Mayo Clinic

Consolidated Financial Report
December 31, 2018

MAYO
CLINIC

Mayo Clinic

Contents

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Independent Auditor's Report

Board of Trustees
Mayo Clinic

We have audited the accompanying consolidated financial statements of Mayo Clinic ("the Clinic") which comprise the consolidated statements of financial position as of December 31, 2018 and 2017, and the related consolidated statements of activities and cash flows for the years then ended, and the related notes to the consolidated financial statements.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in conformity with U.S. generally accepted accounting principles; this includes the design, implementation and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free of material misstatement, whether due to fraud or error.

Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on our audits. We conducted our audits in accordance with auditing standards generally accepted in the United States. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free of material misstatement.

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

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

Opinion

In our opinion, the financial statements referred to above present fairly, in all material respects, the consolidated financial position of Mayo Clinic at December 31, 2018 and 2017, and the consolidated results of its operations and its cash flows for the years then ended in conformity with U.S. generally accepted accounting principles.

Ernst & Young LLP

February 19, 2019

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Consolidated Statements of Financial Position
December 31, 2018 and 2017 (In Millions)

	2018	2017
Assets		
Current assets:		
Cash and cash equivalents	$ 29	$ 66
Accounts receivable for medical services	1,828	1,791
Securities lending collateral	5	5
Other receivables	378	348
Other current assets	187	228
Total current assets	2,427	2,438
Investments	9,384	8,760
Investments under securities lending agreement	70	42
Other long-term assets	695	578
Property, plant and equipment, net	4,729	4,489
Total assets	$ 17,305	$ 16,307
Liabilities and Net Assets		
Current liabilities:		
Accounts payable	$ 464	$ 443
Accrued payroll	646	722
Accrued employee benefits	146	153
Deferred revenue	63	63
Mandatory tender debt	—	150
Long-term variable-rate debt	620	470
Securities lending payable	5	5
Other current liabilities	337	340
Total current liabilities	2,281	2,346
Long-term debt, net of current portion	2,800	2,413
Accrued pension and postretirement benefits, net of current portion	1,749	2,324
Other long-term liabilities	1,323	1,201
Total liabilities	8,153	8,284
Net assets:		
Without donor restrictions	5,937	5,018
With donor restrictions	3,215	3,005
Total net assets	9,152	8,023
Total liabilities and net assets	$ 17,305	$ 16,307

See notes to consolidated financial statements.

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Consolidated Statements of Activities
Years Ended December 31, 2018 and 2017 (In Millions)

	2018			2017		
	Without Donor Restrictions	**With Donor Restrictions**	**Total**	Without Donor Restrictions	With Donor Restrictions	Total
Revenue, gains and other support:						
Medical service revenue	**$ 10,608**	**$ —**	**$ 10,608**	$ 9,937	$ —	$ 9,937
Grants and contracts	**494**	**—**	**494**	449	—	449
Investment return allocated to current activities	**390**	**33**	**423**	287	54	341
Contributions available for current activities	**57**	**172**	**229**	59	179	238
Other	**849**	**—**	**849**	1,019	—	1,019
Net assets released from restrictions	**260**	**(260)**	**—**	254	(254)	—
Total revenue, gains and other support	**12,658**	**(55)**	**12,603**	12,005	(21)	11,984
Expenses:						
Salaries and benefits	**7,174**	**—**	**7,174**	6,796	—	6,796
Supplies and services	**3,767**	**—**	**3,767**	3,590	—	3,590
Facilities	**836**	**—**	**836**	778	—	778
Finance and investment	**120**	**—**	**120**	113	—	113
Total expenses	**11,897**	**—**	**11,897**	11,277	—	11,277
Income (loss) from current activities	**761**	**(55)**	**706**	728	(21)	707
Noncurrent and other items:						
Contributions not available for current activities, net	**(25)**	**276**	**251**	(29)	198	169
Unallocated investment return, net	**(358)**	**(11)**	**(369)**	392	203	595
Income tax expense	**(30)**	**—**	**(30)**	(71)	—	(71)
Gain from disposal of affiliates, net	**—**	**—**	**—**	21	—	21
Other	**(4)**	**—**	**(4)**	—	—	—
Total noncurrent and other items	**(417)**	**265**	**(152)**	313	401	714
Increase in net assets before other changes in net assets	**344**	**210**	**554**	1,041	380	1,421
Pension and other postretirement benefit adjustments	**612**	**—**	**612**	(565)	—	(565)
Release of third party from affiliation	**(37)**	**—**	**(37)**	—	—	—
Increase in net assets	**919**	**210**	**1,129**	476	380	856
Net assets at beginning of year	**5,018**	**3,005**	**8,023**	4,542	2,625	7,167
Net assets at end of year	**$ 5,937**	**$ 3,215**	**$ 9,152**	$ 5,018	$ 3,005	$ 8,023

See notes to consolidated financial statements.

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Consolidated Statements of Cash Flows
Years Ended December 31, 2018 and 2017 (In Millions)

	2018	2017
Cash flows from operating activities:		
Change in net assets	$ 1,129	$ 856
Adjustments to reconcile changes in net assets to net cash provided by operating activities:		
Depreciation and amortization	570	524
Provision for uncollectible accounts	17	6
Net realized and unrealized loss (gain) on investments	100	(808)
Restricted gifts, bequests and other	(376)	(186)
Net change in accounts receivable and other current assets and liabilities	(183)	(118)
Pension and other postretirement benefits adjustments	(575)	312
Net change in other long-term assets and liabilities	117	209
Net cash provided by operating activities	799	795
Cash flows from investing activities:		
Purchase of property, plant and equipment	(724)	(705)
Purchases of investments	(2,794)	(2,454)
Sales and maturities of investments	2,042	2,168
Proceeds from disposal of affiliates	—	67
Payment for release of third-party from affiliation	(13)	—
Net cash used in investing activities	(1,489)	(924)
Cash flows from financing activities:		
Restricted gifts, bequests and other	266	146
Borrowings on long-term debt	400	—
Payment of long-term debt	(13)	(8)
Net cash provided by financing activities	653	138
Net (decrease) increase in cash and cash equivalents	(37)	9
Cash and cash equivalents at beginning of period	66	57
Cash and cash equivalents at end of period	$ 29	$ 66

See notes to consolidated financial statements.

Note 1. Organization and Summary of Significant Accounting Policies

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

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

Certain reclassifications have been made to the 2017 consolidated financial statements to conform with classifications used in 2018. The reclassifications had no significant effect on total assets, total liabilities, total revenue or total revenue in excess of expenses previously reported.

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

New Accounting Standards:

Effective January 1, 2018, the Clinic adopted Financial Accounting Standards Board (FASB) Accounting Standard Update (ASU) 2014-09, *Revenue from Contracts with Customers (Topic 606)* using the full retrospective method of transition. This ASU converged and replaced existing revenue recognition guidance, including industry-specific guidance and requires revenue to be recognized in an amount that reflects the consideration the entity expects to be entitled in an exchange of goods or services. The adoption of this ASU did not materially impact the consolidated financial statements.

Effective December 31, 2018, the Clinic adopted FASB ASU No. 2016-14, *Presentation of Financial Statements of Not-for-Profit Entities (Topic 958).* This ASU changes certain financial statement requirements for not-for-profit entities in an effort to make the information more meaningful to users and reduce reporting complexity. The Clinic adopted the ASU and has adjusted the presentation in these consolidated financial statements accordingly. The ASU has been applied retrospectively to all periods presented. The Clinic has elected to apply the practical expedient and not disclose prior year liquidity and availability of resources.

New Accounting Standards Not Yet Adopted:

In February 2016, the FASB issued ASU No. 2016-02, *Leases (Topic 842).* This ASU requires the rights and obligations arising from the lease contracts, including existing and new arrangements, to be recognized as assets and liabilities on the consolidated statements of financial position. The ASU will require disclosures to help financial statement users better understand the amount, timing, and uncertainty of cash flows arising from leases. The ASU was adopted by the Clinic January 1, 2019 using a modified retrospective approach. The primary effect of adopting the new standard is a $149 increase in right-of-use assets and lease obligations for current operating leases.

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

In March 2017, the FASB issued ASU No. 2017-07, *Compensation - Retirement Benefits (Topic 715).* This ASU provides guidance on the presentation of service cost and other components of net periodic benefit cost in the consolidated statement of activities. The ASU was adopted by the Clinic January 1, 2019 using a retrospective approach. This resulted in $89 credit of benefit costs other than service cost moving from salaries and benefits to noncurrent and other items in the consolidated statements of activities for the year ended December 31, 2018. This will result in $134 credit being reported in noncurrent and other items for the year ended December 31, 2019.

In June 2018, the FASB issued ASU No. 2018-08, *Not-for-Profit Entities - Clarifying the Scope and Accounting Guidance for Contributions Received and Contributions Made (Topic 958)*. This ASU provides a more robust framework to determine when a transaction should be accounted for as a contribution or as an exchange transaction and provides additional guidance about how to determine whether a contribution is conditional. The ASU was adopted by the Clinic January 1, 2019 using a modified prospective basis. The adoption of this ASU did not have a significant effect.

