT OFFICER, CHIEF FINANCIAL OFFICER AND CHIEF LEGAL OFFICER. A COPY OF THE FORM 990 IS THEN PROVIDED TO EACH MEMBER OF MAYO CLINIC'S GOVERNING BODY VIA US MAIL, E-MAIL, OR DISTRIBUTION AT A BOARD MEETING. ALL QUESTIONS ARE ADDRESSED PRIOR TO FILING THE FORM 990.
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 CONFLICTS. THIS POLICY APPLIES TO THE ORGANIZATION'S DISREGARDED ENTITIES.

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15B	MAYO CLINIC AND ITS AFFILIATES HAVE A COORDINATED PROCESS FOR REVIEWING AND APPROVING COMPENSATION AND BENEFITS FOR EXECUTIVE LEADERSHIP, CONSULTING STAFF 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 CEO AND SEVERAL OTHER OFFICERS AND KEY EMPLOYEES OF MAYO CLINIC AND MAYO CLINIC GROUP WERE REVIEWED AND APPROVED BY THE PROCESS DESCRIBED BELOW. THE COMPENSATION AND BENEFITS OF EXECUTIVE LEADERSHIP, CONSULTING STAFF AND SENIOR ADMINISTRATIVE 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 EXECUTIVE LEADERSHIP, CONSULTING STAFF AND CERTAIN SENIOR ADMINISTRATIVE LEADERSHIP FROM ALL CAMPUSES (INCLUDING ALL PERSONS BELIEVED TO BE DISQUALIFIED PERSONS). THIS PROCESS ESTABLISHES ACCEPTABLE RANGES FOR VARIOUS POSITIONS, LEVELS, AND SPECIALTIES. THE COMMITTEE USES COMPARABILITY DATA (INCLUDING THIRD-PARTY BENCHMARKING SURVEYS) IN ITS REVIEW AND DOCUMENTS DECISIONS IN ITS 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 EXECUTIVE LEADERSHIP AND SENIOR PHYSICIAN POSITIONS (INCLUDING THE CEO) FOR WHICH AN INDIVIDUALIZED REVIEW AND RECOMMENDATION IS MADE.
FORM 990, PART VI, SECTION C, LINE 19	MAYO CLINIC'S ARTICLES OF INCORPORATION ARE AVAILABLE THROUGH THE SECRETARY OF STATE'S OFFICE OR UPON REQUEST FROM MAYO CLINIC. BYLAWS AND OTHER GOVERNANCE DOCUMENTS ARE AVAILABLE UPON REQUEST FOR PURPOSES THAT MAYO CLINIC DEEMS APPROPRIATE. THE CONFLICT OF INTEREST POLICY IS AVAILABLE ON MAYO CLINIC'S WEBSITE OR UPON REQUEST. MAYO CLINIC'S CONSOLIDATED FINANCIAL STATEMENTS AND FEDERAL FORM 990 ARE AVAILABLE UPON REQUEST.
FORM 990, PART IX, LINE 11G	I/C PURCHASED SERVICES : PROGRAM SERVICE EXPENSES 588,649,715. MANAGEMENT AND GENERAL EXPENSES 1,566,503. FUNDRAISING EXPENSES 6,281,279. TOTAL EXPENSES 596,497,497. OTHER PURCHASED SERVICES : PROGRAM SERVICE EXPENSES 249,102,826. MANAGEMENT AND GENERAL EXPENSES 13,434,238. FUNDRAISING EXPENSES 7,384,248. TOTAL EXPENSES 269,921,312.
FORM 990, PART XI, LINE 9:	PENSION-POST RETIREMENT (PER FASB A 2,607,682,036. LOSSES ON UNCOLLECTIBLE PLEDGES -13,087,799. REFUNDS OF CONTRIBUTIONS -2,030.
FORM 990, PART XII, LINE 2C, AUDIT PROCESS	THE OVERSIGHT OF THE AUDIT PROCESS OR THE PROCESS FOR SELECTING AN AUDITOR HAS NOT CHANGED.