In August 2018, the FASB issued ASU No. 2018-13, *Fair Value Measurement (Topic 820).* This ASU improves the effectiveness of the notes to financial statements through changes in the disclosure requirements for fair value measurement. The ASU is effective January 1, 2020 and will be applied using a retrospective approach. The Clinic is currently assessing the impact of this ASU on its consolidated financial statements.

In August 2018, the FASB issued ASU No. 2018-14, *Compensation - Retirement Benefits - Defined Benefit Plans (Topic 715).* This ASU modifies the disclosure requirements for employers that sponsor defined benefit pension or other postretirement plans. The ASU is effective January 1, 2021 and will be applied using a retrospective approach. The Clinic is currently assessing the impact of this ASU on its consolidated financial statements.

In August 2018, the FASB issued ASU No. 2018-15, *Intangibles - Goodwill and Other, Internal-Use software (Subtopic 350-40), Customer's Accounting for Implementation Costs Incurred in a Cloud Computing Arrangement That Is a Service Contract.* This ASU aligns the requirements for capitalizing implementation costs incurred in a hosting arrangement that is a service contract with the requirements for capitalizing implementation costs incurred to develop or obtain internal-use software.The ASU is effective January 1, 2021 and will be applied using a prospective approach. The Clinic is currently assessing the impact of this ASU on its consolidated financial statements.

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

Accounts receivable for medical services: Accounts receivable for medical services are based upon the estimated amounts expected to be paid from patients and third-party payors.

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

Investments: Investments in equity and debt securities, including alternative investments, are recorded at fair value (Notes 4 and 5). Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. Realized gains and losses are calculated based on the average cost method. Investment income or loss (including realized and unrealized gains and losses on investments, interest and dividends) are included in the consolidated statements of activities.

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

Alternative investments (principally limited partnership interests in absolute return, hedge, private equity, real estate and natural resources funds), represents the Clinic's ownership interest in the respective partnership, which is valued at net asset value (NAV) obtained from fund manager statements and historical audited financial statements. The investments in alternative investments may individually expose the Clinic to securities lending, short sales, and trading in futures and forward contract options and other derivative products. The Clinic's risk is limited to the investment's carrying value.

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

Property, plant and equipment: Property, plant and equipment are carried at cost if purchased or at fair value on the date received through affiliation or donation, less accumulated depreciation. Plant and equipment are depreciated over estimated useful lives ranging from three to fifty years using the straight-line method. Depreciation expense is reflected in facilities expense and was $570 and $524 in 2018 and 2017, respectively, and includes amortization of assets recorded under capital leases.

Costs associated with the development and installation of internal-use software are accounted for in accordance with the *Intangibles—Goodwill and Other, Internal-Use Software* subtopic of the FASB ASC 350-40. Accordingly, internal-use software costs are expensed or capitalized and amortized according to the provisions of the accounting standard.

Deferred revenue: Deferred revenue consists of payments received in advance for grant, subscription and tuition revenue. Deferred revenues are subsequently recognized as revenue in accordance with the Clinic's revenue recognition policies.

Deferred compensation: The Clinic offers eligible employees a nonqualified, tax-deferred compensation retirement plan. Employees defer compensation into the plan on a pretax basis. For the most part, the plan operates similar to a defined contribution plan.

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

Net assets: Net assets, revenues, gains, and losses are classified based on the existence or absence of donor or grantor imposed restrictions. Accordingly, net assets and changes therein are classified and reported as follows:

Net Assets Without Donor Restrictions - Net assets available for use in general operations and not subject to donor restrictions. The governing board has designated, from net assets without donor restrictions, net assets for an operating reserve and board-designated endowment.

Net Assets With Donor Restrictions - Net assets subject to donor imposed restrictions. Some donor-imposed restrictions are temporary in nature, such as those that will be met by the passage of time or

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

other events specified by the donor. Other donor-imposed restrictions are perpetual in nature, where the donor stipulates that resources be maintained in perpetuity. Gifts of long-lived assets and gifts of cash restricted for the acquisition on long-lived assets are recognized as revenue when received. Donor-imposed restrictions are released when a restriction expires, that is, when the stipulated time has elapsed, when the stipulated purpose for which the resource was restricted has been fulfilled, or both.

Medical service revenue: Medical service revenue is reported at the amount that reflects the consideration to which the Clinic expects to be entitled in exchange for providing patient care.

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

Charity and uncompensated care: The Clinic provides health care services to patients who meet certain criteria under its Charity Care Policy without charge or at amounts less than established rates. Since the Clinic does not pursue collection of these amounts, they are not reported as revenue. The estimated cost of providing these services was $78 and $72 in 2018 and 2017, respectively, calculated by multiplying the ratio of cost to gross charges for the Clinic by the gross uncompensated charges associated with providing care to charity patients. In addition to the charges related to the direct patient care provided under the Clinic's Charity Care Policy, the Clinic has programs offered to benefit the broader community and other governmental reimbursement programs. The Clinic also participates in various state Medicaid programs for indigent patients. The estimated unreimbursed cost of providing services related to Medicaid programs totaled $511 and $503 in 2018 and 2017, respectively.

Contributions: The Clinic classifies contributions that are available for current activities as revenue, based on the lack of specific donor restriction or the presence of donor restrictions and the ability of the Clinic to meet those restrictions within the year. Contributions of a perpetual nature or not available for current activities are classified in noncurrent and other items in the consolidated statements of activities. Development expenses of $45 ($20 allocated to current and $25 allocated to noncurrent) and $43 ($24 allocated to current and $19 allocated to noncurrent) were incurred in 2018 and 2017, respectively. The current portion is recorded in expenses, and the noncurrent portion is netted against contributions not available for current activities in the consolidated statements of activities. Unconditional promises to give and contributions are reported at fair value at the time of the gift. An allowance for uncollectible pledges receivable is estimated based on a combination of historical experience and specific identification. Conditional promises to give are recognized at fair value when the conditions on which they depend are substantially met or the probability that the condition will not be met is remote.

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

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

Subsequent events: The Clinic evaluated events and transactions occurring subsequent to December 31, 2018, through February 19, 2019, the date of issuance of the consolidated financial statements. During this period, there were no subsequent events requiring recognition in the consolidated financial statements. Additionally, there were no unrecognized events requiring disclosure.

Notes to Consolidated Financial Statements (In Millions)

Note 2. Liquidity and Availability

Financial assets available for general expenditure within one year of the balance sheet date, comprise the following at December 31:

	2018
Cash and cash equivalents	$ 29
Accounts receivable	1,828
Promises to give	170
Grants receivable	89
Other receivables	119
Investments	5,613
Total financial assets available within one year	$ 7,848

The Clinic's endowment funds consist of donor-restricted endowments and funds designated by the board as endowment. Income from endowments is restricted for specific purposes. As described in Note 12, the Clinic has a spending policy and $187 of appropriation from the endowments will be available in the next twelve months. As part of a liquidity management plan, the Clinic has a policy to structure its financial assets to be available as its general expenditures, liabilities, and other obligations come due. Cash in excess of daily requirements is invested in short-term investments. In the event of an unanticipated liquidity need, the Clinic has $100 of available lines of credit for working capital (see Note 8 - Financing).

Note 3. Medical Service Revenue

Medical service revenue is reported at the amount that reflects the consideration to which the Clinic expects to be entitled in exchange for providing patient care. These amounts, representing transaction price, are due from patients, third-party payors (including health insurers and government programs), and others and includes variable consideration for retroactive revenue adjustments due to settlement of audits, reviews, and investigations. Generally, the Clinic bills the patients and third-party payors several days after the services are performed and/or the patient is discharged from the facility. Revenue is recognized as performance obligations are satisfied.

Performance obligations are determined based on the nature of the services provided by the Clinic. Revenue for performance obligations satisfied over time is recognized based on actual charges incurred in relation to total expected (or actual) charges. The Clinic believes that this method provides a faithful depiction of the transfer of services over the term of the performance obligation based on the inputs needed to satisfy the obligation. Generally, performance obligations satisfied over time relate to patients in the Clinic's hospital(s) receiving inpatient acute care services. The Clinic measures the performance obligation from admission into the hospital to the point when it is no longer required to provide services to that patient, which is generally at the time of discharge. Revenue for performance obligations satisfied at a point in time is recognized when goods or services are provided and the Clinic does not believe it is required to provide additional goods or services to the patient.

Because all of its performance obligations relate to contracts with a duration of less than one year, the Clinic has elected to apply the optional exemption provided in FASB ASC 606-10-50-14(a) and, therefore, is not required to disclose the aggregate amount of the transaction price allocated to performance obligations that are unsatisfied or partially unsatisfied at the end of the reporting period. The unsatisfied or partially unsatisfied performance obligations referred to above are primarily related to inpatient acute care services at the end of the reporting period. The performance obligations for these contracts are generally

Note 3. Medical Service Revenue (Continued)

completed when the patients are discharged, which generally occurs within days or weeks of the end of the reporting period.

The Clinic determines the transaction price based on standard charges for goods and services provided to patients, reduced by contractual adjustments provided to third-party payors, discounts provided to uninsured patients in accordance with the Clinic's policy, and/or implicit price concessions based on historical collection experience.

Agreements with third-party payors typically provide for payments at amounts less than established charges. A summary of the payment arrangements with major third-party payors follows:

- **Medicare:** Certain inpatient acute care services are paid at prospectively determined rates per discharge based on clinical, diagnostic and other factors. Certain services are paid based on cost-reimbursement methodologies subject to certain limits. Physician services are paid based upon established fee schedules. Outpatient services are paid using prospectively determined rates.
- **Medicaid:** Reimbursements for Medicaid services are generally paid at prospectively determined rates per discharge, per occasion of service, or per covered member.
- **Other:** Payment agreements with certain commercial insurance carriers, health maintenance organizations, and preferred provider organizations provide for payment using prospectively determined rates per discharge, discounts from established charges, and prospectively determined daily rates.

Laws and regulations concerning government programs, including Medicare and Medicaid, are complex and subject to varying interpretation. As a result of investigations by governmental agencies, various health care organizations have received requests for information and notices regarding alleged noncompliance with those laws and regulations, which, in some instances, have resulted in organizations entering into significant settlement agreements. Compliance with such laws and regulations may also be subject to future government review and interpretation, as well as significant regulatory action, including fines, penalties, and potential exclusion from the related programs. There can be no assurance that regulatory authorities will not challenge the Clinic's compliance with these laws and regulations, and it is not possible to determine the impact (if any) such claims or penalties would have upon the Clinic. In addition, the contracts the Clinic has with commercial payors also provide for retroactive audit and review of claims.

Generally, patients who are covered by third-party payors are responsible for related deductibles and coinsurance, which vary in amount. The Clinic also provides services to uninsured patients, and offers those uninsured patients a discount, either by policy or law, from standard charges. The Clinic estimates the transaction price for patients with deductibles and coinsurance and from those who are uninsured based on historical experience and current market conditions. The initial estimate of the transaction price is determined by reducing the standard charge by any contractual adjustments, discounts, and implicit price concessions. Subsequent changes to the estimate of the transaction price are generally recorded as adjustments to medical service revenue in the period of the change. For the twelve months ended December 31, 2018 and 2017, revenue recognized due to changes in its estimates of transaction price concessions for performance obligations satisfied in prior years was $11 and $6, respectively. Subsequent changes that are determined to be the result of an adverse change in the patient's ability to pay are recorded as bad debt expense. Bad debt expense for the twelve months ended December 31, 2018 and 2017, was $17 and $6, respectively.

Note 3. Medical Service Revenue (Continued)

Settlements with third-party payors for retroactive adjustments due to audits, reviews, or investigations are considered variable consideration and are included in the determination of the estimated transaction price for providing patient care. These settlements are estimated based on the terms of the payment agreement with the payor, correspondence from the payor, and the Clinic's historical settlement activity, including an assessment to ensure it is probable a significant reversal in the amount of cumulative revenue recognized will not occur when the uncertainty associated with the retroactive adjustment is subsequently resolved. Estimated settlements are adjusted in future periods as adjustments become known (that is, new information becomes available), or as years are settled or are no longer subject to such audits, reviews, and investigations. Adjustments arising from a change in the transaction price, were not significant in 2018 or 2017.

Patients who meet the Clinic's criteria for charity care are provided care without charge or at amounts less than established rates. Such amounts determined to qualify as charity care are not reported as revenue.

Notes to Consolidated Financial Statements (In Millions)

Note 3. Medical Service Revenue (Continued)

The composition of medical service revenue based on the regions of the country the Clinic operates in, its lines of business, and timing of revenue recognition for the twelve months ended December 31, 2018 and 2017 are as follows:

	December 31, 2018			
	Midwest	Southeast	Southwest	Total
Hospital	$ 4,056	$ 660	$ 888	$ 5,604
Clinic	3,057	596	595	4,248
Senior Care & Nursing Home	19	—	—	19
Other	46	—	—	46
Total patient care service revenue	7,178	1,256	1,483	9,917
External lab	691	—	—	691
Total medical service revenue	$ 7,869	$ 1,256	$ 1,483	$ 10,608
Timing of revenue and recognition:				
At time services are rendered	$ 3,794	$ 596	$ 595	$ 4,985
Services transferred over time	4,075	660	888	5,623
Total	$ 7,869	$ 1,256	$ 1,483	$ 10,608

	December 31, 2017			
	Midwest	Southeast	Southwest	Total
Hospital	$ 3,835	$ 623	$ 806	$ 5,264
Clinic	2,842	555	567	3,964
Senior Care & Nursing Home	20	4	—	24
Other	44	—	—	44
Total patient care service revenue	6,741	1,182	1,373	9,296
External lab	641	—	—	641
Total medical service revenue	$ 7,382	$ 1,182	$ 1,373	$ 9,937
Timing of revenue and recognition:				
At time services are rendered	$ 3,527	$ 555	$ 567	$ 4,649
Services transferred over time	3,855	627	806	5,288
Total	$ 7,382	$ 1,182	$ 1,373	$ 9,937

Hospital revenue includes a variety of services mainly covering inpatient procedures requiring overnight stays or outpatient operations that require anesthesia or use of complex diagnostic and surgical equipment, as well as emergency care for traumas and other critical conditions. Clinic revenue includes services primarily focused on the care of outpatients covering primary and specialty healthcare needs. The Clinic's practice is to record certain radiology, pathology and other hospital related services in the Midwest region as clinic revenue in the amount of $980 and $874 for the twelve months ended December 31, 2018 and 2017, respectively. Examples of revenue at time services are rendered include clinical services, lab and transport; and services transferred over time include hospital and senior care revenue.

Notes to Consolidated Financial Statements (In Millions)

Note 3. Medical Service Revenue (Continued)

The composition of medical service revenue by payor for the twelve months ended December 31, is as follows:

	2018	2017
Medicare	$ 2,518	$ 2,358
Medicaid	326	291
Contract	6,251	5,691
Other, including self-pay	1,513	1,597
Total	$ 10,608	$ 9,937

The Clinic's practice is to assign a patient to the primary payor and not reflect other uninsured balances (for example, copays and deductibles) as self-pay. Therefore the payors listed above contain patient responsibility components, such as co-pays and deductibles.

Financing component:
The Clinic has elected the practical expedient allowed under FASB ASC 606-10-32-18 and does not adjust the promised amount of consideration from patients and third-party payors for the effects of a significant financing component due to the Clinic's expectation that the period between the time the service is provided to a patient and the time that the patient or a third-party payor pays for that service will be one year or less. However, the Clinic does, in certain instances, enter into payment agreements with patients that allow payments in excess of one year. For those cases, the financing component is not deemed to be significant to the contract.

Note 4. Fair Value Measurements

The Clinic holds certain financial instruments that are required to be measured at fair value on a recurring basis. The valuation techniques used to measure fair value under the *Fair Value Measurements and Disclosures* topic of the FASB ASC 820 are based upon observable and unobservable inputs. The standard establishes a three-level valuation hierarchy for disclosure of fair value measurements. The valuation hierarchy is based upon the transparency of inputs to the valuation of an asset or liability as of the measurement date. The three levels are defined as follows:

Level 1: Inputs to the valuation methodology are quoted prices (unadjusted) for identical assets or liabilities in active markets.

Level 2: Inputs to the valuation methodology include quoted prices for similar assets or liabilities in active markets, and inputs that are observable for the asset or liability, either directly or indirectly, for substantially the same term of the financial instrument.

Level 3: Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

A financial instrument's categorization within the valuation hierarchy is based upon the lowest level of input that is significant to the fair value measurement. The Clinic's policy is to recognize transfers in and transfers out as of the actual date of the event or change in circumstances that caused the transfer. There were no significant transfers or activity within Levels for the twelve months ended December 31, 2018 and 2017.