Additional Data

Return to Form

Software ID:

Software Version:

SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2022

Open to Public Inspection

Name of the organization
MAYO CLINIC

Employer identification number
41-6011702

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) JOHN E HERMAN HOME AND TREATMENT FACILITY LLC 200 FIRST STREET SW ROCHESTER, MN 55905 82-4183345	RESIDENTIAL RECOVERY AND TREATMENT FACILITY	MN	13,324	5,374,567	MAYO CLINIC
(2) MAYO CLINIC COMMUNITY ACO LLC 200 FIRST STREET SW ROCHESTER, MN 55905 83-0610557	ACCOUNTABLE CARE ORGANIZATION	MN	924,350	145,562	MAYO CLINIC
(3) MAYO COLLABORATIVE SERVICES LLC 200 FIRST STREET SW ROCHESTER, MN 55905 41-1346366	REFERENCE LAB SERVICES	MN	878,567,013	301,800,070	MAYO CLINIC
(4) MC INTERNATIONAL LLC 200 FIRST STREET SW ROCHESTER, MN 55905 83-2805059	CONTRACTING SERVICES	MN	2,292,221	105,460,747	MAYO CLINIC
(5) MC PROPERTY HOLDINGS LLC 200 FIRST STREET SW ROCHESTER, MN 55905 84-3454849	REAL ESTATE	MN	0	0	MAYO CLINIC
(6) FRANKLIN HEATING STATION LLC 200 FIRST STREET SW ROCHESTER, MN 55905 41-0264830	UTILITY	MN	986,342	56,390,601	MAYO CLINIC
(7) MCHS--DECORAH CLINIC PHYSICIANS LLC 907 MONTGOMERY STREET DECORAH, IA 52101 41-1711329	PATIENT CARE - CLINIC	WI	12,094,540	7,730,690	MAYO CLINIC
(8) KAHG LLC 200 FIRST STREET SW ROCHESTER, MN 55905 20-1276436	REAL ESTATE	AZ	0	0	MAYO CLINIC

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
(1)BLOOMER LAKEVIEW INC 2110 DUNCAN ROAD BLOOMER, WI 54724 39-1450617	LOW INCOME HOUSING	WI	501(C)(3)	7	MCHS--NORTHWEST WISCONSIN REGION INC	Yes	
(2)CHARTERHOUSE INC 200 FIRST STREET SW ROCHESTER, MN 55905 41-1405254	RETIREMENT LIVING CENTER	MN	501(C)(3)	10	MAYO CLINIC	Yes	
(3)DESTINATION MEDICAL CENTER EDA 50 SOUTH SIXTH STREET SUITE 1500 MINNEAPOLIS, MN 554021498 46-4893585	ECONOMIC DEVELOPMENT	MN	501(C)(3)	12-I	MAYO CLINIC	Yes	
(4)MAYO CLINIC AMBULANCE 200 FIRST STREET SW ROCHESTER, MN 55905 41-1917516	AMBULANCE SERVICE	MN	501(C)(3)	10	MFMER	Yes	
(5)LUTHER LAKESIDE APARTMENTS INC PO BOX 1510 EAU CLAIRE, WI 54702 39-1409024	LOW INCOME HOUSING FOR ELDERLY	WI	501(C)(3)	10	MCHS--NORTHWEST WISCONSIN REGION INC	Yes	
(6)MAYO CLINIC ARIZONA 13400 EAST SHEA BOULEVARD SCOTTSDALE, AZ 85259 86-0800150	HOSPITAL AND CLINIC	AZ	501(C)(3)	3	MAYO CLINIC	Yes	
(7)MAYO CLINIC FLORIDA (A NONPROFIT CORPORATION) 4500 SAN PABLO ROAD JACKSONVILLE, FL 32224 59-0714831	HOSPITAL	FL	501(C)(3)	3	MAYO CLINIC JACKSONVILLE	Yes	
(8)MAYO CLINIC HOSPITAL -- ROCHESTER 200 FIRST STREET SW ROCHESTER, MN 55905 41-0944601	HOSPITAL	MN	501(C)(3)	3	MAYO CLINIC	Yes	
(9)MAYO CLINIC JACKSONVILLE 4500 SAN PABLO ROAD	PATIENT CARE - CLINIC	FL	501(C)(3)	7	MAYO CLINIC	Yes	