Notes to Consolidated Financial Statements (In Millions)

Note 4. Fair Value Measurements (Continued)

The following tables present the financial instruments carried at fair value as of December 31, 2018 and 2017, by caption on the consolidated statements of financial position categorized by the valuation hierarchy and NAV:

	December 31, 2018				
	Level 1	Level 2	Level 3	NAV	Total Fair Value
Assets:					
Securities lending collateral	$ 5	$ —	$ —	$ —	$ 5
Investments:					
Cash and equivalents	1,372	—	—	—	1,372
Fixed-income securities:					
U.S. government	—	288	—	—	288
U.S. government agencies	—	352	—	—	352
U.S. corporate	—	297	—	—	297
Foreign	—	27	—	—	27
Common and preferred stocks:					
U.S.	533	—	—	—	533
Foreign	349	—	—	—	349
Funds:					
Fixed-income	454	—	—	—	454
Equities	531	451	—	—	982
Other investments	—	18	—	—	18
Less securities under lending agreement	(70)	—	—	—	(70)
Investments at NAV	—	—	—	4,782	4,782
Total investments	3,169	1,433	—	4,782	9,384
Investments under securities lending agreement	70	—	—	—	70
Other long-term assets:					
Trust receivables	60	28	57	—	145
Technology-based ventures	—	—	32	—	32
Total other long-term assets	60	28	89	—	177
Total assets at fair value	$ 3,304	$ 1,461	$ 89	$ 4,782	$ 9,636
Liabilities:					
Securities lending payable	$ 5	$ —	$ —	$ —	$ 5
Total liabilities at fair value	$ 5	$ —	$ —	$ —	$ 5

Notes to Consolidated Financial Statements (In Millions)

Note 4. Fair Value Measurements (Continued)

	December 31, 2017				
	Level 1	Level 2	Level 3	NAV	Total Fair Value
Assets:					
Securities lending collateral	$ 5	$ —	$ —	$ —	$ 5
Investments:					
Cash and equivalents	1,093	—	—	—	1,093
Fixed-income securities:					
U.S. government	—	204	—	—	204
U.S. government agencies	—	318	—	—	318
U.S. corporate	—	297	3	—	300
Foreign	—	17	—	—	17
Common and preferred stocks:					
U.S.	529	—	—	—	529
Foreign	350	—	—	—	350
Funds:					
Fixed-income	420	—	—	—	420
Equities	607	476	—	—	1,083
Other investments	(22)	—	—	—	(22)
Less securities under lending agreement	(42)	—	—	—	(42)
Investments at NAV	—	—	—	4,510	4,510
Total investments	2,935	1,312	3	4,510	8,760
Investments under securities lending agreement	42	—	—	—	42
Other long-term assets:					
Trust receivables	75	29	58	—	162
Technology-based ventures	—	—	19	—	19
Total other long-term assets	75	29	77	—	181
Total assets at fair value	$ 3,057	$ 1,341	$ 80	$ 4,510	$ 8,988
Liabilities:					
Securities lending payable	$ 5	$ —	$ —	$ —	$ 5
Total liabilities at fair value	$ 5	$ —	$ —	$ —	$ 5

The following is a description of the Clinic's valuation methodologies for assets and liabilities measured at fair value. Fair value for Level 1 is based upon quoted market prices. Fair value for Level 2 is based on quoted prices for similar instruments in active markets, quoted prices for identical or similar instruments in markets that are not active, and model-based valuation techniques for which all significant assumptions are observable in the market or can be corroborated by observable market data for substantially the full term of the assets. Inputs are obtained from various sources, including market participants, dealers and brokers. Level 3 primarily consists of trusts recorded at fair value based on the underlying value of the

Notes to Consolidated Financial Statements (In Millions)

Note 4. Fair Value Measurements (Continued)

assets in the trust or discounted cash flow of the expected payment streams. The trusts reported as Level 3 are primarily perpetual trusts managed by third parties invested in stocks, mutual funds, and fixed-income securities that are traded in active markets with observable inputs, and since the Clinic will never receive the trust assets, these perpetual trusts are reported as Level 3.

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

The following information pertains to those alternative investments recorded at NAV in accordance with the *Fair Value Measurements and Disclosures* topic of the FASB ASC 820.

At December 31, 2018, alternative investments recorded at NAV consisted of the following:

	Fair Value	Unfunded Commitment	Redemption Frequency (If Currently Eligible)	Redemption Notice Period
Absolute return/hedge funds (a)	$ 2,217	$ —	Monthly to annually	30–90 days
Private partnerships (b)	2,565	1,159		
Total alternative investments	$ 4,782	$ 1,159		

At December 31, 2017, alternative investments recorded at NAV consisted of the following:

	Fair Value	Unfunded Commitment	Redemption Frequency (If Currently Eligible)	Redemption Notice Period
Absolute return/hedge funds (a)	$ 2,354	$ —	Monthly to annually	30–90 days
Private partnerships (b)	2,156	1,053		
Total alternative investments	$ 4,510	$ 1,053		

(a) This category includes investments in absolute return/hedge funds, which are actively managed commingled investment vehicles that derive the majority of their returns from factors other than the directional flow of the markets in which they invest. Representative strategies include high-yield credit, distressed debt, merger arbitrage, relative value, and long-short equity strategies. The fair values of the investments in this category have been estimated using the NAV per share of the investments. Investments in this category generally carry “lockup” restrictions that do not allow investors to seek redemption in the first year after acquisition. Following the initial lockup period, liquidity is generally available monthly, quarterly or annually following a redemption request. Over 90 percent of the investments in this category have at least annual liquidity.

(b) This category includes limited partnership interests in closed-end funds that focus on venture capital, private equity, real estate and resource-related strategies. The fair values of the investments in this category have been estimated using the NAV of the Clinic’s ownership interest in partners’ capital. Distributions from each fund will be received as the underlying investments of the funds are liquidated. It is estimated that the underlying assets of most funds will generally be liquidated over a seven- to ten-year period.

Note 4. Fair Value Measurements (Continued)

From time to time, the Clinic invests directly in certain derivative contracts that do not qualify for hedge accounting and are recorded at fair value in investments. Changes in fair value are reported as a component of net unrealized gains or losses in the investment returns. These contracts are used in the Clinic's investment management program to minimize certain investment risks. During the years ended December 31, 2018 and 2017, the realized and unrealized loss from derivative contracts totaled $4 and $33, respectively.

The carrying values of cash and cash equivalents, and short-term investments, accounts receivable, other current assets, accounts payable and accrued expenses are reasonable estimates of their fair value due to the short-term nature of these financial instruments. The estimated fair value of long-term debt, based on quoted market prices for the same or similar issues (Level 2), was approximately $79 and $170 more than its carrying value at December 31, 2018 and 2017, respectively. Other long-term assets and liabilities have a carrying value that approximates fair value.

The Clinic uses various external investment managers to diversify the investments. The largest allocation to any investment strategy manager as of December 31, 2018 and 2017, is $458 (6.2 percent) and $426 (6.2 percent), respectively.

The Clinic is required to maintain funds held by trustees under bond indentures and other arrangements. The trustee-held investments, which primarily consist of mutual funds, were $685 and $589, respectively, at December 31, 2018 and 2017, which includes segregated investments for deferred compensation plans of $586 at December 31, 2018 and 2017.

At December 31, 2018 and 2017, cash and mutual funds included segregated investments owned by Mayo Foundation for Medical Education and Research, a wholly owned subsidiary of Mayo Clinic, for gift annuity reserves of $121 and $106, respectively.

The Clinic has internally designated investment balances of $2,253 and $2,243 at December 31, 2018 and 2017, respectively, for research, education, and capital replacement and expansion.

Notes to Consolidated Financial Statements (In Millions)

Note 5. Securities Lending

The Clinic has an arrangement with its investment custodian to lend Clinic securities to approved brokers in exchange for a fee. Among other provisions that limit the Clinic's risk, the securities lending agreement specifies that the custodian is responsible for lending securities and obtaining adequate collateral from the borrower. Collateral is limited to cash, government securities, and irrevocable letters of credit. Investments are loaned to various brokers and are returnable on demand. In exchange, the Clinic receives collateral. The cash collateral is shown as both an asset and a liability on the consolidated statements of financial position.

At December 31, 2018 and 2017, the aggregate market value of securities on loan under securities lending agreements totaled $70 and $42, respectively, and the total value of the collateral supporting the securities is $74 and $44, respectively, which represents 106 percent and 104 percent, respectively, of the value of the securities on loan at December 31, 2018 and 2017. The cash portion of the collateral supporting the securities as of December 31, 2018 and 2017, is $5. Noncash collateral provided to the Clinic is not recorded in the consolidated statements of financial position, as the collateral may not be sold or repledged. The Clinic's claim on such collateral is limited to the market value of loaned securities. In the event of nonperformance by the other parties to the securities lending agreements, the Clinic could be exposed to a loss.

Note 6. Property, Plant and Equipment, Net

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

	2018	2017
Land	$ 296	$ 291
Buildings and improvements	5,756	5,546
Furniture and equipment	4,233	3,939
	10,285	9,776
Accumulated depreciation and amortization	(5,941)	(5,542)
	4,344	4,234
Construction in progress	385	255
Total property, plant and equipment	$ 4,729	$ 4,489

The above costs and accumulated depreciation include costs for capitalized software, including costs capitalized in accordance with the Intangibles—Goodwill and Other, Internal-Use Software subtopic of the FASB ASC Topic 350. The total cost for capitalized software was $1,052 and $891, and the total accumulated amortization was $597 and $543 at December 31, 2018 and 2017, respectively. Amortization expense for capitalized software was $84 and $54 for 2018 and 2017, respectively.