(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
JACKSONVILLE, FL 32224 59-3337028							
(10)MAYO CLINIC STIFTUNG 60486 FRANKFURT AM MAIN FRANKFURT GM	FUNDRAISING FOUNDATION	GM			MFMER	Yes	
(11)MAYO FOUNDATION FOR MEDICAL EDUCATION AND RESEARCH 200 FIRST STREET SW ROCHESTER, MN 55905 41-1506440	CHARITABLE, EDUCATIONAL & SCIENTIFIC ACTIVITIES	MN	501(C)(3)	10	MAYO CLINIC	Yes	
(12)MCHS--AUSTIN FOUNDATION 1000 FIRST DRIVE NW AUSTIN, MN 55912 30-0107471	FUNDRAISING FOUNDATION	MN	501(C)(3)	12-I	MCHS--SOUTHEAST MINNESOTA REGION	Yes	
(13)MCHS--FAIRMONT 800 MEDICAL CENTER DRIVE PO BOX 800 FAIRMONT, MN 56031 41-0760836	HOSPITAL AND CLINIC	MN	501(C)(3)	3	MCHS--SOUTHWEST MINNESOTA REGION	Yes	
(14)MCHS--FRANCISCAN MEDICAL CENTER INC 700 WEST AVE SOUTH LA CROSSE, WI 54601 39-0806374	HOSPITAL AND CLINIC	WI	501(C)(3)	3	MAYO CLINIC	Yes	
(15)MCHS--LAKE CITY 500 WEST GRANT STREET LAKE CITY, MN 55041 41-1906820	HOSPITAL	MN	501(C)(3)	3	MAYO CLINIC	Yes	
(16)MCHS--NORTHWEST WISCONSIN REGION INC 1221 WHIPPLE STREET EAU CLAIRE, WI 54703 39-0813418	HOSPITAL	WI	501(C)(3)	3	MAYO CLINIC	Yes	
(17)MCHS--SOUTHEAST MINNESOTA REGION 1000 FIRST DRIVE NW AUSTIN, MN 55912 41-1404075	HOSPITAL AND CLINIC	MN	501(C)(3)	3	MAYO CLINIC	Yes	
(18)MCHS--SOUTHWEST MINNESOTA REGION 1025 MARSH STREET MANKATO, MN 56001 41-1236756	HOSPITAL AND CLINIC	MN	501(C)(3)	3	MAYO CLINIC	Yes	
(19)MCHS--ST JAMES 1101 MOULTON PARSONS DR PO BOX 460 ST JAMES, MN 56081 41-0797368	HOSPITAL AND CLINIC	MN	501(C)(3)	3	MCHS--SOUTHWEST MINNESOTA REGION	Yes	
(20)ENGEBRETSON FAMILY CHARITABLE TRUST 6325 S RAINBOW BLVD STE 300 LAS VEGAS, NV 89118 41-6445383	CHARITABLE TRUST	MN	501(C)(3)	12-II	N/A		No
(21)HAZEL HUGHES CHARITABLE TRUST PO BOX 470 PETERSBURG, IL 62675 80-0030922	CHARITABLE TRUST	IL	501(C)(3)	12-III-FI	N/A		No
(22)NAEVE HEALTH CARE FOUNDATION 404 WEST FOUNTAIN ST ALBERT LEA, MN 56007 41-1989509	FUNDRAISING FOUNDATION	MN	501(C)(3)	12-III-FI	N/A		No
(23)THE HIRSH FAMILY FOUNDATION 108 NORTH MAIN STREET AUSTIN, MN 55912 41-1749842	FUNDRAISING FOUNDATION	MN	501(C)(3)	12-I	N/A		No
(24)DREW FOUNDATION PO BOX 2578 JACKSONVILLE, FL 322032578 59-6669745	CHARITABLE TRUST	FL	501(C)(3)	12-I	N/A		No
(25)HORMEL FOUNDATION 329 N MAIN ST SUITE 102L AUSTIN, MN 55912 41-0694716	FUNDRAISING FOUNDATION	MN	501(C)(3)	12-I	N/A		No

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? Yes	(h) No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership
(1) LATIGO PETROLEUM LLC PO BOX 14230 ODESSA, TX 79768 36-4767494	OIL & GAS EXPLORATION	DE	MAYO CLINIC	UNRELATED	39,009,629	81,495,426		No	21,430,128	Yes		65.000 %
(2) MAYO CLINIC HEALTHCARE LLP 15 PORTLAND PLACE LONDON UK	HEALTHCARE	UK	MAYO CLINIC (UK) LTD	UNRELATED				No			No	

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	(i) No
(1)MAYO CLINIC SUPPORT SERVICES TEXAS 200 FIRST STREET SW ROCHESTER, MN 55905 47-1751102	HEALTH SERVICES	TX	MAYO CLINIC	C	24,179	97,055	100.000 %	Yes	
(2)MAYO CLINIC UK LTD 3 MORE LONDON RIVERSIDE LONDON UK	INVESTMENT ACTIVITIES	UK	MAYO CLINIC	C	-354,376	53,564,506	100.000 %	Yes	
(3)MAYO HOLDING COMPANY 200 FIRST STREET SW ROCHESTER, MN 55905 41-1578020	HOLDING COMPANY	MN	MAYO CLINIC	C	202,535	52,722,196	100.000 %	Yes	
(4)MAYO INSURANCE COMPANY LTD 200 FIRST STREET SW ROCHESTER, MN 55905	SELF INSURANCE POOL	CJ	MAYO CLINIC	C	31,086,198	165,023,745	100.000 %	Yes	
(5)RESOUNDANT INC 421 1ST AVE SW SUITE 204W ROCHESTER, MN 55902 46-1661978	MANUFACTURING MEDICAL DEVICE COMPONENT	MN	MFMER	C				Yes	
(6)ROCHESTER AIRPORT COMPANY 200 FIRST STREET SW ROCHESTER, MN 55905 41-0506870	AIRPORT MANAGEMENT	MN	MAYO HOLDING COMPANY	C				Yes	
(7)SUPERBLOCK 3 PROPERTY OWNERS ASSOCIATION 13400 E SHEA BLVD SCOTTSDALE, AZ 85259 86-0870505	COMMERCIAL PROPERTY OWNERS ASSOCIATION	AZ	MAYO CLINIC ARIZONA	C				Yes	
(8)THE STABILE BUILDING OWNERS' ASSOCIATION 200 FIRST STREET SW ROCHESTER, MN 55905 20-8994499	COMMERCIAL PROPERTY OWNERS ASSOCIATION	MN	MAYO CLINIC	C			85.000 %	Yes	
(9)MC ALLIANCE LTD 200 FIRST STREET SW ROCHESTER, MN 55905 98-1527769	HEALTHCARE AND ADMINISTRATIVE SERVICES	CJ	MC INTERNATIONAL	C	29,105,852	20,604,927	100.000 %	Yes	
(10)MAYO CLINIC UK 2 LTD 3 MORE LONDON RIVERSIDE LONDON UK	INVESTMENT ACTIVITIES	UK	MAYO CLINIC UK LTD	C				Yes	
(11)MC HEALTHCAE SERVICES INDIA PRIVATE LIMITED 1 WORLD TOWER 10TH FLOOR TOWER 2A MUMBIA IN	HEALTHCARE AND ADMINISTRATIVE SERVICES	IN	MC INTERNATIONAL	C			99.000 %	Yes	
(12)CHARITABLE LEAD TRUST	CHARITABLE TRUST	CA	MAYO CLINIC	T	1,461,972	10,403,293	89.000 %	Yes	
(13)PERPETUAL TRUST	CHARITABLE TRUST	LA	MAYO CLINIC	T	140,910	1,997,463	100.000 %	Yes	
(14)PERPETUAL TRUST (2)	CHARITABLE TRUST	MA	MAYO CLINIC	T				Yes	
(15)PERPETUAL TRUST	CHARITABLE TRUST	MO	MAYO CLINIC	T		162,531	100.000 %	Yes	
(16)CHARITABLE REMAINDER TRUST	CHARITABLE TRUST	AZ	MAYO CLINIC	T		142,609	60.000 %	Yes	
(17)CHARITABLE REMAINDER TRUST	CHARITABLE TRUST	CO	MAYO CLINIC	T		782,871	100.000 %	Yes	
(18)CHARITABLE REMAINDER TRUST (6)	CHARITABLE TRUST	FL	MAYO CLINIC	T				Yes	
(19)CHARITABLE REMAINDER TRUST	CHARITABLE TRUST	MA	MAYO CLINIC	T		184,019	100.000 %	Yes	
(20)CHARITABLE REMAINDER TRUST (97)	CHARITABLE TRUST	MN	MAYO CLINIC	T				Yes	
(21)CHARITABLE REMAINDER TRUST (4)	CHARITABLE TRUST	NC	MAYO CLINIC	T				Yes	
(22)CHARITABLE REMAINDER TRUST (2)	CHARITABLE TRUST	NV	MAYO CLINIC	T				Yes	
(23)CHARITABLE REMAINDER TRUST	CHARITABLE TRUST	TX	MAYO CLINIC	T		162,531	100.000 %	Yes	
(24)PERPETUAL TRUST	CHARITABLE TRUST	ND	MFMER	T				Yes	
(25)CHARITABLE REMAINDER TRUST	CHARITABLE TRUST	CO	MFMER	T				Yes	
(26)CHARITABLE REMAINDER TRUST	CHARITABLE TRUST	FL	MFMER	T				Yes	
(27)CHARITABLE REMAINDER TRUST	CHARITABLE TRUST	MI	MFMER	T				Yes	
(28)CHARITABLE REMAINDER TRUST (42)	CHARITABLE TRUST	MN	MFMER	T				Yes	
(29)CHARITABLE REMAINDER TRUST (6)	CHARITABLE TRUST	MN	MCHS--SOUTHWEST MINNESOTA REGION	T				Yes	
(30)CHARITABLE REMAINDER TRUST	CHARITABLE TRUST	WI	MCHS--NORTHWEST WISCONSIN REGION INC	T				Yes	