Notes to Consolidated Financial Statements (In Millions)

Note 7. Income Taxes

Most of the income received by the Clinic and its subsidiaries is exempt from taxation under Section 501 (a) of the Code. Some of its subsidiaries are taxable entities, and some of the income received by otherwise exempt entities is subject to taxation as unrelated business income (UBI). The Clinic and its subsidiaries file income tax returns in the U.S. federal, various state, and foreign jurisdictions. The statutes of limitations for tax years 2015 through 2017 remain open in the 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 for 2005 and 2006. The IRS has concluded a limited-scope audit of the Clinic for tax year 2011. As of December 31, 2015, the IRS proposed an $11 tax and interest assessment for 2005 through 2012 that the Clinic paid. The Clinic has filed a claim for refund for these amounts, which was rejected by the IRS. The Clinic is litigating the denial of the claims in U.S. District Court. Management has taken this into consideration during its determination of unrecognized tax benefits.

The Clinic has recorded $2, including interest and penalties, for uncertain tax positions during the year ended December 31, 2018. As of December 31, 2018 and 2017, the reserve totaled $14 and $12, 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. The components of tax expense are as follows:

	December 31	
	2018	2017
Current—federal	$ 22	$ 36
Current—state	4	6
	26	42
Deferred—U.S. domestic	4	29
Total	$ 30	$ 71

Cash payments for income taxes were $22 and $38 for the years ended December 31, 2018 and 2017, respectively.

Notes to Consolidated Financial Statements (In Millions)

Note 7. Income Taxes (Continued)

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

	2018	2017
Deferred compensation	$ 12	$ 13
Pension	10	15
Postretirement benefits	4	5
Other	11	8
Total deferred tax asset	37	41
Deferred tax liability	(3)	(3)
Valuation allowance	(16)	(12)
Net deferred tax asset	$ 18	$ 26

As of December 31, 2018, the Clinic had federal net operating losses of $5.

The Tax Cuts and Jobs Act (Tax Act) was enacted on December 22, 2017. The Tax Act reduces the US federal corporate tax rate from 35 percent to 21 percent, required companies to pay a one-time transition tax on earnings of certain foreign subsidiaries that were previously tax deferred, and creates new taxes on certain foreign sourced earnings. The Clinic was not impacted by the transition tax as its foreign sourced earnings are in the form of dividends or royalties which are exempt from unrelated business income tax. Likewise, the Clinic's foreign sourced earnings are also not impacted by the Global Intangible Low-Taxed Income provisions of the Tax Act.

At December 31, 2018, the Clinic has accounted for the reduction in US federal corporate tax rate and other domestic tax provisions of the Tax Act. The Clinic has applied the rate change effect on existing deferred tax balances. Furthermore, in relation to the international provisions in the Tax Act, and based on current guidance, the Clinic does not anticipate a material impact from the international provisions, but further guidance from the Internal Revenue Service regarding application of these provisions to tax-exempt entities will be necessary in order to confirm that no material impact will occur.

At December 31, 2018 and 2017, deferred tax assets and liabilities were measured and remeasured based on the rates at which they are expected to reverse in the future, which is generally 21 percent. At December 31, 2017, the provisional amount recorded related to the remeasurement of the deferred tax balance was $19.

Notes to Consolidated Financial Statements (In Millions)

Note 8. Financing

Long-term debt at December 31 consisted of the following:

	2018	2017
City of Rochester, Minnesota Revenue Bonds issued in various series, subject to variable interest rates to a maximum rate of 15.00% (the average rate was 1.52% in 2018 and 0.86% in 2017), principal due in varying amounts from 2028 through 2052	$ 545	$ 395
City of Rochester, Minnesota Revenue Bonds originally issued at variable interest rate, converted in 2017 to fixed interest rate of 2.196% based on a provision to increase the rate if the federal tax rate is decreased, the rate has been adjusted to 2.67% effective January 1, 2018 through 2027, principal due in varying amounts from 2022 through 2032	200	200
City of Rochester, Minnesota Revenue Bonds issued in various series with fixed rates of interest ranging from 4.00% to 4.93%, principal due in varying amounts from 2030 through 2048	665	615
City of Rochester, Minnesota Health Care Facilities Revenue Refunding Bonds, series 2016B, issued with fixed interest rate of 5.00%, an effective rate of 2.97% in 2018 and 2017 after amortization of premium, principal due in varying amounts from 2029 through 2036 (unamortized premium of $64 in 2018 and $68 in 2017)	220	220
Industrial Development Authority of the City of Phoenix, Arizona issued in various series, subject to variable interest rates to a maximum rate of 10.00% (the average rate was 1.31% in 2018 and 0.74% in 2017), principal due in varying amounts from 2048 through 2052	180	180
City of Jacksonville, Florida Health Care Facilities Revenue Refunding Bonds, series 2016, issued in various series, subject to variable interest rates to a maximum rate of 10.00% (the average rate 1.58% in 2018 and 0.86% in 2017), principal due in varying amounts from 2033 through 2047	125	125
Wisconsin Health and Educational Facilities Authority Revenue Bonds, Series 2008, issued in various series, with fixed interest rates ranging from 4.75% to 5.75%, principal due in varying amounts through 2030	63	67
Mayo Clinic Taxable Bonds issued with fixed interest rates ranging from 3.774% to 4.128%, principal due in varying amounts from 2039 through 2052	950	950
Fixed-rate notes, payable to insurance companies, interest rates at 4.20% to 4.71%, principal due in varying amounts from 2042 through 2058	415	215
Other notes payable	13	15
Unamortized discounts and premiums, net	61	69
Debt issuance cost	(13)	(14)
	3,424	3,037
Long-term variable-rate debt classified as current	(620)	(470)
Long-term debt subject to mandatory tender for purchase	—	(150)
Current maturities included in other current liabilities	(4)	(4)
Long-term debt, net of current portion	$ 2,800	$ 2,413

Note 8. Financing (Continued)

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

At December 31, 2018, the $850 of variable-rate bonds consist of variable-rate demand revenue bonds. In conjunction with the issuance of the variable-rate demand revenue bonds, the Clinic has entered into various bank standby purchase and credit agreements in the amount of $230 that expire at various dates commencing with $50 in January 2020 and $180 that expire in May 2020. Under the terms of these agreements, the bank will make liquidity loans to the Clinic in the amount necessary to purchase a portion of the variable-rate demand revenue bonds if not remarketed. The liquidity loans would be payable over a three- to five-year period, with the first payment due after December 31, 2019. The Clinic has provided self-liquidity for the remaining $620 of variable-rate demand revenue bonds, which have been classified as current in the accompanying consolidated statements of financial position.

The Clinic's $150 City of Rochester, Minnesota Revenue Bonds Series 2011 AB fixed rate bonds were subject to mandatory tender for purchase on November 15, 2018, and, therefore, were classified as current at December 31, 2017. In November 2018, these bonds were remarketed and converted to variable rate bonds.

The $220 fixed-rate revenue bonds Series 2016B are not callable. The remaining fixed-rate interest revenue bonds are callable from 2019 to 2058 at the option of the Clinic, at a redemption price of 100 percent of the principal amount or at a price based on U.S. Treasury rates at the time of redemption.

In 2017, the Clinic's $200 City of Rochester, Minnesota Health Care Facilities Revenue Bonds Series 2002 AB&C variable rate bonds were acquired by a bank through a direct purchase for ten years at an initial fixed interest rate of 2.20 percent. The bond modification was accounted for as an extinguishment of debt. The loss on extinguishment was not significant. On January 1, 2018, the interest rate was automatically adjusted to 2.67 percent based on a provision to increase the rate if the federal tax rate decreased.

In October 2018, the Clinic issued $200 in tax exempt, fixed rate bonds (City of Rochester, Minnesota Health Care Facilities Revenue Bonds), due in varying amounts from 2044 through 2048. The bonds were issued at a premium. The proceeds of the bonds will be used for construction, renovation and equipping of various Clinic buildings and facilities throughout Rochester, including the Saint Marys hospital modernization and growth plan. The bonds are callable in 2028.

In November 2018, the Clinic issued taxable bonds through a private placement transaction with an insurance company in the amount of $200 for general corporate purposes due with a 4.20 percent fixed rate of interest due in equal amounts from 2054 to 2058. These bonds are redeemable prior to maturity at a price based on U.S. Treasury rates.

Notes to Consolidated Financial Statements (In Millions)

Note 8. Financing (Continued)

The following are scheduled maturities of long-term debt for each of the next five years, assuming the variable-rate demand revenue bonds are remarketed and the standby purchase agreements are renewed. As described above, if such bonds are not remarketed, $620 may be due in 2019 and $230 may be due in years from 2020 to 2023.

Years ending December 31:		
2019	$	4
2020		5
2021		5
2022		43
2023		41

Interest payments on long-term debt, net of amounts capitalized for 2018 and 2017, totaled $98 and $92, respectively. The amount of interest capitalized, net of related interest income, was $6 during 2018 and 2017. Interest expense totaled $99 and $94 for 2018 and 2017, respectively.

At December 31, 2018 and 2017, the Clinic had unsecured lines of credit available with banks that totaled $625, with varying renewable terms and interest up to 2.50 percent over various published rates. There were no amounts drawn during December 31, 2018 and 2017.

Notes to Consolidated Financial Statements (In Millions)

Note 9. Lease Commitments

Certain leases are classified as capital leases. The leased assets are included as part of property, plant and equipment (Note 6), and the capital lease obligations of $46 and $48 as of December 31, 2018 and 2017, respectively, are recorded in other current and long-term liabilities. Other leases are classified as operating and are not capitalized. The payments on such leases are recorded as expense.

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

	2018	2017
Buildings and equipment	$ 33	$ 33
Furniture and equipment	41	35
	74	68
Accumulated depreciation	(27)	(18)
Total	$ 47	$ 50

Rental expense incurred for operating leases was $30 and $31 for the years ended December 31, 2018 and 2017, respectively.

At December 31, 2018, the estimated future minimum lease payments under noncancellable operating leases and capital leases were as follows:

	Operating	Capital
Years ending December 31:		
2019	$ 28	$ 12
2020	24	11
2021	22	6
2022	19	2
2023	14	2
Thereafter	61	26
Minimum lease payments	$ 168	59
Less amount representing interest		(13)
Net minimum lease payments under capital leases		$ 46

Notes to Consolidated Financial Statements (In Millions)

Note 10. Net Assets with Donor Restrictions

The Clinic receives contributions in support of research, education and clinical activities. Net assets with donor restrictions were available for the following at December 31:

	2018	2017
Subject to expenditure for specified purpose:		
Research	$ 324	$ 306
Education	55	44
Buildings and equipment	81	51
Charity care	38	35
Clinical	37	38
Other	8	16
Total expenditure for specified purpose	543	490
Subject to passage of time:		
Pledges and trusts	300	325
Endowments:		
Perpetual in nature:		
Research	895	805
Education	256	233
Charity care	13	15
Clinical	90	81
Other	27	31
Pledges and trusts	329	211
Buildings and equipment	1	—
Total perpetual in nature	1,611	1,376
Subject to endowment spending policy:		
Research	395	428
Education	259	272
Charity care	20	21
Clinical	59	63
Other	28	30
Total subject to endowment spending policy	761	814
Total endowments	2,372	2,190
Total net assets with donor restrictions	$ 3,215	$ 3,005

Notes to Consolidated Financial Statements (In Millions)

Note 10. Net Assets with Donor Restrictions (Continued)

Net assets were released from donor restrictions as expenditures were made, which satisfied the following restricted purposes for the years ended December 31:

	2018	2017
Research	$ 181	$ 169
Education	26	22
Buildings and equipment	14	9
Other	39	54
Total net assets released from donor restrictions	$ 260	$ 254

Note 11. Promises to Give

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

	2018	2017
Pledges due:		
In less than one year	$ 170	$ 159
In one to five years	283	195
In more than five years	50	33
	503	387
Allowance for uncollectible pledges and discounts	(24)	(18)
Total	$ 479	$ 369

Estimated cash flows from pledge receivables due after one year are discounted using a risk-adjusted rate, ranging from 1 percent to 6 percent, that is commensurate with the pledges' due dates and established in the year the pledge is received.

The Clinic has received interests in various trusts, primarily split-interest, which are included in other long-term assets. The trusts, which are recorded at fair value based on the underlying value of the assets in the trust or discounted cash flow using a risk-adjusted discount rate of 3.74 percent and 4.31 percent at December 31, 2018 and 2017, respectively. During the years ended December 31, 2018 and 2017, there were no contributions recorded related to the split-interest trusts. The balance of the expected payment streams was $145 and $162 at December 31, 2018 and 2017, respectively.

Note 12. Endowment

The Clinic's endowment consists of approximately 2,000 individual funds established for a variety of purposes. The endowment includes both donor-restricted endowment funds and funds designated by the Board of Trustees to function as endowments (board-designated funds). Net assets associated with endowment funds, including funds designated by the Board of Trustees to function as endowments, are classified and reported based on the existence or absence of donor-imposed restrictions. The Board of Trustees retains the right to re-designate board-designated funds.

The Board of Trustees of the Clinic has interpreted the Minnesota State Prudent Management of Institutional Funds Act (SPMIFA) as requiring the preservation of the fair value of the original gift as of the gift date of the donor-restricted endowment funds absent explicit donor stipulations to the contrary. As a result of this interpretation, the Clinic retains in perpetuity: (a) the original value of gifts donated to the permanent endowment, (b) the original value of subsequent gifts to the perpetual endowment, and (c) accumulations to the perpetual endowment made in accordance with the direction of the applicable donor gift instrument at the time the accumulation is added to the fund.

In accordance with SPMIFA, the Clinic considers the following factors in making a determination to appropriate or accumulate donor-restricted funds:

1. The duration and preservation of the fund
2. The purposes of the Clinic and the donor-restricted endowment fund
3. General economic conditions
4. The possible effect of inflation and deflation
5. The expected total return from income and the appreciation of investments
6. Other resources of the Clinic
7. The investment policies of the Clinic

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

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

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

Notes to Consolidated Financial Statements (In Millions)

Note 12. Endowment (Continued)

At December 31, 2018, the endowment net asset composition by type of fund consisted of the following:

	Without Donor Restrictions	With Donor Restrictions	Total
Donor-restricted funds	$ —	$ 2,372	$ 2,372
Board-designated funds	2,124	—	2,124
Total funds	$ 2,124	$ 2,372	$ 4,496

Changes in endowment net assets for the year ended December 31, 2018 consisted of the following:

	Without Donor Restrictions	With Donor Restrictions	Total
Endowment net assets, beginning of year	$ 2,121	$ 2,190	$ 4,311
Investment return:			
Investment income	35	30	65
Net appreciation (realized and unrealized)	6	4	10
Total investment return	41	34	75
Contributions	—	235	235
Appropriation of endowment assets for expenditure	(60)	(87)	(147)
Other changes:			
Transfers to create board-designated endowment funds	22	—	22
Endowment net assets, end of year	$ 2,124	$ 2,372	$ 4,496

Notes to Consolidated Financial Statements (In Millions)

Note 12. Endowment (Continued)

At December 31, 2017, the endowment net asset composition by type of fund consisted of the following:

	Without Donor Restrictions	With Donor Restrictions	Total
Donor-restricted funds	$ —	$ 2,190	$ 2,190
Board-designated funds	2,121	—	2,121
Total funds	$ 2,121	$ 2,190	$ 4,311

Changes in endowment net assets for the year ended December 31, 2017 consisted of the following:

	Without Donor Restrictions	With Donor Restrictions	Total
Endowment net assets, beginning of year	$ 1,804	$ 1,913	$ 3,717
Investment return:			
Investment income	31	26	57
Net appreciation (realized and unrealized)	261	224	485
Total investment return	292	250	542
Contributions	—	108	108
Appropriation of endowment assets for expenditure	(101)	(81)	(182)
Other changes:			
Transfers to create board-designated endowment funds	126	—	126
Endowment net assets, end of year	$ 2,121	$ 2,190	$ 4,311

Notes to Consolidated Financial Statements (In Millions)

Note 13. Board-Designated Funds

Board-designated funds are subject to expenditure for the following purpose for the years ended December 31:

	2018	2017
Research	$ 1,073	$ 1,060
Education	160	190
Buildings and equipment	3	3
Charity care	9	9
Clinical	114	110
Other	894	871
Total designation for specified purpose	$ 2,253	$ 2,243

Note 14. Functional Expenses

The consolidated financial statements present certain expenses that are attributed to more than one program or supporting function. Therefore, expenses require allocation on a reasonable basis that is consistently applied. Benefits and payroll taxes are allocated based on factors of either salary expense or hours worked. Overhead costs that include things such as professional services, office expenses, information technology, interest, insurance, and other similar expenses are allocated on a variety of factors including revenues, hours worked, and salary expense. Costs related to space include occupancy, depreciation and amortization, and property taxes are allocated on a square footage basis.

The expenses reported in the consolidated statements of activities for the years ended December 31, 2018 and 2017, supported the following programs and functions:

2018	Patient care	Lab and technology ventures	Research	Graduate and other education	General and administrative	Development expenses	Other activities	Total expenses
Salaries and benefits	$ 5,884	$ 173	$ 521	$ 265	$ 158	$ 3	$ 170	$ 7,174
Supplies and services	2,455	848	217	64	134	15	34	3,767
Facilities	656	14	71	20	69	2	4	836
Finance & investment	30	1	1	1	2	—	85	120
Total	$ 9,025	$ 1,036	$ 810	$ 350	$ 363	$ 20	$ 293	$ 11,897

2017	Patient care	Lab and technology ventures	Research	Graduate and other education	General and administrative	Development expenses	Other activities	Total expenses
Salaries and benefits	$ 5,554	$ 167	$ 480	$ 244	$ 120	$ 7	$ 224	$ 6,796
Supplies and services	2,258	933	202	60	100	16	21	3,590
Facilities	619	15	67	18	56	1	2	778
Finance & investment	18	1	—	1	2	—	91	113
Total	$ 8,449	$ 1,116	$ 749	$ 323	$ 278	$ 24	$ 338	$ 11,277

Notes to Consolidated Financial Statements (In Millions)

Note 15. Employee Benefit Programs

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

Included in other changes in unrestricted net assets at December 31, 2018 and 2017, are the following amounts, respectively, that have not yet been recognized in net periodic cost: unrecognized actuarial losses of $3,435 and $4,137 and unrecognized prior service benefit of $298 and $382. Actuarial losses are amortized as a component of net periodic pension cost, only if the losses exceed ten percent of the greater of the projected benefit obligation or the fair value of plan assets. Unrecognized prior service benefits are amortized on a straight-line basis over the estimated life of plan participants. The unrecognized actuarial losses and prior service benefit included in net assets are expected to be recognized in net periodic pension cost during the year ending December 31, 2019, in the amount of $152 and $69, respectively.