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.

		Yes	No
1 During the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a Receipt of **(i)** interest, **(ii)** annuities, **(iii)** royalties, or **(iv)** rent from a controlled entity	1a	Yes	
b Gift, grant, or capital contribution to related organization(s)	1b	Yes	
c Gift, grant, or capital contribution from related organization(s)	1c	Yes	
d Loans or loan guarantees to or for related organization(s)	1d		No
e Loans or loan guarantees by related organization(s)	1e		No
f Dividends from related organization(s)	1f		No
g Sale of assets to related organization(s)	1g		No
h Purchase of assets from related organization(s)	1h		No
i Exchange of assets with related organization(s)	1i		No
j Lease of facilities, equipment, or other assets to related organization(s)	1j		No
k Lease of facilities, equipment, or other assets from related organization(s)	1k		No
l Performance of services or membership or fundraising solicitations for related organization(s)	1l	Yes	
m Performance of services or membership or fundraising solicitations by related organization(s)	1m	Yes	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	Yes	
o Sharing of paid employees with related organization(s)	1o		No
p Reimbursement paid to related organization(s) for expenses	1p	Yes	
q Reimbursement paid by related organization(s) for expenses	1q	Yes	
r Other transfer of cash or property to related organization(s)	1r	Yes	
s Other transfer of cash or property from related organization(s)	1s	Yes	

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(a) Name of related organization	**(b)** Transaction type (a-s)	**(c)** Amount involved	**(d)** Method of determining amount involved
(1) CHARTERHOUSE INC	A	17,083	GAAP
(2) CHARTERHOUSE INC	N	95,106	GAAP
(3) CHARTERHOUSE INC	P	77,035	GAAP
(4) CHARTERHOUSE INC	Q	1,552,263	GAAP
(5) CHARTERHOUSE INC	S	2,685,602	GAAP
(6) MAYO CLINIC AMBULANCE	A	821,018	GAAP
(7) MAYO CLINIC AMBULANCE	P	6,818,436	GAAP
(8) MAYO CLINIC AMBULANCE	Q	587,804	GAAP
(9) MAYO CLINIC AMBULANCE	R	118,964	GAAP
(10) MAYO CLINIC AMBULANCE	S	74,496	GAAP
(11) MAYO CLINIC ARIZONA	A	23,120,573	GAAP
(12) MAYO CLINIC ARIZONA	B	120,978,669	GAAP
(13) MAYO CLINIC ARIZONA	C	103,136,198	GAAP
(14) MAYO CLINIC ARIZONA	L	11,655,205	GAAP
(15) MAYO CLINIC ARIZONA	N	5,960,102	GAAP
(16) MAYO CLINIC ARIZONA	P	305,818	GAAP
(17) MAYO CLINIC ARIZONA	Q	14,137,859	GAAP
(18) MAYO CLINIC ARIZONA	R	379,309	GAAP
(19) MAYO CLINIC ARIZONA	S	42,220,649	GAAP
(20) MAYO CLINIC FLORIDA	A	7,426,629	GAAP
(21) MAYO CLINIC FLORIDA	B	55,547	GAAP
(22) MAYO CLINIC FLORIDA	L	3,122,732	GAAP
(23) MAYO CLINIC FLORIDA	N	20,290,922	GAAP
(24) MAYO CLINIC FLORIDA	P	2,124,161	GAAP
(25) MAYO CLINIC FLORIDA	Q	23,268,474	GAAP
(26) MAYO CLINIC FLORIDA	S	77,142	GAAP
(27) MAYO CLINIC HOSPITAL ROCHESTER	C	1,000,034,867	GAAP
(28) MAYO CLINIC HOSPITAL ROCHESTER	N	13,814,832	GAAP
(29) MAYO CLINIC HOSPITAL ROCHESTER	P	18,599,170	GAAP
(30) MAYO CLINIC HOSPITAL ROCHESTER	Q	159,215,270	GAAP
(31) MAYO CLINIC HOSPITAL ROCHESTER	R	838,577	GAAP
(32) MAYO CLINIC HOSPITAL ROCHESTER	S	3,536,853	GAAP
(33) MAYO CLINIC JACKSONVILLE	A	13,701,778	GAAP
(34) MAYO CLINIC JACKSONVILLE	B	102,484,136	GAAP
(35) MAYO CLINIC JACKSONVILLE	C	119,428,543	GAAP
(36) MAYO CLINIC JACKSONVILLE	L	8,424,175	GAAP
(37) MAYO CLINIC JACKSONVILLE	M	3,766,309	GAAP
(38) MAYO CLINIC JACKSONVILLE	N	28,846,081	GAAP
(39) MAYO CLINIC JACKSONVILLE	P	1,133,192	GAAP
(40) MAYO CLINIC JACKSONVILLE	Q	11,666,610	GAAP
(41) MAYO CLINIC JACKSONVILLE	S	27,015,646	GAAP
(42) MAYO FOUNDATION FOR MEDICAL EDUCATION AND RESEARCH	B	942,601	GAAP
(43) MAYO FOUNDATION FOR MEDICAL EDUCATION AND RESEARCH	C	3,524,340	GAAP
(44) MAYO FOUNDATION FOR MEDICAL EDUCATION AND RESEARCH	N	70,446,244	GAAP
(45) MAYO FOUNDATION FOR MEDICAL EDUCATION AND RESEARCH	P	4,950,721,154	GAAP
(46) MAYO FOUNDATION FOR MEDICAL EDUCATION AND RESEARCH	Q	29,322,027	GAAP
(47) MAYO FOUNDATION FOR MEDICAL EDUCATION AND RESEARCH	R	2,786,982	GAAP
(48) MAYO FOUNDATION FOR MEDICAL EDUCATION AND RESEARCH	S	13,667,188	GAAP
(49) MAYO HOLDING COMPANY	R	202,535	GAAP
(50) MCHS AUSTIN FOUNDATION	B	53,428	GAAP
(51) MCHS FAIRMONT	A	997,911	GAAP
(52) MCHS FAIRMONT	B	2,034,091	GAAP
(53) MCHS FAIRMONT	L	626,733	GAAP
(54) MCHS FAIRMONT	N	1,570,696	GAAP
(55) MCHS FAIRMONT	Q	860,944	GAAP
(56) MCHS FAIRMONT	S	88,366	GAAP
(57) MCHS FRANCISCAN MEDICAL CENTER INC	A	4,606,794	GAAP
(58) MCHS FRANCISCAN MEDICAL CENTER INC	B	274,557	GAAP