Changes in plan assets and benefit obligations recognized in unrestricted net assets during 2018 and 2017 included the following:

	2018	2017
Current-year actuarial gain (loss)	$ 469	$ (638)
Amortization of actuarial loss	228	170
Current-year prior service cost	—	—
Amortization of prior service credit	(85)	(97)
Pension and other postretirement benefit adjustments	$ 612	$ (565)

Pension plans:

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

	2018	2017
Change in projected benefit obligation:		
Benefit obligation, beginning of year	$ 9,647	$ 8,316
Service cost	509	425
Interest cost	353	350
Actuarial (gain) loss	(1,100)	1,027
Benefits paid	(543)	(471)
Estimated benefit obligation at end of year	$ 8,866	$ 9,647
Change in plan assets:		
Fair value of plan assets, beginning of year	$ 8,372	$ 7,260
Actual return on plan assets	(84)	1,048
Employer contributions	339	535
Benefits paid	(543)	(471)
Fair value of plan assets at end of year	$ 8,084	$ 8,372

Notes to Consolidated Financial Statements (In Millions)

Note 15. Employee Benefit Programs (Continued)

	2018	2017
Funded status of the plan	$ (782)	$ (1,275)
Accumulated benefit obligation	$ 8,551	$ 9,360

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

	2018	2017
Noncurrent liabilities	$ (782)	$ (1,275)
Net amount recognized	$ (782)	$ (1,275)

Components of net periodic benefit cost are as follows at December 31:

	2018	2017
Service cost	$ 509	$ 425
Interest cost	352	350
Expected return on plan assets	(624)	(573)
Amortization of unrecognized:		
Prior service benefit	(50)	(50)
Net actuarial loss	207	157
Net periodic benefit cost	$ 394	$ 309

Plan assets: The largest of the pension funds is the Mayo Clinic Master Retirement Trust Plan, which holds $7,984 of the $8,084 in combined plan assets at December 31, 2018, and $8,260 of the $8,372 in combined plan assets at December 31, 2017. The investment policies described below apply to the Mayo Clinic Master Retirement Trust Plan (the Plan).

The Plan employs a global, multi-asset approach in managing its retirement plan assets. This approach is designed to maximize risk-adjusted returns over a long-term investment horizon, consistent with the nature of the pension liabilities being funded. The plan asset portfolio’s target allocation for total return investment strategies, which include public equities, private equities, absolute return, and real assets, is 82.5 percent. The portfolio’s target fixed-income exposure is 17.5 percent. The fixed-income exposure may include the use of long-term interest rate swap contracts structured to increase the portfolio’s interest rate sensitivity and thereby provide a hedge of the plan liabilities resulting from falling long-term interest rates. Investments in private equities, real assets, and absolute return strategies are held to improve diversification and thereby enhance long-term, risk-adjusted returns. However, recognizing that these investments are not as liquid as publicly traded stocks and bonds, portfolio investment policies limit overall exposure to these assets. The portfolio’s allocation to private equities and real assets is limited to a maximum of 30 percent (with a target allocation of 22.5 percent), and exposure to absolute return strategies is limited to a maximum of 35 percent (with a target of 27.5 percent). The Clinic reviews performance, asset allocation, and risk management reports for plan asset portfolios on a monthly basis.

Notes to Consolidated Financial Statements (In Millions)

Note 15. Employee Benefit Programs (Continued)

The fair values of the Plan's assets at December 31, 2018, by asset category are as follows:

Assets	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)	NAV	Total
Cash and equivalents	$ 655	$ 38	$ —	$ —	$ 693
Fixed-income securities:					
U.S. government	—	58	—	—	58
U.S. government agencies	—	169	—	—	169
U.S. corporate	—	316	6	—	322
Foreign	—	21	—	—	21
Common and preferred stocks:					
U.S.	606	38	3	—	647
Foreign	435	—	—	—	435
Funds:					
Fixed-income	92	—	—	—	92
Equities	56	464	—	—	520
Foreign	66	—	—	—	66
Investments at NAV	—	—	—	4,961	4,961
Total investments	$ 1,910	$ 1,104	$ 9	$ 4,961	$ 7,984

The fair values of the Plan's assets at December 31, 2017, by asset category are as follows:

Assets	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)	NAV	Total
Cash and equivalents	$ 752	$ 23	$ —	$ —	$ 775
Fixed-income securities:					
U.S. government	—	67	—	—	67
U.S. government agencies	—	138	—	—	138
U.S. corporate	—	358	—	—	358
Foreign	—	25	—	—	25
Common and preferred stocks:					
U.S.	650	30	—	—	680
Foreign	477	—	—	—	477
Funds:					
Fixed-income	343	—	—	—	343
Equities	156	518	—	—	674
Investments at NAV	—	—	—	4,723	4,723
Total investments	$ 2,378	$ 1,159	$ —	$ 4,723	$ 8,260

Notes to Consolidated Financial Statements (In Millions)

Note 15. Employee Benefit Programs (Continued)

The following is a description of the Plan's valuation methodologies for assets and liabilities measured at fair value. Fair value for Level 1 is based upon quoted market prices. Fair value for Level 2 is based on quoted prices for similar instruments in active markets, quoted prices for identical or similar instruments in markets that are not active, and model-based valuation techniques for which all significant assumptions are observable in the market or can be corroborated by observable market data for substantially the full term of the assets. Inputs are obtained from various sources, including market participants, dealers and brokers.

A financial instrument's categorization within the valuation hierarchy is based upon the lowest level of input that is significant to the fair value measurement. The Clinic's policy is to recognize transfers in and transfers out as of the actual date of the event or change in circumstances that caused the transfer. There were no significant transfers in 2018 or 2017.

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

The following information pertains to those alternative investments recorded at NAV in accordance with the *Fair Value Measurements and Disclosures* topic of the FASB ASC 820.

At December 31, 2018, alternative investments recorded at NAV consisted of the following:

	Fair Value	Unfunded Commitment	Redemption Frequency (If Currently Eligible)	Redemption Notice Period
Absolute return/hedge funds (a)	$ 2,699	$ —	Monthly to annually	30–90 days
Private partnerships (b)	2,262	1,153		
	$ 4,961	$ 1,153		

At December 31, 2017, alternative investments recorded at NAV consisted of the following:

	Fair Value	Unfunded Commitment	Redemption Frequency (If Currently Eligible)	Redemption Notice Period
Absolute return/hedge funds (a)	$ 2,791	$ —	Monthly to annually	30–90 days
Private partnerships (b)	1,932	1,047		
	$ 4,723	$ 1,047		

(a) This category includes investments in absolute return/hedge funds, which are actively managed commingled investment vehicles that derive the majority of their returns from factors other than the directional flow of the markets in which they invest. Representative strategies include high-yield credit, distressed debt, merger arbitrage, relative value, and long-short equity strategies. The fair values of the investments in this category have been estimated using the NAV per share of the investments. Investments in this category generally carry "lockup" restrictions that do not allow investors to seek redemption in the first year after acquisition. Following the initial lockup period,

Notes to Consolidated Financial Statements (In Millions)

Note 15. Employee Benefit Programs (Continued)

liquidity is generally available monthly, quarterly or annually following a redemption request. Over 90 percent of the investments in this category have at least annual liquidity.

(b) This category includes limited partnership interests in closed-end funds that focus on venture capital, private equity, real estate and resource-related strategies. The fair values of the investments in this category have been estimated using the NAV of the Plan's ownership interest in partners' capital. These investments cannot be redeemed with the funds. Distributions from each fund will be received as the underlying investments of the funds are liquidated. It is estimated that the underlying assets of most funds will generally be liquidated over a seven- to ten-year period.

No plan assets are expected to be returned to the employer during 2019.

Other postretirement benefits:

Obligations and funded status: A summary of the changes in the benefit obligation and plan assets and the resulting funded status of the other postretirement plans is as follows as of and for the years ended December 31:

	2018	2017
Change in projected benefit obligation:		
Benefit obligation at beginning of year	$ 1,095	$ 1,005
Service cost	11	11
Interest cost	39	42
Plan participants' contributions	31	26
Amendments	—	—
Medicare subsidy	3	3
Actuarial (gain) loss	(83)	90
Benefits paid	(88)	(82)
Estimated benefit obligation at end of year	$ 1,008	$ 1,095
Change in plan assets:		
Fair value of plan assets at beginning of year	$ —	$ —
Employer contributions	54	53
Plan participants' contributions	31	26
Medicare subsidy	3	3
Benefits paid	(88)	(82)
Fair value of plan assets at end of year	$ —	$ —
Funded status of the plan	$ (1,008)	$ (1,095)

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

	2018	2017
Current liabilities	$ (40)	$ (46)
Noncurrent liabilities	(968)	(1,049)
Net amount recognized	$ (1,008)	$ (1,095)

Notes to Consolidated Financial Statements (In Millions)

Note 15. Employee Benefit Programs (Continued)

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

	2018	2017
Service cost	$ 11	$ 11
Interest cost	39	42
Amortization of:		
Unrecognized prior service benefit	(34)	(47)
Unrecognized net actuarial loss	21	13
Net periodic benefit cost for other postretirement benefits	$ 37	$ 19

The Clinic has concluded that the prescription drug benefits under its defined benefit postretirement plan are actuarially equivalent to Medicare Part D under the Medicare Modernization Act (the Act) and that the Clinic will receive the subsidy available under the Act.

The following reflects the expected future Medicare Part D subsidy receipts:

Years ending December 31:	
2019	$ 4
2020	5
2021	5
2022	5
2023	5
2024–2027	26

Plan trend rates are the annual rates of increase expected for the benefits payable from the plan; these rates include Health Care Cost Trend plus the leveraging effect of plan design. The assumed plan trend rate is 5.50 percent. A one-percentage-point change in the assumed health care cost trend rate would have the following effects:

	One-Percentage-Point Increase	One-Percentage-Point Decrease
Effect on total service and interest cost components in 2018	$ 2	$ (2)
Effect on postretirement benefit obligation at December 31, 2018	49	(42)

Pension and postretirement benefits:

Assumptions: Weighted-average assumptions used to determine pension and postretirement benefit obligations at the measurement date are as follows:

	Pension Benefits		Postretirement Benefits	
	2018	2017	2018	2017
Discount rate	4.33%	3.74%	4.35%	3.72%
Rate of compensation increase	3.53%	3.39%	N/A	N/A

Notes to Consolidated Financial Statements (In Millions)

Note 15. Employee Benefit Programs (Continued)

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

	Pension Benefits		Postretirement Benefits	
	2018	2017	2018	2017
Discount rate	3.74%	4.31%	3.72%	4.24%
Expected long-term return on plan assets	7.50%	7.50%	N/A	N/A
Rate of compensation increase	3.39%	3.36%	N/A	N/A

The Clinic utilizes a building block approach in determining the expected long-term rate of return for its plan assets. First, historical data on individual asset class returns are studied. Next, the historical correlation among and between asset class returns is studied under both normal conditions and in times of market turbulence. Then, various mixes of asset classes are considered under multiple long-term investment scenarios. Finally, after considering liquidity concerns related to the use of certain alternative asset classes, the plan sponsor selects the portfolio blend that it believes will produce the highest expected long-term return on a risk-adjusted basis.

Cash flows:

Contributions: The Clinic expects to contribute $344 to its pension plans in 2019.

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

	Pension Benefits	Postretirement Benefits
Years ending December 31:		
2019	$ 445	$ 42
2020	436	50
2021	457	52
2022	478	55
2023	490	57
2024–2027	2,682	309

In addition to the defined benefit plans, the Clinic sponsors various defined contribution benefit plans. Expense recognized by the Clinic for those plans was $105 and $99 for 2018 and 2017, respectively.

Notes to Consolidated Financial Statements (In Millions)

Note 16. General and Professional Liability Insurance

The Clinic insures substantially all general and professional liability risks through a combination of a wholly owned captive insurance company and self-insurance. The insurance program combines various levels of self-insured retention with excess commercial insurance coverage. Actuarial consultants have been retained to assist in the estimation of outstanding general and professional liability losses.

The Clinic's general and professional liability as reported in the accompanying consolidated statements of financial position was $101 and $88 at December 31, 2018 and 2017, respectively. Provisions for the general and professional liability risks are based on an actuarial estimate of losses using the Clinic's actual loss data adjusted for industry trends and current conditions and considering an evaluation of claims by the Clinic's legal counsel. The provision includes estimates of ultimate costs for both reported claims and claims incurred but not reported.

Activity in the liability is summarized as follows for the years ended December 31:

	2018	2017
Balance, beginning of year	$ 88	$ 81
Incurred related to captive insurance company liability:		
Current year	19	19
Prior years	12	2
Total incurred	31	21
Paid related to captive insurance company liability:		
Current year	(3)	(1)
Prior years	(15)	(15)
Total paid	(18)	(16)
Net change in self-insurance liability	—	2
Balance, end of year	$ 101	$ 88

Notes to Consolidated Financial Statements (In Millions)

Note 17. Other Receivables, Other Current and Long-Term Assets, and Other Current and Long-Term Liabilities

At December 31, other receivables consisted of the following:

	2018	2017
Pledges receivable	$ 170	$ 159
Grants receivable	89	82
Other	119	107
Total other receivables	$ 378	$ 348

At December 31, other current assets consisted of the following:

	2018	2017
Inventories	$ 130	$ 123
Prepaid expenses	51	64
Other	6	41
Total other current assets	$ 187	$ 228

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

	2018	2017
Pledges receivable	$ 309	$ 210
Trust receivables	145	162
Oil and gas interests	81	64
Technology-based ventures	32	19
Long-term portion of deferred tax asset	26	29
Other	102	94
Total other long-term assets	$ 695	$ 578

At December 31, other current liabilities consisted of the following:

	2018	2017
Other taxes	$ 81	$ 73
Current portion of long-term disability	35	30
Short-term disability	32	32
Current portion of professional and general liability	28	28
Real estate tax accrual	25	26
Current portion of workers' compensation liability	17	16
Lease agreement liability	10	8
Refunds/recoupments	9	21
Other	100	106
Total other current liabilities	$ 337	$ 340

Notes to Consolidated Financial Statements (In Millions)

Note 17. Other Receivables, Other Current and Long-Term Assets, and Other Current and Long-Term Liabilities (Continued)

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

	2018	2017
Deferred compensation	$ 586	$ 586
Long-term disability	160	160
Electronic medical record	114	87
Professional and general liability	73	60
Gift annuities	71	49
Trust obligations	54	46
Financing obligation	39	—
Retirement community obligations	37	35
Lease agreement liability	36	40
Workers' compensation liability	25	27
Asset retirement obligation	23	23
Release of third-party from affiliation	22	—
Contract deposit	22	22
Other	61	66
Total other long-term liabilities	$ 1,323	$ 1,201

Note 18. Other Revenue

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

	2018	2017
Retail pharmacy sales	$ 330	$ 301
Royalties	97	95
Technology commercialization, health information and medical products	78	54
Retail stores	44	46
Graduate medical and other education revenue	38	38
Cafeteria revenue	35	35
Oil- and gas-producing activities	28	18
Premium revenue	27	153
Other	172	279
Total other revenue	$ 849	$ 1,019

Note 19. Commitments and Contingencies

The Clinic has various construction projects in progress related to patient care, research, and educational facilities. The estimated costs committed to complete the various projects at December 31, 2018, approximated $1,492, all of which is expected to be expended over the next three to five years.

While the Clinic is self-insured for a substantial portion of its general and workers' compensation liabilities, the Clinic maintains commercial insurance coverage against catastrophic loss. Additionally, the Clinic maintains a self-insurance program for its long-term disability coverage. The provision for estimated self-insured claims includes estimates of the ultimate costs for both reported claims and claims incurred but not reported.

The Clinic is a defendant in various lawsuits arising in the ordinary course of business and records an estimated liability for probable claims. Although the outcome of these lawsuits cannot be predicted with certainty, management believes the ultimate disposition of such matters will not have a material effect on the Clinic's consolidated financial position or statement of activities.

Note 20. Disposal of Affiliates

On May 1, 2017, the Clinic withdrew as the sole member of Mayo Clinic Health System - Waycross in a transaction with the Hospital Authority of Ware County and HCA Management Services, L.P. A $13 loss from disposal of affiliate is included in noncurrent and other items of the consolidated statements of activities for the year ended December 31, 2017.

In August 2017, the Clinic entered into an agreement with Medica, a Minnesota-based health services company, to sell its ownership interest in Mayo Clinic Health Solutions (MMSI). For the year ended December 31, 2017, a $34 gain from disposal of affiliate is included in noncurrent and other items of the consolidated statements of activities.

On September 30, 2018, the Clinic released a third-party from the affiliation with a consolidated affiliate. At December 31, 2018, the Clinic recorded a $37 liability from release of the third party. This relates to a previously disclosed contingency regarding the involvement of a third party in the operations of the consolidated affiliate.