(59) MCHS FRANCISCAN MEDICAL CENTER INC	C	1,890,115	GAAP
(60) MCHS FRANCISCAN MEDICAL CENTER INC	L	3,727,817	GAAP
(61) MCHS FRANCISCAN MEDICAL CENTER INC	N	5,123,161	GAAP
(62) MCHS FRANCISCAN MEDICAL CENTER INC	P	88,312	GAAP
(63) MCHS FRANCISCAN MEDICAL CENTER INC	Q	9,446,704	GAAP
(64) MCHS FRANCISCAN MEDICAL CENTER INC	S	145,622	GAAP
(65) MCHS LAKE CITY	A	460,522	GAAP
(66) MCHS LAKE CITY	B	95,798	GAAP
(67) MCHS LAKE CITY	L	178,705	GAAP
(68) MCHS LAKE CITY	N	269,840	GAAP
(69) MCHS LAKE CITY	Q	464,464	GAAP
(70) MCHS LAKE CITY	R	189,871	GAAP
(71) MCHS NORTHWEST WISCONSIN REGION INC	A	12,648,107	GAAP
(72) MCHS NORTHWEST WISCONSIN REGION INC	B	2,099,380	GAAP
(73) MCHS NORTHWEST WISCONSIN REGION INC	C	60,657,177	GAAP
(74) MCHS NORTHWEST WISCONSIN REGION INC	L	5,161,233	GAAP
(75) MCHS NORTHWEST WISCONSIN REGION INC	M	70,358	GAAP
(76) MCHS NORTHWEST WISCONSIN REGION INC	N	3,363,654	GAAP
(77) MCHS NORTHWEST WISCONSIN REGION INC	P	351,722	GAAP
(78) MCHS NORTHWEST WISCONSIN REGION INC	Q	18,094,859	GAAP
(79) MCHS NORTHWEST WISCONSIN REGION INC	S	988,118	GAAP
(80) MCHS SOUTHEAST MINNESOTA REGION	A	7,795,084	GAAP
(81) MCHS SOUTHEAST MINNESOTA REGION	B	14,562,989	GAAP
(82) MCHS SOUTHEAST MINNESOTA REGION	C	15,208,399	GAAP
(83) MCHS SOUTHEAST MINNESOTA REGION	L	5,233,471	GAAP
(84) MCHS SOUTHEAST MINNESOTA REGION	N	6,620,601	GAAP
(85) MCHS SOUTHEAST MINNESOTA REGION	Q	13,973,226	GAAP
(86) MCHS SOUTHWEST MINNESOTA REGION	A	8,063,512	GAAP
(87) MCHS SOUTHWEST MINNESOTA REGION	B	4,340,198	GAAP
(88) MCHS SOUTHWEST MINNESOTA REGION	C	2,790,006	GAAP
(89) MCHS SOUTHWEST MINNESOTA REGION	L	4,455,217	GAAP
(90) MCHS SOUTHWEST MINNESOTA REGION	M	78,473	GAAP
(91) MCHS SOUTHWEST MINNESOTA REGION	N	6,133,462	GAAP
(92) MCHS SOUTHWEST MINNESOTA REGION	P	60,835	GAAP
(93) MCHS SOUTHWEST MINNESOTA REGION	Q	12,377,886	GAAP
(94) MCHS SOUTHWEST MINNESOTA REGION	S	73,966	GAAP
(95) MCHS ST JAMES	L	139,901	GAAP
(96) MCHS ST JAMES	N	533,482	GAAP
(97) MCHS ST JAMES	Q	297,267	GAAP
(98) MCHS ST JAMES	R	273,399	GAAP
(99) RESOUNDANT INC	P	135,360	GAAP

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

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

(a) Name, address, and EIN of entity	**(b)** Primary activity	**(c)** Legal domicile (state or foreign country)	**(d)** Predominant income (related, unrelated, excluded from tax under sections 512-514)	**(e)** Are all partners section 501(c)(3) organizations?		**(f)** Share of total income	**(g)** Share of end-of-year assets	**(h)** Disproportionate allocations?		**(i)** Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	**(j)** General or managing partner?		**(k)** Percentage ownership
				Yes	**No**			**Yes**	**No**		**Yes**	**No**	

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.

Return Reference	Explanation

Schedule R (Form 990) 2021

Additional Data

Return to Form

Software ID:

Software Version: