Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

▶ **Complete all entries in accordance with the instructions to the Form 5500.**

OMB Nos. 1210-0110
1210-0089

2016

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2016 or fiscal plan year beginning 01/01/2016 and ending 12/31/2016

A This return/report is for:
- [ ] a multiemployer plan
- [ ] a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)
- [X] a single-employer plan
- [ ] a DFE (specify) ____

B This return/report is:
- [ ] the first return/report
- [ ] the final return/report
- [ ] an amended return/report
- [ ] a short plan year return/report (less than 12 months)

C If the plan is a collectively-bargained plan, check here. . . . . ▶ [X]

D Check box if filing under:
- [X] Form 5558
- [ ] automatic extension
- [ ] the DFVC program
- [ ] special extension (enter description)

Part II Basic Plan Information—enter all requested information

1a Name of plan
VIRGINIA MASON MEDICAL CENTER DEFINED BENEFIT RETIREMENT PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 02/01/1958

2a Plan sponsor's name (employer, if for a single-employer plan)
Mailing address (include room, apt., suite no. and street, or P.O. Box)
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)
VIRGINIA MASON MEDICAL CENTER

P.O. BOX 900
SEATTLE, WA 98111

1100 NINTH AVENUE
SEATTLE, WA 98111

2b Employer Identification Number (EIN) 91-0565539

2c Plan Sponsor's telephone number 206-341-0154

2d Business code (see instructions) 622000

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

SIGN HERE	Filed with authorized/valid electronic signature.	10/11/2017	CRAIG GOODRICH
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

Preparer's name (including firm name, if applicable) and address (include room or suite number)

Preparer's telephone number

3a	Plan administrator's name and address [X] Same as Plan Sponsor	**3b**	Administrator's EIN
		3c	Administrator's telephone number
4	If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report:	**4b**	EIN
a	Sponsor's name	**4c**	PN

5	Total number of participants at the beginning of the plan year	**5**	790
6	Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines **6a(1), 6a(2), 6b, 6c,** and **6d**).		
a(1)	Total number of active participants at the beginning of the plan year	**6a(1)**	64
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	49
b	Retired or separated participants receiving benefits	**6b**	494
c	Other retired or separated participants entitled to future benefits	**6c**	200
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	743
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	38
f	Total. Add lines **6d** and **6e**.	**6f**	781
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	1
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:

1A 1F 3F 3H

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:

9a Plan funding arrangement (check all that apply)

- **(1)** [ ] Insurance
- **(2)** [ ] Code section 412(e)(3) insurance contracts
- **(3)** [X] Trust
- **(4)** [ ] General assets of the sponsor

9b Plan benefit arrangement (check all that apply)

- **(1)** [ ] Insurance
- **(2)** [ ] Code section 412(e)(3) insurance contracts
- **(3)** [X] Trust
- **(4)** [ ] General assets of the sponsor

10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

- **(1)** [X] **R** (Retirement Plan Information)
- **(2)** [ ] **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- **(3)** [X] **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary

b General Schedules

- **(1)** [X] **H** (Financial Information)
- **(2)** [ ] **I** (Financial Information – Small Plan)
- **(3)** [ ] 0 **A** (Insurance Information)
- **(4)** [X] **C** (Service Provider Information)
- **(5)** [X] **D** (DFE/Participating Plan Information)
- **(6)** [ ] **G** (Financial Transaction Schedules)

Part III Form M-1 Compliance Information (to be completed by welfare benefit plans)

11a If the plan provides welfare benefits, was the plan subject to the Form M-1 filing requirements during the plan year? (See instructions and 29 CFR 2520.101-2.) ..... ☐ Yes ☐ No

If "Yes" is checked, complete lines 11b and 11c.

11b Is the plan currently in compliance with the Form M-1 filing requirements? (See instructions and 29 CFR 2520.101-2.) ..... ☐ Yes ☐ No

11c Enter the Receipt Confirmation Code for the 2016 Form M-1 annual report. If the plan was not required to file the 2016 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code_____

SCHEDULE SB (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Single-Employer Defined Benefit Plan Actuarial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500 or 5500-SF.**

OMB No. 1210-0110

2016

This Form is Open to Public Inspection

For calendar plan year 2016 or fiscal plan year beginning 01/01/2016 and ending 12/31/2016

▶ **Round off amounts to nearest dollar.**

▶ **Caution:** A penalty of $1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan
VIRGINIA MASON MEDICAL CENTER DEFINED BENEFIT RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
VIRGINIA MASON MEDICAL CENTER

D Employer Identification Number (EIN)
91-0565539

E Type of plan: [X] Single [ ] Multiple-A [ ] Multiple-B

F Prior year plan size: [ ] 100 or fewer [ ] 101-500 [X] More than 500

Part I Basic Information

1 Enter the valuation date: Month 01 Day 01 Year 2016

2 Assets:

a Market value	**2a**	85531895
b Actuarial value	**2b**	90737125

3 Funding target/participant count breakdown

	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment	501	52791569	52791569
b For terminated vested participants	225	13683373	13683373
c For active participants	64	16411090	16459811
d Total	790	82886032	82934753

4 If the plan is in at-risk status, check the box and complete lines (a) and (b) [ ]

a Funding target disregarding prescribed at-risk assumptions	**4a**	
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	**4b**	
5 Effective interest rate	**5**	5.95 %
6 Target normal cost	**6**	999427

Statement by Enrolled Actuary

To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

SIGN HERE

Signature of actuary

10/10/2017
Date

TIMOTHY J. DAVENPORT
Type or print name of actuary

17-03505
Most recent enrollment number

MILLIMAN, INC.
Firm name

206-624-7940
Telephone number (including area code)

1301 FIFTH AVENUE, SUITE 3800
SEATTLE, WA 98101-2605
Address of the firm

If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions [ ]

Part II Beginning of Year Carryover and Prefunding Balances

		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	4670921
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9	Amount remaining (line 7 minus line 8)	0	4670921
10	Interest on line 9 using prior year's actual return of -1.08%	0	-50446
11	Prior year's excess contributions to be added to prefunding balance:		
a	Present value of excess contributions (line 38a from prior year)		3700571
b(1)	Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of 6.16%		227955
b(2)	Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
c	Total available at beginning of current plan year to add to prefunding balance		3928526
d	Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	4620475

Part III Funding Percentages

14	Funding target attainment percentage	14	103.83%
15	Adjusted funding target attainment percentage	15	109.40%
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	102.78%
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls

18 Contributions made to the plan for the plan year by employer(s) and employees:

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
01/27/2017	1000000	0			
03/23/2017	3000000	0			
			Totals ► 18(b)	4000000	18(c) 0

19	Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:		
a	Contributions allocated toward unpaid minimum required contributions from prior years.	19a	0
b	Contributions made to avoid restrictions adjusted to valuation date	19b	0
c	Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	3735403

20 Quarterly contributions and liquidity shortfalls:

a Did the plan have a "funding shortfall" for the prior year? ☐ Yes ☒ No

b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? ☐ Yes ☐ No

c If line 20a is "Yes," see instructions and complete the following table as applicable:

Liquidity shortfall as of end of quarter of this plan year

(1) 1st	(2) 2nd	(3) 3rd	(4) 4th

Part V Assumptions Used to Determine Funding Target and Target Normal Cost

21 Discount rate:

a Segment rates:

1st segment:	2nd segment:	3rd segment:	
4.43%	5.91%	6.65%	☐ N/A, full yield curve used

b Applicable month (enter code)	**21b**	4
22 Weighted average retirement age	**22**	62

23 Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute

Part VI Miscellaneous Items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment	☒ Yes	☐ No
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment	☐ Yes	☒ No
26 Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment	☒ Yes	☐ No

27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment	**27**	

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

28 Unpaid minimum required contributions for all prior years	**28**	0
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a)	**29**	0
30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29)	**30**	0

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):

a Target normal cost (line 6)	**31a**	999427
b Excess assets, if applicable, but not greater than line 31a	**31b**	999427

32 Amortization installments:

	Outstanding Balance	Installment
a Net shortfall amortization installment	0	0
b Waiver amortization installment	0	0

33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	**33**	
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)	**34**	0

	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement			0

36 Additional cash requirement (line 34 minus line 35)	**36**	0
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	**37**	3735403
38 Present value of excess contributions for current year (see instructions)		
a Total (excess, if any, of line 37 over line 36)	**38a**	3735403
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	**38b**	0
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	**39**	0
40 Unpaid minimum required contributions for all years	**40**	0

Part IX Pension Funding Relief Under Pension Relief Act of 2010 (See Instructions)

41 If an election was made to use PRA 2010 funding relief for this plan:

a Schedule elected ☐ 2 plus 7 years ☐ 15 years

b Eligible plan year(s) for which the election in line 41a was made ☐ 2008 ☐ 2009 ☐ 2010 ☐ 2011

42 Amount of acceleration adjustment	**42**	
43 Excess installment acceleration amount to be carried over to future plan years	**43**	

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ **File as an attachment to Form 5500.**	**2016** **This Form is Open to Public Inspection.**

For calendar plan year 2016 or fiscal plan year beginning 01/01/2016 and ending 12/31/2016

A Name of plan	**B** Three-digit plan number (PN) ▶
VIRGINIA MASON MEDICAL CENTER DEFINED BENEFIT RETIREMENT PLAN	001
C Plan sponsor's name as shown on line 2a of Form 5500	**D** Employer Identification Number (EIN)
VIRGINIA MASON MEDICAL CENTER	91-0565539

Part I Service Provider Information (see instructions)

You must complete this Part, in accordance with the instructions, to report the information required for **each person** who received, directly or indirectly, $5,000 or more in total compensation (i.e., money or anything else of monetary value) in connection with services rendered to the plan or the person's position with the plan during the plan year. If a person received **only** eligible indirect compensation for which the plan received the required disclosures, you are required to answer line 1 but are not required to include that person when completing the remainder of this Part.

1 Information on Persons Receiving Only Eligible Indirect Compensation

a Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions).. . . . . [X] Yes [ ] No

b If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

CAPITAL RESEARCH AND MANAGEMENT CO

95-1411037

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

CAUSEWAY CAPITAL MANAGEMENT LLC

95-4861680

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

DIMENSIONAL FUND ADVISORS LP

30-0447847

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

FRANKLIN ADVISERS, INC.

94-2990534

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

THE VANGUARD GROUP, INC.

23-1945930

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

T. ROWE PRICE ASSOCIATES, INC.

52-0556948

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

PACIFIC INV MANAGEMENT COMPANY LLC

33-0629048

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

WILLIAM BLAIR INVESTMENT MANAGEMENT

47-2614791

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, $5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

MILLIMAN, INC

91-0675641

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11 49 50	NONE	153491	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

(a) Enter name and EIN or address (see instructions)

JP MORGAN INVESTMENT MANAGEMENT INC

13-3200244

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27 28 50 51	NONE	75409	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

(a) Enter name and EIN or address (see instructions)

DODGE & COX

94-1441976

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51 68	NONE	28174	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [X] No [ ]

2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, $5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

THE BANK OF NY MELLON TRUST COMPANY

95-3571558

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
21 50 59 62 99	NONE	27851	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [X] No [ ]

(a) Enter name and EIN or address (see instructions)

WELLINGTON MANAGMENT COMPANY LLP

04-2755549

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51 68	NONE	18376	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [X] No [ ]

(a) Enter name and EIN or address (see instructions)

KKR MEZZANINE I ADVISORS LLC

27-2815243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51 99	NONE	14193	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [ ] No [X]

Part I Service Provider Information (continued)

3. If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received $1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

Part II Service Providers Who Fail or Refuse to Provide Information

4 Provide, to the extent possible, the following information for each service provider who failed or refused to provide the information necessary to complete this Schedule.

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)

(complete as many entries as needed)

a Name:	**b** EIN:
c Position:	
d Address:	**e** Telephone:

Explanation:

a Name:	**b** EIN:
c Position:	
d Address:	**e** Telephone:

Explanation:

a Name:	**b** EIN:
c Position:	
d Address:	**e** Telephone:

Explanation:

a Name:	**b** EIN:
c Position:	
d Address:	**e** Telephone:

Explanation:

a Name:	**b** EIN:
c Position:	
d Address:	**e** Telephone:

Explanation:

SCHEDULE D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2016

This Form is Open to Public Inspection.

For calendar plan year 2016 or fiscal plan year beginning 01/01/2016 and ending 12/31/2016

A Name of plan
VIRGINIA MASON MEDICAL CENTER DEFINED BENEFIT RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 001

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
VIRGINIA MASON MEDICAL CENTER

D Employer Identification Number (EIN)
91-0565539

Part I **Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)**
(Complete as many entries as needed to report all interests in DFEs)

a Name of MTIA, CCT, PSA, or 103-12 IE: EB TEMPORARY INVESTMENT

b Name of sponsor of entity listed in (a): THE BANK OF NEW YORK MELLON

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
25-6078093-023	C	1996452

a Name of MTIA, CCT, PSA, or 103-12 IE: STRATEGIC PROPERTY FUND

b Name of sponsor of entity listed in (a): JPMORGAN CHASE BANK, N.A.

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
13-6038770-001	C	6724977

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

Part II Information on Participating Plans (to be completed by DFEs)

(Complete as many entries as needed to report all participating plans)

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

SCHEDULE H (Form 5500)

Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2016

This Form is Open to Public Inspection

For calendar plan year 2016 or fiscal plan year beginning 01/01/2016 and ending 12/31/2016

A Name of plan
VIRGINIA MASON MEDICAL CENTER DEFINED BENEFIT RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
VIRGINIA MASON MEDICAL CENTER

D Employer Identification Number (EIN)
91-0565539

Part I Asset and Liability Statement

1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. **Round off amounts to the nearest dollar.** MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	4000000	4000000
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	118344	104640
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)	7238820	5865148
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)	5790851	4678809
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)	77970	77460
(B) Common	1c(4)(B)	0	0
(5) Partnership/joint venture interests	1c(5)	12064975	6307358
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)	1968060	8721429
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	54344348	59561075
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

			(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:			
	(1) Employer securities	1d(1)		
	(2) Employer real property	1d(2)		
e	Buildings and other property used in plan operation	1e		
f	Total assets (add all amounts in lines 1a through 1e)	1f	85603368	89315919
	Liabilities			
g	Benefit claims payable	1g		
h	Operating payables	1h		
i	Acquisition indebtedness	1i		
j	Other liabilities	1j		
k	Total liabilities (add all amounts in lines 1g through1j)	1k	0	0
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	85603368	89315919

Part II Income and Expense Statement

2 Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

	Income		(a) Amount	(b) Total
a	**Contributions:**			
	(1) Received or receivable in cash from: **(A)** Employers	2a(1)(A)	4000000	
	(B) Participants	2a(1)(B)		
	(C) Others (including rollovers)	2a(1)(C)		
	(2) Noncash contributions	2a(2)		
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		4000000
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	-2	
	(B) U.S. Government securities	2b(1)(B)	215051	
	(C) Corporate debt instruments	2b(1)(C)	291588	
	(D) Loans (other than to participants)	2b(1)(D)		
	(E) Participant loans	2b(1)(E)		
	(F) Other	2b(1)(F)		
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		506637
	(2) Dividends: **(A)** Preferred stock	2b(2)(A)	5317	
	(B) Common stock	2b(2)(B)	0	
	(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	1379363	
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		1384680
	(3) Rents	2b(3)		
	(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)	7535251	
	(B) Aggregate carrying amount (see instructions)	2b(4)(B)	7470501	
	(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		64750
	(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
	(B) Other	2b(5)(B)	1344595	
	(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		1344595

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		22774
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		2524897
c Other income	2c		37342
d Total income. Add all **income** amounts in column (b) and enter total	2d		9885675
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	5450324	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines **2e(1)** through **(3)**	2e(4)		5450324
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses: (1) Professional fees	2i(1)	153491	
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)	164003	
(4) Other	2i(4)	405306	
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		722800
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		6173124
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		3712551
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

3 Complete lines 3a through 3c if the opinion of an independent qualified public accountant is attached to this Form 5500. Complete line 3d if an opinion is not attached.

a The attached opinion of an independent qualified public accountant for this plan is (see instructions):

(1) [ ] Unqualified **(2)** [ ] Qualified **(3)** [X] Disclaimer **(4)** [ ] Adverse

b Did the accountant perform a limited scope audit pursuant to 29 CFR 2520.103-8 and/or 103-12(d)? [X] Yes [ ] No

c Enter the name and EIN of the accountant (or accounting firm) below:

(1) Name: KPMG LLP **(2)** EIN: 13-5565207

d The opinion of an independent qualified public accountant is **not attached** because:

(1) [ ] This form is filed for a CCT, PSA, or MTIA. **(2)** [ ] It will be attached to the next Form 5500 pursuant to 29 CFR 2520.104-50.

Part IV Compliance Questions

4 CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete lines 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not complete line 4l.

During the plan year:

		Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	4a		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	4b		X	

			Yes	No	Amount
c	Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	4c		X	
d	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	4d		X	
e	Was this plan covered by a fidelity bond?	4e	X		1000000
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		X	
g	Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g		X	
h	Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	4h		X	
i	Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	4i	X		
j	Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)	4j	X		
k	Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k		X	
l	Has the plan failed to provide any benefit when due under the plan?	4l		X	
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m		X	
n	If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3	4n			
o	Defined Benefit Plan or Money Purchase Pension Plan Only: Were any distributions made during the plan year to an employee who attained age 62 and had not separated from service?	4o			

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year?
If "Yes," enter the amount of any plan assets that reverted to the employer this year ☐ **Yes** ☒ **No** **Amount:**

5b If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)

5b(1) Name of plan(s)	**5b(2)** EIN(s)	**5b(3)** PN(s)

5c If the plan is a defined benefit plan, is it covered under the PBGC insurance program (See ERISA section 4021.)? ..... ☒ Yes ☐ No ☐ Not determined
If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 3997998. (See instructions.)

Part V Trust Information

6a Name of trust	**6b** Trust's EIN

6c Name of trustee or custodian	**6d** Trustee's or custodian's telephone number

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2016

This Form is Open to Public Inspection.

For calendar plan year 2016 or fiscal plan year beginning 01/01/2016 and ending 12/31/2016

A Name of plan
VIRGINIA MASON MEDICAL CENTER DEFINED BENEFIT RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
VIRGINIA MASON MEDICAL CENTER

D Employer Identification Number (EIN)
91-0565539

Part I Distributions

All references to distributions relate only to payments of benefits during the plan year.

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions **1** 0

2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):

EIN(s): 95-3571558

Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.

3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year **3** 0

Part II Funding Information (If the plan is not subject to the minimum funding requirements of section of 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ..... ☐ **Yes** ☒ **No** ☐ **N/A**

If the plan is a defined benefit plan, go to line 8.

5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____

If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.

6 **a** Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) **6a**

b Enter the amount contributed by the employer to the plan for this plan year **6b**

c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount) **6c**

If you completed line 6c, skip lines 8 and 9.

7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ..... ☐ **Yes** ☐ **No** ☒ **N/A**

Part III Amendments

9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box. ..... ☐ **Increase** ☐ **Decrease** ☐ **Both** ☒ **No**

Part IV ESOPs (see instructions). If this is not a plan described under Section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ..... ☐ **Yes** ☐ **No**

11 **a** Does the ESOP hold any preferred stock? ..... ☐ **Yes** ☐ **No**

b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ..... ☐ **Yes** ☐ **No**

12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ..... ☐ **Yes** ☐ **No**

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that contributed more than 5% of total contributions to the plan during the plan year (measured in dollars). See instructions. *Complete as many entries as needed to report all applicable employers.*

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

14 Enter the number of participants on whose behalf no contributions were made by an employer as an employer of the participant for:

a The current year	**14a**	
b The plan year immediately preceding the current plan year	**14b**	
c The second preceding plan year	**14c**	

15 Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:

a The corresponding number for the plan year immediately preceding the current plan year	**15a**	
b The corresponding number for the second preceding plan year	**15b**	

16 Information with respect to any employers who withdrew from the plan during the preceding plan year:

a Enter the number of employers who withdrew during the preceding plan year	**16a**	
b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers	**16b**	

17 If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment. ☐

Part VI Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans

18 If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment ☐

19 If the total number of participants is 1,000 or more, complete lines (a) through (c)

a Enter the percentage of plan assets held as:
Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%

b Provide the average duration of the combined investment-grade and high-yield debt:
☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

c What duration measure was used to calculate line 19(b)?
☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify):

Part VII IRS Compliance Questions

20a Is the plan a 401(k) plan? If "No," skip b	☐ Yes ☐ No
20b How did the plan satisfy the nondiscrimination requirements for employee deferrals under section 401(k)(3) for the plan year? Check all that apply:	☐ Design-based safe harbor ☐ "Prior year" ADP test ☐ "Current year" ADP test ☐ N/A
21a What testing method was used to satisfy the coverage requirements under section 410(b) for the plan year? Check all that apply:	☐ Ratio percentage test ☐ Average benefit test ☐ N/A
21b Did the plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4) for the plan year by combining this plan with any other plan under the permissive aggregation rules?	☐ Yes ☐ No

22a If the plan is a master and prototype plan (M&P) or volume submitter plan that received a favorable IRS opinion letter or advisory letter, enter the date of the letter _____/_____/_____ and the serial number _____.

22b If the plan is an individually-designed plan that received a favorable determination letter from the IRS, enter the date of the most recent determination letter _____/_____/_____.

VIRGINIA MASON MEDICAL CENTER
DEFINED BENEFIT RETIREMENT PLAN

Financial Statements and Supplemental Schedules

December 31, 2016 and 2015

(With Independent Auditors' Report Thereon)

VIRGINIA MASON MEDICAL CENTER
DEFINED BENEFIT RETIREMENT PLAN

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KPMG LLP
Suite 2900
1918 Eighth Avenue
Seattle, WA 98101

Independent Auditors' Report

The Plan Administrator
Virginia Mason Medical Center
Defined Benefit Retirement Plan:

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of Virginia Mason Medical Center Defined Benefit Retirement Plan (the Plan), which comprise the statements of net assets available for benefits and of accumulated plan benefits as of December 31, 2016 and 2015, and the related statements of changes in net assets available for benefits and of changes in accumulated plan benefits for the years then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance 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 from material misstatement, whether due to fraud or error.

Auditors' Responsibility

Our responsibility is to express an opinion on these financial statements based on conducting the audits in accordance with auditing standards generally accepted in the United States of America. Because of the matter described in the Basis for Disclaimer of Opinion paragraph, however, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion.

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in note 6 to the financial statements, which was certified by Bank of New York Mellon Trust Company, the trustee of the Plan, except for comparing such information with the related information included in the financial statements. We have been informed by the plan administrator that the trustee holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained certifications from the trustee as of and for the years ended December 31, 2016 and 2015, that the information provided to the plan administrator by the trustee is complete and accurate.

Disclaimer of Opinion

Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we have not been able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion. Accordingly, we do not express an opinion on these financial statements.

KPMG LLP is a Delaware limited liability partnership and the U.S. member firm of the KPMG network of independent member firms affiliated with KPMG International Cooperative ("KPMG International"), a Swiss entity.

Other Matters

The supplemental schedules of schedule H, line 4i – schedule of assets (held at end of year) and schedule H, line 4j – schedule of reportable transactions as of or for the year ended December 31, 2016 are required by the DOL Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and are presented for the purpose of additional analysis and are not a required part of the financial statements. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on these supplemental schedules.

Report on Form and Content in Compliance With DOL Rules and Regulations

The form and content of the information included in the financial statements and supplemental schedules, other than that derived from the information certified by the trustee, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the DOL Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

KPMG LLP

Seattle, Washington
October 9, 2017

VIRGINIA MASON MEDICAL CENTER
DEFINED BENEFIT RETIREMENT PLAN

Statements of Net Assets Available for Benefits

December 31, 2016 and 2015

	2016	2015
Assets:		
Investments, at fair value	$ 85,211,274	81,485,024
Total investments	85,211,274	81,485,024
Receivables:		
Employer contributions	4,000,000	4,000,000
Interest and dividend income	98,398	116,113
Pending sales	6,242	2,231
Total receivables	4,104,640	4,118,344
Liabilities:		
Administrative expenses payable	(108,458)	(50,483)
Net assets available for benefits	$ 89,207,456	85,552,885

See accompanying notes to financial statements.

VIRGINIA MASON MEDICAL CENTER
DEFINED BENEFIT RETIREMENT PLAN

Statements of Changes in Net Assets Available for Benefits

Years ended December 31, 2016 and 2015

		2016	2015
Employer contributions	$	4,000,000	4,000,000
Investment income:			
Interest income		514,709	551,273
Dividend income		1,392,926	1,111,746
Net appreciation (depreciation) in fair value of investments		3,963,842	(2,396,529)
Net investment income (loss)		5,871,477	(733,510)
Benefit payments		(5,450,324)	(5,136,155)
Administrative expenses		(766,582)	(632,780)
Net increase (decrease)		3,654,571	(2,502,445)
Net assets available for benefits:			
Beginning of year		85,552,885	88,055,330
End of year	$	89,207,456	85,552,885

See accompanying notes to financial statements.

VIRGINIA MASON MEDICAL CENTER
DEFINED BENEFIT RETIREMENT PLAN

Statements of Accumulated Plan Benefits

December 31, 2016 and 2015

		2016	2015
Actuarial present value of accumulated plan benefits:			
Vested benefits:			
Retired participants and beneficiaries currently receiving benefits	$	57,695,369	54,907,340
Terminated participants and beneficiaries		14,512,843	14,592,450
Active participants		14,165,132	17,375,436
Total vested benefits		86,373,344	86,875,226
Nonvested benefits		—	54,064
Total actuarial present value of accumulated plan benefits	$	86,373,344	86,929,290

See accompanying notes to financial statements.

VIRGINIA MASON MEDICAL CENTER
DEFINED BENEFIT RETIREMENT PLAN

Statements of Changes in Accumulated Plan Benefits

Years ended December 31, 2016 and 2015

		2016	2015
Actuarial present value of accumulated plan benefits, beginning of year	$	86,929,290	82,950,316
Increase during the year attributable to:			
Accrual of benefits		519,394	652,590
Benefits paid		(5,450,324)	(5,136,155)
Decrease in discount period		5,054,629	5,227,473
Actuarial loss (gain)		462,744	(169,425)
Change in actuarial assumptions		(1,142,389)	3,404,491
Net increase		(555,946)	3,978,974
Actuarial present value of accumulated plan benefits, end of year	$	86,373,344	86,929,290

See accompanying notes to financial statements.

(1) Description of Plan

The following description of the Virginia Mason Medical Center Defined Benefit Retirement Plan (the Plan) is provided for general information purposes only. Participants should refer to the plan agreement for a more complete description of the Plan's provisions.

(a) General

The Plan is a noncontributory, defined-benefit pension plan covering all employees of Virginia Mason Medical Center (the Medical Center) who have met the eligibility requirements as outlined in the Plan. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA), as amended.

Through December 31, 1993, plan benefits were coordinated with benefits available under the Virginia Mason Hospital Employees' Defined-Contribution Plan for those participants with hours of service credited after December 31, 1985.

Effective January 1, 1994, the Virginia Mason Hospital Employees' Defined Contribution Plan was partially terminated and all assets were transferred either to the Plan or the Virginia Mason Medical Center Retirement Plan, depending upon participant election. The Plan was amended, renamed, and restated to allow no new participants and to cover only those prior participants who elected to continue to participate in the Plan solely on and after January 1, 1994. In 1994 and subsequent years, benefits are not coordinated with benefits under the Virginia Mason Hospital Employees' Defined Contribution Plan.

Effective January 1, 2015, annual benefit accruals for highly compensated employees were frozen effective January 1, 2016 because the Plan benefited fewer than 50 employees during 2016.

(b) Pension Benefits

Pension benefits are calculated based on service as described in note 2(d). Participants may retire with normal benefits beginning on the first day of the month coinciding with or following the participant's attainment of age 65. A participant who has completed five years of service for vesting purposes and who has attained the age of 55 may elect to retire on the first day of any month following completion of such requirements.

A participant may remain in the service of the Medical Center after reaching the normal retirement date. Such a participant shall retire as of the first day of the month following termination of employment (deferred retirement date). Employees will receive the value of their accumulated plan benefits payable monthly from the date of retirement. Benefit payments may be in the form of a single life annuity, joint and survivor annuity, 10-year certain life annuity, social security adjustment annuity, or lump-sum payment (for individual participants whose benefit has a present value of $1,000 or less or monthly payment of less than $50 as described in the Plan's provisions).

(c) Death Benefits

If death occurs before or after termination of employment but before retirement and the participant has at least five years of service and is legally married, a benefit for life will be paid to the spouse equal to

(Continued)

50% of the participant's normal retirement benefit credited before death. Such benefit shall be reduced actuarially for the years and months that the spouse is in excess of being 60 months younger than the participant.

If death occurs after retirement but before the participant and his or her beneficiary have received benefit payments exceeding the value of the participant's contributions to the Plan, accumulated at the Plan's interest rates, the difference between the value of his or her contributions and the aggregate of benefit payments on the participant's behalf shall be paid in a lump-sum to the participant's beneficiary or the representative of a deceased beneficiary.

(d) Disability Benefits

If a participant is determined to be unable to continue employment due to a disability, the participant may elect to have his or her vested benefits paid out in the form of an annuity or a lump-sum payout.

(e) Termination Benefits

If a terminating participant has completed five years of service or attained age 65, in addition to the aggregate of the participant's own contributions to the Plan (participant contributions were required prior to January 1, 1972), accumulated with interest, the participant is vested in a portion of the participant's benefit attributable to the employer contributions.

(f) Administrative Expenses

Certain administrative expenses including trustee, investment management and actuarial fees, and Pension Benefit Guaranty Corporation (PBGC) premium payments are paid by the Plan. The Medical Center paid administrative expenses that are not paid by the Plan.

(g) Plan Administration

The Plan is administered by the Compensation and Benefits Committee of the Medical Center. Bank of New York Mellon Trust Company (Bank of New York Mellon) is the trustee of the Plan.

(2) Summary of Accounting Policies

(a) Basis of Accounting

The accompanying financial statements have been prepared using the accrual method of accounting.

(b) Use of Estimates

The preparation of financial statements in conformity with U.S. generally accepted accounting principles requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of additions and deductions during the reporting period. Actual results could differ from those estimates.

(c) Investment Valuation and Income Recognition

The Plan's investments are stated at fair value. See Note 10.

(Continued)

The Plan uses the practical expedient for the estimation of the fair value of investments for which the investments do not have a readily determinable fair value. The practical expedient used by the Plan is the net asset value (NAV) per share, or its equivalent. In some instances, the NAV may not equal the fair value that would be calculated under fair value accounting standards. Valuations provided by investment managers consider variables such as the financial performance of underlying investments, recent sales prices of underlying investments, and other pertinent information. In addition, actual market exchanges at year-end provide additional observable market inputs of the exit price. The Medical Center reviews valuations and assumptions provided by investment managers for reasonableness and believes that the carrying amounts of these financial instruments are reasonable estimates of fair value.

The net change in the unrealized appreciation (depreciation) from one period to the next, and realized gains and losses on the sale of securities are recognized as net appreciation (depreciation) in fair value of investments in the accompanying statements of changes in net assets available for benefits. Investment transactions are recorded on the trade date. Interest is recorded on an accrual basis. Dividends are recorded on the ex-dividend date.

(d) Actuarial Present Value of Accumulated Plan Benefits

Accumulated plan benefits are those future periodic payments, including lump-sum distributions, which are attributable under the Plan's provisions to the employees' service as rendered to the benefit information date. Accumulated plan benefits include benefits expected to be paid to (a) retired or terminated employees or their beneficiaries, (b) beneficiaries of employees who have died, and (c) present employees or their beneficiaries.

The monthly normal retirement benefit is the actuarial equivalent of a partial cash refund annuity, which is the sum of the past service benefit and the future service benefit, as follows:

Past Service Benefit – A participant's accrued benefit as of December 31, 1985, multiplied by 1.25.

Future Service Benefit – One-twelfth of 2% of the first $15,300 of annual compensation plus one-twelfth of 2½% of such compensation in excess of $15,300, up to $170,000, during each year of participation subsequent to December 31, 1985.

The monthly early retirement benefit is computed, as for normal retirement, based on salary and service up to actual retirement and reduced by a conversion factor based upon age at the early retirement date.

Benefits payable under all circumstances (retirement, death, disability, or termination of employment) are included to the extent they are deemed attributable to employee service rendered to the valuation date.

As of December 31, 2016 and 2015, the actuarial present value of accumulated plan benefits results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements for death, disability, withdrawal, or retirement) between the valuation date and the expected date of payment.

(Continued)

The significant actuarial assumptions used in the valuations as of December 31, 2016 and 2015 were as follows:

(a) Life expectancy of participants using the RP-2014 employee and healthy annuitant mortality tables, adjusted to factor out Scale MP-2014 from the 2006 base year, then projected forward using Scale MP-2016 on a generational basis, with sex-distinct Employee rates before benefit commencement and Healthy Annuitant rates after benefit commencement

(b) An investment return of 6.0% for 2016 and 2015.

(c) Rates of retirement by age with 100% retirement at age 65 and weighted average retirement age at 62.

(d) Administrative expenses have been specifically included in the actuarial valuation.

The change in actuarial assumptions for 2016 and 2015 represents the changes in mortality tables and investment return as described above.

The foregoing actuarial assumptions are based on the presumption that the Plan will continue. If the Plan were to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated plan benefits. The actuarial assumptions were prepared as of January 1, 2017 and 2016. Had the valuation been prepared as of December 31, 2016 and 2015, there would be no material differences.

(e) Payment of Benefits

Benefit payments to participants are recorded upon distribution.

(f) Recently Issued Accounting Standards

In July 2015, the FASB issued ASU No. 2015-12, *Plan Accounting: Defined Benefit Pension Plans (Topic 960), Defined Contribution Pension Plans (Topic 962), Health and Welfare Benefit Plans (Topic 965): (Part I) Fully Benefit-Responsive Investment Contracts, (Part II) Plan Investment Disclosures, (Part III) Measurement Date Practical Expedient.* Part I eliminates the requirements to measure the fair value of fully benefit-responsive investment contracts and provide certain disclosures. Contract value is the only required measure for fully benefit-responsive investment contracts. Part II eliminates the requirements to disclose individual investments that represent 5% or more of net assets available for benefits and the net appreciation or depreciation in fair value of investments by general type. Part II also simplifies the level of disaggregation of investments that are measured using fair value. Plans will continue to disaggregate investments that are measured using fair value by general type; however, plans are no longer required to also disaggregate investments by nature, characteristics and risks. Further, the disclosure of information about fair value measurements shall be provided by general type of plan asset. Parts I and III are not applicable to the Plan. The ASU is effective for fiscal years beginning after December 15, 2015, with early adoption permitted. This guidance was adopted by the Plan for the year ended December 31, 2016 and Part II will be applied retrospectively.

In June 2015, the FASB issued ASU No. 2015-10, *Technical Corrections and Improvements,* included amendments to the definition of readily determinable fair value (RDFV). These amendments clarified that investments in both mutual funds and investments in structures similar to mutual funds (e.g., common or collective trust funds, pooled separate accounts, money market funds, and certain private open-ended investments companies) have a RDFV when certain criteria are met. Prior to these amendments the definition of RDFV did not include reference to structures similar to mutual funds. This guidance was adopted by the Plan for the year ended December 31, 2016 and was applied retrospectively.

(3) Funding Policy

The Medical Center's funding policy is to make contributions in amounts actuarially determined to be needed to provide the benefits as set forth in the Plan and at a minimum, in such amounts as required by ERISA. The unit credit actuarial cost method is used to calculate the funding requirements of the Plan. The Medical Center accrued contributions to the Plan in the amount of $4,000,000 for 2016 and 2015. The Plan was in compliance with the applicable minimum funding requirements under ERISA for the plan years ended December 31, 2016 and 2015.

Although it is intended that the Plan be continued indefinitely, the Medical Center has the right to change, amend, or terminate the Plan subject to the provisions set forth by ERISA. No change or amendment shall reduce any participant's vested interest in the benefits or divert any portion of the plan assets without satisfaction of all fixed and contingent obligations.

(4) Plan Termination

In the event the Plan terminates, the net assets of the Plan will be allocated, as prescribed by ERISA and its related regulations, to provide the following benefits in the order indicated:

1. All benefits attributable to employee contributions.

2. Amounts necessary to ensure the continuation of benefit payments to each participant or beneficiary who had been receiving such payments for the three-year period immediately preceding complete or partial termination of the Plan. Included in these amounts are benefits to participants who could have retired during the same three-year period but did not. The amount of each payment shall be based on the provisions of the Plan in effect during the five-year period prior to termination of the Plan.

3. Any basic benefits that would be guaranteed by the PBGC, a U.S. governmental agency, without regard to whether the participant is entitled to benefits under any other plan, and without regard to whether any participants are substantial owners.

4. All other nonforfeitable benefits under the Plan (other than benefits becoming nonforfeitable solely on account of the termination of the Plan).

5. Funds remaining after all distributions will be returned to the Medical Center.

(Continued)

Certain benefits under the Plan are insured by the PBGC up to the applicable limitations. If the Plan's funds and PBGC's guarantee should prove inadequate to complete a distribution, the net assets of the Plan shall be allocated pro rata among the individuals in categories (1) through (3) above on the basis of the value of each participant's benefits when compared to the value of all the participants' benefits. All other nonforfeitable benefits described in (4) above shall be allocated as described under the Plan in effect at the beginning of the five-year period ending on the date of plan termination.

(5) Risks and Uncertainties

The plan assets are invested in a variety of investments. Investment securities, in general, are exposed to various risks, such as interest rate, credit, and overall market volatility risks. Due to the level of risk associated with certain investment securities, it is reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect the amounts reported in the statements of net assets available for benefits.

Plan contributions are made and the actuarial present value of accumulated plan benefits are reported based on certain assumptions pertaining to interest rates, inflation rates, and employee demographics, all of which are subject to change. Due to uncertainties inherent in the estimations and assumptions process, it is at least reasonably possible that changes in these estimates and assumptions in the near term would be material to the financial statements.

The Plan invests in securities with real estate investments, which may include investments backed by mortgage loans. The value, liquidity, and related income of those securities are sensitive to changes in economic conditions, including real estate value, delinquencies or defaults, or both, and may be affected by shifts in the market's perception of the issuers and changes in interest rates.

(6) Information Certified by the Trustee

The following information included in the accompanying financial statements and supplemental schedules was provided and certified by Bank of New York Mellon, the Plan's trustee, as complete and accurate:

- Investments, at fair value
- Interest and dividend income receivable
- Pending sales receivable
- Interest income
- Dividend income
- Net appreciation (depreciation) in fair value of investments
- Information on fair value measurements in note 10, excluding level designations
- Schedule of assets (held at end of year)
- Schedule of reportable transactions

(Continued)

(7) Tax Status

The IRS has determined and informed the Medical Center by a letter dated October 21, 2010 that the Plan is designed in accordance with applicable sections of the Internal Revenue Code (IRC). The Plan has been amended since receiving the determination letter. However, the plan administrator believes that the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC.

U.S. generally accepted accounting principles require plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The plan administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2016, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

(8) Reconciliation to Form 5500

As of December 31, 2016 and 2015, the Plan had $108,458 and $50,483, respectively, of administrative expenses payable that are not recorded in the Plan's Form 5500 until they are paid.

The following is a reconciliation of differences between information contained in the financial statements and the net assets available for benefits and net increase required to be reported in the December 31, 2016 Form 5500:

	Net assets available for benefits		Net increase
	2016	2015	2016
Per financial statements	$ 89,207,456	85,552,885	3,654,571
Administrative expenses payable	108,458	50,483	57,975
Per Form 5500	$ 89,315,914	85,603,368	3,712,546

Form 5500 is prepared on a modified cash basis while the financial statements are prepared on the accrual basis of accounting.

(9) Party-in-Interest and Related-Party Transactions

Certain plan investments are cash equivalents managed by Bank of New York Mellon. Bank of New York Mellon is the trustee as defined by the Plan, and therefore, these transactions qualify as party-in-interest transactions.

(Continued)

(10) Fair Value Measurements

Fair value is defined as the price that would be received to sell an asset or paid to transfer between market participants at a measurement date. The fair value hierarchy prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to measurements involving significant unobservable inputs (Level 3 measurements). The three levels of the fair value hierarchy are as follows:

- Level 1 – Valuation is based upon quoted prices for identical assets in active markets that the Plan has the ability to access at the measurement date. Generally, common stocks, preferred stocks, collective investment trusts and registered investment company funds are included in this category.
- Level 2 – Valuation is based upon quoted prices for similar instruments in active markets, quoted prices for identical or similar instruments in markets that are not active, and independent pricing models or other model-based valuation techniques such as the present value of future cash flows adjusted for the security's credit rating, prepayment assumptions, and other factors such as credit loss assumptions for which all significant assumptions are observable in the market. Certain fixed-income investments, and U.S. Treasury obligations are generally included in this category.
- Level 3 – Certain types of securities are classified as Level 3 within the fair value hierarchy because these assets trade infrequently and, therefore, have little or no price transparency.

The Plan uses a practical expedient for the estimation of the fair value of investments in funds for which the investments do not have a readily determinable fair value. The practical expedient used by the Plan is the NAV per share, or its equivalent. Valuations provided by fund managers consider variables such as the financial performance of underlying investments, recent sales prices of underlying investments, and other pertinent information. In addition, actual market exchanges at year-end provide additional observable market inputs of the exit price. The Plan reviews valuations and assumptions provided by fund managers for reasonableness and believes that the NAV of these financial instruments approximate fair value.

The level in the fair value hierarchy within which a fair measurement in its entirety falls is based on the lowest-level input that is significant to the fair value measurement in its entirety.

The following table presents investments that are measured at fair value on a recurring basis at December 31, 2016:

		Fair Value Measurements Using		
	December 31, 2016	Quoted prices in active markets for identical assets (Level 1)	Significant other observable inputs (Level 2)	Significant unobservable inputs (Level 3)
Investments by fair value level				
Cash equivalents	$ 1,996,452	1,996,452	—	—
U.S government securities	5,363,514	—	5,363,514	—
Corporate debt instruments	4,678,809	—	4,678,809	—
State and local government obligations	501,634	—	501,634	—
Preferred and common stock	77,460	77,460	—	—
Registered investment company funds	59,561,075	59,561,075	—	—
Collective trust funds	5,462,816	5,462,816	—	—
Total investments by fair value level	77,641,760	$ 67,097,803	10,543,957	—
Investments measured at NAV:				
Private equity fund	844,542			
Collective trust fund	6,724,972			
	$ 85,211,274			

(Continued)

The following table presents investments that are measured at fair value on a recurring basis at December 31, 2015:

		Fair Value Measurements Using		
	December 31, 2015	Quoted prices in active markets for identical assets (Level 1)	Significant other observable inputs (Level 2)	Significant unobservable inputs (Level 3)
Investments by fair value level				
Cash equivalents	$ 1,968,061	1,968,061	—	—
U.S government securities	6,703,319	—	6,703,319	—
Corporate debt instruments	5,790,850	—	5,790,850	—
State and local government obligations	535,501	—	535,501	—
Preferred and common stock	77,970	77,970	—	
Registered investment company funds	54,344,348	54,344,348	—	—
Collective trust funds	4,764,087	4,764,087	—	—
Total investments by fair value level	74,184,136	$ 61,154,466	13,029,670	—
Investments measured at NAV:				
Private equity fund	1,035,141			
Collective trust fund	6,265,747			
	$ 81,485,024			

The following table summarizes investments measured at fair value based on NAV per share as of December 31, 2016 and 2015, respectively.

December 31, 2016	Fair value	Unfunded commitment	Redemption frequency (if currently eligible)	Redemption notice period
Private equity fund (a)	$ 844,542	—	N/A	N/A
Collective trust fund (b)	6,724,972	—	Quarterly	45 days
	$ 7,569,514			

(Continued)

December 31, 2015	Fair value	Unfunded commitment	Redemption frequency (if currently eligible)	Redemption notice period
Private equity fund (a)	$ 1,035,141	—	N/A	N/A
Collective trust fund (b)	6,265,747	—	Quarterly	45 days
	$ 7,300,888			

(a) *Private equity fund*. This type includes funds that trade and invests in securities. These are investments in funds that speculate in equities. They buy securities in expectation of capital gains and potential dividend income.

(b) *Collective trust fund.* This collective trust invests primarily in U.S. real estate investments owned directly or through partnership interests and mortgage loans on income producing real estate. The fair values of the investments in this type have been determined using the NAV per share (or its equivalent) of the Plan's ownership interest in partners' capital.

The financial statements as of and for the years ended December 31, 2016 and 2015 do not include any nonrecurring fair value measurements relating to assets or liabilities.

(11) Subsequent Events

Subsequent events have been evaluated through October 9, 2017, the date that the financial statements were available to be issued.

Schedule I

VIRGINIA MASON MEDICAL CENTER
DEFINED BENEFIT RETIREMENT PLAN

Schedule H, Line 4i – Schedule of Assets (Held at End of Year)

December 31, 2016

Description	Interest rate	Maturity date	Cost	Current value
Cash equivalents:				
* Bank of New York Collective Short-Term Investment Fund			$ 1,996,452	1,996,452
U.S. government securities:				
Federal Home Loan Mortgage Corp Multiclass CTF 4283 EW	Variable rate	12/15/2043	—	—
Federal Home Loan Mortgage Corp Multiclass mtg 2957 VZ	5.000	2/15/2035	92,543	90,631
Federal Home Loan Mortgage Corp Multiclass mtg 41 2A	Variable rate	7/25/2032	8,419	8,034
Federal Home Loan Mortgage Corp Pool # 1B-3297	Variable rate	3/1/2037	6,197	5,916
Federal Home Loan Mortgage Corp Pool # 1Q-0022	Variable rate	1/1/2036	33,013	32,895
Federal Home Loan Mortgage Corp Pool # 2B-4503	Variable rate	8/1/2045	188,305	188,054
Federal Home Loan Mortgage Corp Pool # C9-0979	6.500	6/1/2026	60,415	59,651
Federal Home Loan Mortgage Corp Pool # C9-1295	4.500	4/1/2030	153,501	152,085
Federal Home Loan Mortgage Corp Pool # C9-1803	4.000	12/1/2034	34,683	34,519
Federal Home Loan Mortgage Corp Pool # G0-1767	6.500	12/1/2032	36,781	36,389
Federal Home Loan Mortgage Corp Pool # G0-3771	6.500	1/1/2038	14,220	14,190
Federal Home Loan Mortgage Corp Pool # G0-7074	5.500	1/1/2040	75,873	75,182
Federal Home Loan Mortgage Corp Pool # G0-7492	4.500	3/1/2042	53,208	53,085
Federal Home Loan Mortgage Corp Pool # G1-1581	7.000	2/1/2018	52	52
Federal Home Loan Mortgage Corp Pool # G1-4550	4.500	9/1/2026	61,900	61,175
Federal Home Loan Mortgage Corp Pool # G1-4555	4.000	6/1/2026	74,206	74,379
Federal Home Loan Mortgage Corp Pool # G6-0764	4.500	10/1/2042	87,803	86,374
Federal Home Loan Mortgage Corp Pool # G8-0134	7.380	12/17/2024	8,748	8,662
Federal Home Loan Mortgage Corp Pool # H0-9117	6.500	11/1/2037	6,779	6,769
Federal Home Loan Mortgage Corp Pool # H0-9158	6.500	10/1/2037	20,570	20,570
Federal Home Loan Mortgage Corp Pool # 84-9506	Variable rate	11/1/2044	83,755	82,924
Federal National Mortgage Assn GTD Remic P/T 02-46 C	7.000	8/25/2017	767	751
Federal National Mortgage Assn GTD Remic P/T 02-W3 A4	6.500	11/25/2041	43,724	43,489
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Federal National Mortgage Assn GTD Remic P/T 2001-50 BA	7.000	10/25/2041	10,378	10,326
Federal National Mortgage Assn Pool # 0AB1763	4.000	11/1/2030	75,872	75,402
Federal National Mortgage Assn Pool # 0AB8086	6.000	10/1/2037	26,780	26,897
Federal National Mortgage Assn Pool # 0AD0163	6.000	11/1/2034	31,764	32,066
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Federal National Mortgage Assn Pool # 0AD0276	5.500	1/1/2024	14,063	13,905
Federal National Mortgage Assn Pool # 0AE0381	5.500	12/1/2024	19,219	18,914
Federal National Mortgage Assn Pool # 0AE0467	5.500	3/1/2024	19,350	19,101
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Federal National Mortgage Assn Pool # 0AL7147	4.500	2/1/2045	146,897	145,375
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Federal National Mortgage Assn Pool # 0AL8677	4.000	6/1/2046	224,822	222,071
Federal National Mortgage Assn Pool # 0AL9086	2.223	7/1/2023	132,137	131,167
Federal National Mortgage Assn Pool # 0AW0354	4.500	3/1/2044	33,906	33,708
Federal National Mortgage Assn Pool # 0AW7437	Variable rate	9/1/2044	88,926	88,771
Federal National Mortgage Assn Pool # 0MA1960	4.000	7/1/2034	42,644	42,310
Federal National Mortgage Assn Pool # 0MA2455	4.000	11/1/2035	68,036	67,294
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Federal National Mortgage Assn Pool # 0735417	6.500	3/1/2035	27,577	27,759
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Small Business Administration GTD Partn CTFS 1997-20H 1	6.800	8/1/2017	414	412
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(Continued)

Schedule I

VIRGINIA MASON MEDICAL CENTER
DEFINED BENEFIT RETIREMENT PLAN

Schedule H, Line 4i – Schedule of Assets (Held at End of Year)

December 31, 2016

Description	Interest rate	Maturity date	Cost	Current value
Small Business Administration GTD Partn CTFS 2006-20F 1	5.820	6/1/2026	$ 13,571	12,670
United States Treasury Notes	0.875	4/15/2019	527,350	525,241
United States Treasury Notes	1.125	6/15/2018	508,807	510,500
United States Treasury Notes	1.250	11/15/2018	392,579	390,593
Vendee Mortgage Trust	7.792	2/15/2025	3,913	3,871
Total U.S. government securities			5,392,412	5,363,514
State and local government obligations:				
Los Angeles California Unified School District	6.758	7/1/2034	59,288	60,290
New Jersey State Turnpike Authority	7.414	1/1/2040	35,534	36,013
New Jersey State Turnpike Authority	7.102	1/1/2041	34,433	34,926
State of California	7.300	10/1/2039	132,740	134,177
State of Illinois	5.365	3/1/2017	51,753	50,308
State of Illinois	5.665	3/1/2018	121,204	118,908
State of Illinois	5.100	6/1/2033	71,528	67,012
Total state and local government obligations			506,480	501,634
Corporate debt instruments:				
Anthem Inc	4.350	8/15/2020	52,958	52,769
AT&T Corp	Variable rate	11/15/2031	13,361	13,901
AT&T Inc	5.650	2/15/2047	29,930	32,175
AT&T Inc	6.550	2/15/2039	84,311	86,829
AT&T Inc	3.400	5/4/2015	72,082	72,286
AT&T Inc	4.750	5/15/2046	18,312	18,948
Actavis Funding SCS	3.450	3/15/2022	50,054	50,749
Bac Capital Trust XI	6.625	5/23/2036	91,126	88,508
Bank of America Corp	4.200	8/26/2024	69,453	71,309
Bank of America Corp	4.250	10/22/2026	9,898	10,121
Bank of America Corp	7.625	6/1/2019	110,040	106,753
Bank One Cap III	8.750	9/1/2030	71,609	70,374
Boston Properties LP	5.625	11/15/2020	111,302	110,291
Boston Properties LP	4.125	5/15/2021	26,185	26,414
Burlington Northern Santa Fe Railway	7.570	1/2/2021	70,507	69,188
Burlington Northern Santa Fe Railway	3.050	9/1/2022	74,934	76,591
Capital One Financial Corp	4.750	7/15/2021	75,821	75,711
Capital One Financial Corp	3.200	2/5/2025	72,498	72,693
Capital One Financial Corp	4.200	10/29/2025	24,684	25,083
Cigna Corp	Step rate	1/15/2033	105,081	105,804
Cigna Corp	7.875	5/15/2027	32,845	32,909
Citigroup Inc	3.500	5/15/2023	58,993	59,806
Comcast Corp	6.300	11/15/2017	38,079	36,450
Cox Communications Inc	6.800	8/1/2028	112,375	113,678
CSX Transportation Inc	6.251	1/15/2023	35,197	35,212
Dominion Resources Inc/VA	Variable rate	10/1/2054	73,485	76,875
Dominion Resources Inc/VA	Step rate	4/1/2021	25,017	26,042
Dow Chemical Co	7.375	11/1/2029	61,752	65,700
Dow Chemical Co	9.400	5/15/2039	35,928	38,788
ERP Operating LP	4.750	7/15/2020	54,009	53,798
ERP Operating LP	3.000	4/15/2023	24,542	24,655
Federal Express Corp	7.650	7/15/2024	151,735	147,203
Ford Motor Credit Co LLC	8.125	1/15/2020	176,667	172,977
HSBC Holdings PLC	6.500	9/15/2037	149,653	154,961
HSBC Holdings PLC	5.100	4/5/2021	38,912	37,825
Kinder Morgan Energy Partners	3.450	2/15/2023	70,589	84,317
Kinder Morgan Energy Partners	6.950	1/15/2038	21,473	28,999
Kinder Morgan Energy Partners	6.500	9/1/2039	49,402	65,877
Kinder Morgan Energy Partners	5.000	3/1/1943	18,520	24,107
Kinder Morgan Energy Partners	5.500	3/1/2044	19,501	25,488
Kinder Morgan Inc/De	4.300	6/1/2025	21,600	25,739
Koninklijke Philips Electronic	5.750	3/11/2018	107,012	104,803
Macy's Retail Holdings Inc	6.900	4/1/2029	84,517	84,935
Macy's Retail Holdings Inc	6.700	9/15/2028	55,068	54,254
Macy's Retail Holdings Inc	6.700	7/15/2034	41,559	43,592
Macy's Retail Holdings Inc	6.375	3/15/2037	25,299	26,413
21st Century Fox America Inc	6.200	12/15/2034	56,772	58,739
21st Century Fox America Inc	6.650	11/15/2037	29,052	30,764
Nordstrom Inc	6.950	3/15/2028	61,136	60,510
Petroleos Mexicanos	5.500	6/27/2044	18,808	20,805
Petroleos Mexicanos	6.625	6/15/2035	120,656	132,975
Petrobras Global Finance BV	5.375	1/27/2021	55,875	73,350
Petrobras Global Finance Bv	4.375	5/20/2023	39,600	52,422
Petroleos Mexicanos	4.875	1/18/2024	69,937	72,721
Relx Capital Inc	8.625	1/15/2019	116,628	112,379
Telecom Italia Capital SA	7.175	6/18/2019	126,790	127,363

(Continued)

Schedule I

VIRGINIA MASON MEDICAL CENTER
DEFINED BENEFIT RETIREMENT PLAN

Schedule H, Line 4i – Schedule of Assets (Held at End of Year)

December 31, 2016

Description	Interest rate	Maturity date	Cost	Current value
Telecom Italia Capital SA	7.200	7/18/2036	$ 25,250	24,644
Telecom Italia Capital SA	6.999	6/4/2018	27,000	26,625
Time Warner Cable Inc	8.250	4/1/2019	57,415	56,185
Time Warner Cable Inc	8.750	2/14/2019	87,004	84,521
Time Warner Cable Inc	6.550	5/1/2037	25,300	28,301
Time Warner Cable Inc	7.300	7/1/1938	27,104	30,754
Time Warner Inc	7.700	5/1/2032	93,612	101,644
Transcanada Trust	Variable rate	5/20/2075	78,589	85,850
Transcanada Trust	Variable rate	8/15/2076	25,000	26,000
Union Pacific Railroad Co 2005	5.082	1/2/2029	53,343	53,646
Unum Group	6.750	12/15/2028	35,668	33,858
Verizon Communications Inc	4.272	07/5'2015	73,873	71,785
Verizon Communications Inc	6.550	9/15/2043	174,970	168,612
Wells Fargo & Co	4.300	7/22/2027	76,615	77,143
Xerox Corp	4.500	5/15/2021	25,232	25,993
Xerox Corp	5.625	12/15/2019	79,784	80,653
Zoetis Inc	3.450	11/13/2020	25,029	25,659
Zoetis Inc	4.500	11/13/2025	50,673	53,008
Total corporate debt instruments			4,554,590	4,678,809
Corporate stock:				
CitiGroup Capital XIII	7.409		77,970	77,460
Nortel Networks Corporation			—	—
Total common stock			77,970	77,460
Registered investment company funds:				
Causeway Capital Management Trust			5,342,300	5,197,357
DFA Dimensions U S Targeted Value Portfolio			1,372,028	2,023,648
EuroPacific Growth Fund			4,500,967	5,183,185
Pimco All Asset Fund			4,838,297	4,532,048
Templeton Global Total Return Fund Advisor			2,769,325	2,637,472
Vanguard Inflation-Protected Securities Fund			3,581,196	3,560,513
Vanguard Total International Stock Index Fund			11,375,458	11,626,934
Vanguard Total Stock Market Index Fund			21,472,327	22,971,458
William Blair Small-Mid Cap			1,928,209	1,828,460
Total registered investment company funds			57,180,107	59,561,075
Collective investment trust fund:				
JP Morgan High Yield Fund			1,832,952	2,817,000
Wellington Commodities Fund			2,294,035	2,645,816
JP Morgan Strategic Property Fund			4,885,349	6,724,972
Total Collective investment trust fund			9,012,336	12,187,788
Private equity:				
KKR Mezzanine Partners I LP			801,512	844,542
Total assets held at end of year			$ 79,521,859	85,211,274

* Indicates a party in interest.

See accompanying independent auditors' report.

Schedule II

VIRGINIA MASON MEDICAL CENTER
DEFINED BENEFIT RETIREMENT PLAN

Schedule H, Line 4j – Schedule of Reportable Transactions

Years ended December 31, 2016

Category (i) – Single transactions in excess of 5% of plan assets at January 1, 2016:

Identity of party involved	Description of assets	Number of purchase transactions	Purchase price
Bank of New York Mellon	Vanguard Inst Index-Inst	1	$ 20,800,000

Identity of party involved	Description of assets	Number of sales transactions	Selling price	Cost of asset	Net gain (loss)
Bank of New York Mellon	Vanguard Tot Stk Mkt-Inst	1	$ 11,470,416	7,189,630	4,280,786

Category (iii) – Series of transactions in excess of 5% of plan assets at January 1, 2016:

Identity of party involved	Description of assets	Number of purchase transactions	Purchase price
Bank of New York Mellon	BNY Collective Short-Term Investment Fund	164	$ 14,507,843
Bank of New York Mellon	Vanguard Inst Index-Inst	8	21,472,327
Bank of New York Mellon	Vanguard Tot Stk Mkt-Inst	2	178,231

Identity of party involved	Description of assets	Number of sales transactions	Selling price	Cost of asset	Net gain (loss)
Bank of New York Mellon	BNY Collective Short-Term Investment Fund	79	$ 14,479,466	14,479,466	—
Bank of New York Mellon	Vanguard Tot Stk Mkt-Inst	1	11,470,416	7,189,630	4,280,786

There were no category (ii), or (iv) transactions.

See accompanying independent auditors' report.

Schedule I

VIRGINIA MASON MEDICAL CENTER
DEFINED BENEFIT RETIREMENT PLAN

Schedule H, Line 4i – Schedule of Assets (Held at End of Year)

December 31, 2016

Description	Interest rate	Maturity date	Cost	Current value
Cash equivalents:				
* Bank of New York Collective Short-Term Investment Fund			$ 1,996,452	1,996,452
U.S. government securities:				
Federal Home Loan Mortgage Corp Multiclass CTF 4283 EW	Variable rate	12/15/2043	—	—
Federal Home Loan Mortgage Corp Multiclass mtg 2957 VZ	5.000	2/15/2035	92,543	90,631
Federal Home Loan Mortgage Corp Multiclass mtg 41 2A	Variable rate	7/25/2032	8,419	8,034
Federal Home Loan Mortgage Corp Pool # 1B-3297	Variable rate	3/1/2037	6,197	5,916
Federal Home Loan Mortgage Corp Pool # 1Q-0022	Variable rate	1/1/2036	33,013	32,895
Federal Home Loan Mortgage Corp Pool # 2B-4503	Variable rate	8/1/2045	188,305	188,054
Federal Home Loan Mortgage Corp Pool # C9-0979	6.500	6/1/2026	60,415	59,651
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(Continued)

Schedule I

VIRGINIA MASON MEDICAL CENTER
DEFINED BENEFIT RETIREMENT PLAN

Schedule H, Line 4i – Schedule of Assets (Held at End of Year)

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State of California	7.300	10/1/2039	132,740	134,177
State of Illinois	5.365	3/1/2017	51,753	50,308
State of Illinois	5.665	3/1/2018	121,204	118,908
State of Illinois	5.100	6/1/2033	71,528	67,012
Total state and local government obligations			506,480	501,634
Corporate debt instruments:				
Anthem Inc	4.350	8/15/2020	52,958	52,769
AT&T Corp	Variable rate	11/15/2031	13,361	13,901
AT&T Inc	5.650	2/15/2047	29,930	32,175
AT&T Inc	6.550	2/15/2039	84,311	86,829
AT&T Inc	3.400	5/4/2015	72,082	72,286
AT&T Inc	4.750	5/15/2046	18,312	18,948
Actavis Funding SCS	3.450	3/15/2022	50,054	50,749
Bac Capital Trust XI	6.625	5/23/2036	91,126	88,508
Bank of America Corp	4.200	8/26/2024	69,453	71,309
Bank of America Corp	4.250	10/22/2026	9,898	10,121
Bank of America Corp	7.625	6/1/2019	110,040	106,753
Bank One Cap III	8.750	9/1/2030	71,609	70,374
Boston Properties LP	5.625	11/15/2020	111,302	110,291
Boston Properties LP	4.125	5/15/2021	26,185	26,414
Burlington Northern Santa Fe Railway	7.570	1/2/2021	70,507	69,188
Burlington Northern Santa Fe Railway	3.050	9/1/2022	74,934	76,591
Capital One Financial Corp	4.750	7/15/2021	75,821	75,711
Capital One Financial Corp	3.200	2/5/2025	72,498	72,693
Capital One Financial Corp	4.200	10/29/2025	24,684	25,083
Cigna Corp	Step rate	1/15/2033	105,081	105,804
Cigna Corp	7.875	5/15/2027	32,845	32,909
Citigroup Inc	3.500	5/15/2023	58,993	59,806
Comcast Corp	6.300	11/15/2017	38,079	36,450
Cox Communications Inc	6.800	8/1/2028	112,375	113,678
CSX Transportation Inc	6.251	1/15/2023	35,197	35,212
Dominion Resources Inc/VA	Variable rate	10/1/2054	73,485	76,875
Dominion Resources Inc/VA	Step rate	4/1/2021	25,017	26,042
Dow Chemical Co	7.375	11/1/2029	61,752	65,700
Dow Chemical Co	9.400	5/15/2039	35,928	38,788
ERP Operating LP	4.750	7/15/2020	54,009	53,798
ERP Operating LP	3.000	4/15/2023	24,542	24,655
Federal Express Corp	7.650	7/15/2024	151,735	147,203
Ford Motor Credit Co LLC	8.125	1/15/2020	176,667	172,977
HSBC Holdings PLC	6.500	9/15/2037	149,653	154,961
HSBC Holdings PLC	5.100	4/5/2021	38,912	37,825
Kinder Morgan Energy Partners	3.450	2/15/2023	70,589	84,317
Kinder Morgan Energy Partners	6.950	1/15/2038	21,473	28,999
Kinder Morgan Energy Partners	6.500	9/1/2039	49,402	65,877
Kinder Morgan Energy Partners	5.000	3/1/1943	18,520	24,107
Kinder Morgan Energy Partners	5.500	3/1/2044	19,501	25,488
Kinder Morgan Inc/De	4.300	6/1/2025	21,600	25,739
Koninklijke Philips Electronic	5.750	3/11/2018	107,012	104,803
Macy's Retail Holdings Inc	6.900	4/1/2029	84,517	84,935
Macy's Retail Holdings Inc	6.700	9/15/2028	55,068	54,254
Macy's Retail Holdings Inc	6.700	7/15/2034	41,559	43,592
Macy's Retail Holdings Inc	6.375	3/15/2037	25,299	26,413
21st Century Fox America Inc	6.200	12/15/2034	56,772	58,739
21st Century Fox America Inc	6.650	11/15/2037	29,052	30,764
Nordstrom Inc	6.950	3/15/2028	61,136	60,510
Petroleos Mexicanos	5.500	6/27/2044	18,808	20,805
Petroleos Mexicanos	6.625	6/15/2035	120,656	132,975
Petrobras Global Finance BV	5.375	1/27/2021	55,875	73,350
Petrobras Global Finance Bv	4.375	5/20/2023	39,600	52,422
Petroleos Mexicanos	4.875	1/18/2024	69,937	72,721
Relx Capital Inc	8.625	1/15/2019	116,628	112,379
Telecom Italia Capital SA	7.175	6/18/2019	126,790	127,363

(Continued)

Schedule I

VIRGINIA MASON MEDICAL CENTER
DEFINED BENEFIT RETIREMENT PLAN

Schedule H, Line 4i – Schedule of Assets (Held at End of Year)

December 31, 2016

Description	Interest rate	Maturity date	Cost	Current value
Telecom Italia Capital SA	7.200	7/18/2036	$ 25,250	24,644
Telecom Italia Capital SA	6.999	6/4/2018	27,000	26,625
Time Warner Cable Inc	8.250	4/1/2019	57,415	56,185
Time Warner Cable Inc	8.750	2/14/2019	87,004	84,521
Time Warner Cable Inc	6.550	5/1/2037	25,300	28,301
Time Warner Cable Inc	7.300	7/1/1938	27,104	30,754
Time Warner Inc	7.700	5/1/2032	93,612	101,644
Transcanada Trust	Variable rate	5/20/2075	78,589	85,850
Transcanada Trust	Variable rate	8/15/2076	25,000	26,000
Union Pacific Railroad Co 2005	5.082	1/2/2029	53,343	53,646
Unum Group	6.750	12/15/2028	35,668	33,858
Verizon Communications Inc	4.272	07/5'2015	73,873	71,785
Verizon Communications Inc	6.550	9/15/2043	174,970	168,612
Wells Fargo & Co	4.300	7/22/2027	76,615	77,143
Xerox Corp	4.500	5/15/2021	25,232	25,993
Xerox Corp	5.625	12/15/2019	79,784	80,653
Zoetis Inc	3.450	11/13/2020	25,029	25,659
Zoetis Inc	4.500	11/13/2025	50,673	53,008
Total corporate debt instruments			4,554,590	4,678,809
Corporate stock:				
CitiGroup Capital XIII	7.409		77,970	77,460
Nortel Networks Corporation			—	—
Total common stock			77,970	77,460
Registered investment company funds:				
Causeway Capital Management Trust			5,342,300	5,197,357
DFA Dimensions U S Targeted Value Portfolio			1,372,028	2,023,648
EuroPacific Growth Fund			4,500,967	5,183,185
Pimco All Asset Fund			4,838,297	4,532,048
Templeton Global Total Return Fund Advisor			2,769,325	2,637,472
Vanguard Inflation-Protected Securities Fund			3,581,196	3,560,513
Vanguard Total International Stock Index Fund			11,375,458	11,626,934
Vanguard Total Stock Market Index Fund			21,472,327	22,971,458
William Blair Small-Mid Cap			1,928,209	1,828,460
Total registered investment company funds			57,180,107	59,561,075
Collective investment trust fund:				
JP Morgan High Yield Fund			1,832,952	2,817,000
Wellington Commodities Fund			2,294,035	2,645,816
JP Morgan Strategic Property Fund			4,885,349	6,724,972
Total Collective investment trust fund			9,012,336	12,187,788
Private equity:				
KKR Mezzanine Partners I LP			801,512	844,542
Total assets held at end of year			$ 79,521,859	85,211,274

* Indicates a party in interest.

See accompanying independent auditors' report.

Schedule II

VIRGINIA MASON MEDICAL CENTER
DEFINED BENEFIT RETIREMENT PLAN

Schedule H, Line 4j – Schedule of Reportable Transactions

Years ended December 31, 2016

Category (i) – Single transactions in excess of 5% of plan assets at January 1, 2016:

Identity of party involved	Description of assets	Number of purchase transactions	Purchase price
Bank of New York Mellon	Vanguard Inst Index-Inst	1	$ 20,800,000

Identity of party involved	Description of assets	Number of sales transactions	Selling price	Cost of asset	Net gain (loss)
Bank of New York Mellon	Vanguard Tot Stk Mkt-Inst	1	$ 11,470,416	7,189,630	4,280,786

Category (iii) – Series of transactions in excess of 5% of plan assets at January 1, 2016:

Identity of party involved	Description of assets	Number of purchase transactions	Purchase price
Bank of New York Mellon	BNY Collective Short-Term Investment Fund	164	$ 14,507,843
Bank of New York Mellon	Vanguard Inst Index-Inst	8	21,472,327
Bank of New York Mellon	Vanguard Tot Stk Mkt-Inst	2	178,231

Identity of party involved	Description of assets	Number of sales transactions	Selling price	Cost of asset	Net gain (loss)
Bank of New York Mellon	BNY Collective Short-Term Investment Fund	79	$ 14,479,466	14,479,466	—
Bank of New York Mellon	Vanguard Tot Stk Mkt-Inst	1	11,470,416	7,189,630	4,280,786

There were no category (ii), or (iv) transactions.

See accompanying independent auditors' report.

SCHEDULE SB (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Single-Employer Defined Benefit Plan Actuarial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500 or 5500-SF.**

OMB No. 1210-0110

2016

This Form is Open to Public Inspection

For calendar plan year 2016 or fiscal plan year beginning 01/01/2016 and ending 12/31/2016

▶ **Round off amounts to nearest dollar.**

▶ **Caution:** A penalty of $1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan
VIRGINIA MASON MEDICAL CENTER DEFINED BENEFIT RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
VIRGINIA MASON MEDICAL CENTER

D Employer Identification Number (EIN)
91-0565539

E Type of plan: [X] Single [ ] Multiple-A [ ] Multiple-B

F Prior year plan size: [ ] 100 or fewer [ ] 101-500 [X] More than 500

Part I Basic Information

1 Enter the valuation date: Month 01 Day 01 Year 2016

2 Assets:

a Market value	**2a**	85,531,895
b Actuarial value	**2b**	90,737,125

3 Funding target/participant count breakdown

	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment	501	52,791,569	52,791,569
b For terminated vested participants	225	13,683,373	13,683,373
c For active participants	64	16,411,090	16,459,811
d Total	790	82,886,032	82,934,753

4 If the plan is in at-risk status, check the box and complete lines (a) and (b) [ ]

a Funding target disregarding prescribed at-risk assumptions	**4a**	
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	**4b**	
5 Effective interest rate	**5**	5.95%
6 Target normal cost	**6**	999,427

Statement by Enrolled Actuary

To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

SIGN HERE

Signature of actuary

10-10-2017
Date

TIMOTHY J. DAVENPORT
Type or print name of actuary

1703505
Most recent enrollment number

MILLIMAN, INC.
Firm name

206-624-7940
Telephone number (including area code)

1301 FIFTH AVENUE, SUITE 3800

SEATTLE WA 98101-2605
Address of the firm

If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions [ ]

Part II Beginning of Year Carryover and Prefunding Balances

		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	4,670,921
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9	Amount remaining (line 7 minus line 8)	0	4,670,921
10	Interest on line 9 using prior year's actual return of -1.08%	0	-50,446
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		3,700,571
	b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of 6.16%		227,955
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
	c Total available at beginning of current plan year to add to prefunding balance		3,928,526
	d Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	4,620,475

Part III Funding Percentages

14	Funding target attainment percentage	14	103.83%
15	Adjusted funding target attainment percentage	15	109.40%
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	102.78%
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage.	17	%

Part IV Contributions and Liquidity Shortfalls

18 Contributions made to the plan for the plan year by employer(s) and employees:

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
01/27/2017	1,000,000	0			
03/23/2017	3,000,000	0			
			Totals ► 18(b)	4,000,000	18(c) 0

19	Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:		
	a Contributions allocated toward unpaid minimum required contributions from prior years	19a	0
	b Contributions made to avoid restrictions adjusted to valuation date	19b	0
	c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	3,735,403

20 Quarterly contributions and liquidity shortfalls:

a Did the plan have a "funding shortfall" for the prior year? [ ] Yes [X] No

b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? [ ] Yes [ ] No

c If line 20a is "Yes," see instructions and complete the following table as applicable:

Liquidity shortfall as of end of quarter of this plan year

(1) 1st	(2) 2nd	(3) 3rd	(4) 4th

Part V Assumptions Used to Determine Funding Target and Target Normal Cost

21 Discount rate:

	1st segment:	2nd segment:	3rd segment:	
a Segment rates:	4.43 %	5.91 %	6.65%	☐ N/A, full yield curve used

b Applicable month (enter code)	**21b**	4
22 Weighted average retirement age	**22**	62

23 Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute

Part VI Miscellaneous Items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment. ☒ Yes ☐ No

25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment. ☐ Yes ☒ No

26 Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment. ☒ Yes ☐ No

27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment	**27**	

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

28 Unpaid minimum required contributions for all prior years	**28**	0
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a)	**29**	0
30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29)	**30**	0

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):

a Target normal cost (line 6)	**31a**	999,427
b Excess assets, if applicable, but not greater than line 31a	**31b**	999,427

32 Amortization installments:

	Outstanding Balance	Installment
a Net shortfall amortization installment	0	0
b Waiver amortization installment	0	0

33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	**33**	
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)	**34**	0

	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement			0

36 Additional cash requirement (line 34 minus line 35)	**36**	0
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	**37**	3,735,403

38 Present value of excess contributions for current year (see instructions)

a Total (excess, if any, of line 37 over line 36)	**38a**	3,735,403
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	**38b**	0
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	**39**	0
40 Unpaid minimum required contributions for all years	**40**	0

Part IX Pension Funding Relief Under Pension Relief Act of 2010 (See Instructions)

41 If an election was made to use PRA 2010 funding relief for this plan:

a Schedule elected ☐ 2 plus 7 years ☐ 15 years

b Eligible plan year(s) for which the election in line 41a was made ☐ 2008 ☐ 2009 ☐ 2010 ☐ 2011

42 Amount of acceleration adjustment	**42**	
43 Excess installment acceleration amount to be carried over to future plan years	**43**	

EIN 91-0565539, PN 001, Virginia Mason Medical Center Defined Benefit Retirement Plan
Schedule SB, Line 19 – Discounted Employer Contributions

Exhibit 9

Employer Contributions for Prior Plan Year

The employer contributions for the prior plan year ending December 31, 2016 were paid or are payable on the dates and in the amounts shown below. The prior plan year's Effective Interest Rate of 5.95% per year is used to discount contributions back to January 1, 2016. Contributions (or portions of contributions) made after the due date for a quarterly required contribution are penalized an additional 5% per year during the late period. Contributions made solely to avoid the application of benefit restrictions cannot be considered in determining excess contributions.

Date	Contribution Amount	Discounted Value as of 1/1/2016 Without Penalty	Penalty Amount	Discounted Value as of 1/1/2016 With Penalty
January 27, 2017	$1,000,000	$939,964	$0	$939,964
March 23, 2017	3,000,000	2,795,439	0	2,795,439
Total	$4,000,000	$3,735,403	$0	$3,735,403

EIN 91-0565539, PN 001, Virginia Mason Medical Center Defined Benefit Retirement Plan
Schedule SB, Line 22 – Description of Weighted Average Retirement Age

Weighted Average Retirement Age

The weighted average retirement age for active participants is 62. This equals the sum, over all retirement ages, of the retirement age multiplied by the probability of retiring at that age, as shown below.

(a) Possible Retirement Age "r"	(b) Assumed Rate of Retirement at Age "r"	(c) Probability of Person Age 55 Still Working at "r"	(d) (b) x (c) = Probability of Person Age 55 Retiring at "r"	(e) (a) x (d) = Component of Weighted Average Retirement Age
55	0.0500	1.0000	0.0500	2.7500
56	0.0500	0.9500	0.0475	2.6600
57	0.0500	0.9025	0.0451	2.5721
58	0.0500	0.8574	0.0429	2.4864
59	0.0500	0.8145	0.0407	2.4028
60	0.0500	0.7738	0.0387	2.3213
61	0.1500	0.7351	0.1103	6.7261
62	0.1500	0.6248	0.0937	5.8109
63	0.1500	0.5311	0.0737	5.0189
64	0.3000	0.4514	0.1354	8.6676
65	1.0000	0.3160	0.3160	20.5404
			Weighted Average Retirement Age:	61.9565
			Rounded to Nearest Age:	62

EIN 91-0565539, PN 001, Virginia Mason Medical Center Defined Benefit Retirement Plan
Schedule SB, Part V – Statement of Actuarial Assumptions / Methods

The ultimate cost of a pension plan is the excess of actual benefits and administrative expenses paid over actual net investment return on plan assets during the Plan's existence until the last payment has been made to the last participant. The Plan's "actuarial cost method" determines the expected incidence of actuarial costs by allocating portions of the ultimate cost to each plan year. The cost method is thus a budgeting tool to help ensure that the Plan will be adequately and systematically funded and accounted for. Annual contributions and accounting expense are also affected by the "asset valuation method" (as well as the plan provisions, actuarial assumptions, and actual plan demographic and investment experience each year).

Actuarial Cost Method

The actuarial cost method used for determining the Plan's ERISA funding requirements and the FASB ASC Topic 960 values is the unit credit method. Under this method, an accrued benefit is determined at each active participant's assumed retirement age based on compensation and service at both the beginning and the end of the current year. The Plan's normal cost is the sum of the present value of the excess of each active participant's accrued benefit at the end of the current year over that at the beginning of the current year. The Plan's accrued liability is the sum of (a) the present value of each active participant's accrued benefit at the beginning of the current year plus (b) the present value of each inactive participant's benefits.

The actuarial cost method used for determining the Plan Sponsor's FASB ASC Topic 715 accounting requirements is the projected unit credit method. Under this method, a projected benefit is determined at each active participant's assumed retirement age assuming future compensation increases. The Plan's normal cost is the sum of the present value of the portion of each active participant's projected benefit attributable to the current year of service. The Plan's accrued liability is the sum of (a) the present value of the portion of each active participant's projected benefit attributable to all prior years of service plus (b) the present value of each inactive participant's benefits.

Asset Valuation Method

The Actuarial Value of Assets used for determining the Plan's ERISA funding requirements is based on the permitted three-year asset smoothing as defined under IRS Notice 2009-22. Under this method, the Actuarial Value of Assets equals the Adjusted Market Value of Assets minus one-third and two-thirds, respectively, of the investment gain or loss for each of the two immediately preceding plan years, but it must be within 90% to 110% of the Adjusted Market Value of Assets. The expected investment return for a plan year is based on the lesser of the expected rate of return on plan assets (currently 6.00% per year effective January 1, 2016, previously 6.50% per year) or the applicable statutory interest rate for the year.

The Market-Related Value of Assets used for determining the Plan Sponsor's FASB ASC Topic 715 accounting requirements is equal to the Fair Value of Assets (without inclusion of any contributions receivable).

Changes in Actuarial Methods since Prior Valuation

None.

EIN 91-0565539, PN 001, Virginia Mason Medical Center Defined Benefit Retirement Plan
Schedule SB, Part V – Statement of Actuarial Assumptions / Methods

ECONOMIC ASSUMPTIONS

Interest Rates

- The current funding and PBGC interest rates are as follows. The funding interest rates are prescribed under IRS regulations based on the Plan Sponsor's interest rate election. The PBGC interest rates are based on the Plan Sponsor's elected method for determining the premium funding target.

	Minimum Funding	Maximum Deductible	PBGC Premium
Segment 1 (0-5 years)	4.43%	1.34%	1.82%
Segment 2 (5-20 years)	5.91%	4.03%	4.12%
Segment 3 (20+ years)	6.65%	5.06%	5.01%
Effective Interest Rate	5.95%	4.11%	4.24%

- **ERISA minimum funding:** 24-month average segment rates, using a four-month lookback period, adjusted to reflect the applicable segment rate stabilization corridor (adopted January 1, 2010).
- **Maximum deductible:** 24-month average segment rates, using a four-month lookback period, but not adjusted to reflect segment rate stabilization (adopted January 1, 2010).
- **PBGC premium:** Spot segment rates for the month preceding the valuation date, but not adjusted to reflect segment rate stabilization. The standard method is used for the PBGC variable rate premium calculation (adopted January 1, 2014).
- **FASB ASC Topic 715:** 4.60% per year (adopted December 31, 2015). This discount rate represents the theoretical rate at which the liabilities could be settled in the bond market as of December 31, 2015. It is based on the Milliman Bond Matching Model as described in the actuary's letter dated January 29, 2016.
- **FASB ASC Topic 960:** 6.00% per year (adopted January 1, 2016). This represents the expected long-term geometric mean return on assets based on the actuary's capital market expectations and the Plan's investment policy and asset allocation.

Asset Returns

- **ERISA minimum funding and maximum deductible:** 6.00% per year (adopted January 1, 2016). This represents the expected long-term geometric mean return on assets based on the actuary's capital market expectations and the Plan's investment policy and asset allocation.
- **FASB ASC Topic 715:** 7.00% per year (adopted January 1, 2015). This represents the expected long-term arithmetic mean return on assets based on the Plan Sponsor's capital market expectations and the Plan's investment policy and asset allocation.

EIN 91-0565539, PN 001, Virginia Mason Medical Center Defined Benefit Retirement Plan
Schedule SB, Part V – Statement of Actuarial Assumptions / Methods

Pay Increases

- **Funding:** 4.00% per year (adopted January 1, 1994). The pay increase assumption is based on the actuary's long-term expectations of inflation, productivity, and merit increases.
- **FASB ASC Topic 715:** 3.00% per year (adopted January 1, 1994). The pay increase assumption is based on the Plan Sponsor's long-term expectations of inflation, productivity, and merit increases.

Inflation

2.3% per year (adopted January 1, 2015). This is based on the actuary's capital market expectations.

Postretirement Benefit Increases

None. (The Plan does not provide for automatic postretirement benefit increases.)

Administrative Expenses

An allowance of $544,918 for administrative expenses has been included in the target normal cost, reflecting the actual administrative expenses paid from the Plan's trust during the previous year and the estimated PBGC premium for the current year (adopted January 1, 2008 and updated annually).

DEMOGRAPHIC ASSUMPTIONS

Except where noted, all demographic assumptions are based on the actuary's judgment and continual review of experience.

Mortality

- **ERISA minimum funding, maximum deductible, and PBGC premium:** The mortality assumption is based on IRS and PBGC regulations (adopted January 1, 2008 and updated annually).

  RP-2000 Non-Annuitant and Annuitant Mortality Tables, sex-distinct, projected on a static basis for 15 years and 7 years from the valuation date, respectively, using mortality improvement Scale AA, as prescribed by IRC Section 430(h)(3)(A) for IRS funding requirements.

- **FASB ASC Topic 715 and 960:** The mortality assumption is based on the RP-2014 and MP-2015 tables published by the Society of Actuaries (adopted December 31, 2015 for FASB 715 and January 1, 2016 for FASB 960).

  RP-2014 Mortality Tables, adjusted to factor out Scale MP-2014 from the 2006 base year, then projected forward using Scale MP-2015 on a generational basis, with sex-distinct Employee rates before benefit commencement and Healthy Annuitant rates after benefit commencement.

EIN 91-0565539, PN 001, Virginia Mason Medical Center Defined Benefit Retirement Plan
Schedule SB, Part V – Statement of Actuarial Assumptions / Methods

Retirement

The retirement assumption is based on the actuary's 2002 demographic experience study. Annual rates are shown below for active and terminated vested participants who are eligible to retire (adopted January 1, 2002).

Age	Rate
55 - 60	5.0%
61 - 63	15.0
64	30.0
65	100.0

Termination

The termination assumption is based on the actuary's 2002 demographic experience study. Annual rates are shown below (adopted January 1, 2002).

Years of Service	Rate
1	12.5%
2	11.5
3	10.5
4	9.5
5	8.5
6	8.0
7	7.5
8	7.0
9	6.5
10	6.0
11	5.5
12 or more	5.0

Disability

Sample annual rates are shown below (adopted January 1, 1995).

Age	Rate
30	0.08%
35	0.10
40	0.12
45	0.16
50	0.24
55	0.40
60	0.84

EIN 91-0565539, PN 001, Virginia Mason Medical Center Defined Benefit Retirement Plan
Schedule SB, Part V – Statement of Actuarial Assumptions / Methods

Form of Payment

Life annuity. (All optional forms are actuarially equivalent to the Plan's normal form of payment.)

Marital Characteristics

- **For participants not in pay status:** 100% of participants are assumed to be married to a spouse of the opposite sex. Males are assumed to be three years older than females. This assumption is based on plan experience with a provision for adverse deviation.
- **For participants in pay status:** Actual birth dates of spouses are included in the census data, where relevant.

Benefits Not Valued

None.

Special Data Adjustments

None.

EIN 91-0565539, PN 001, Virginia Mason Medical Center Defined Benefit Retirement Plan
Schedule SB, Part V – Summary of Plan Provisions

This summary of plan provisions is intended to only describe the essential features of the Plan. All eligibility requirements and benefit amounts shall be determined in strict accordance with the plan document itself.

Definitions

Accrued Benefit: The sum of the Past Service Benefit plus the Future Service Benefit, but not less than the Defined Contribution Account Benefit:

- Past Service Benefit - For service prior to January 1, 1986, the participant's accrued benefit as of December 31, 1985. For participants with an hour of service after December 31, 1985, this amount is multiplied by 125%.

- Future Service Benefit - 1/12 of 2% of the participant's first $15,300 of annual Compensation plus 1/12 of 2.5% of such Compensation in excess of $15,300 during each year of benefit accrual service after December 31, 1985.

- Defined Contribution Account Benefit - The participant's account balance as of the most recent valuation date, credited with interest at 8.5% until the beginning of the plan year in which the participant reaches his Normal Retirement Date, and divided by 100.

Actuarially Equivalent: Equality in value such that the present value of the amount under any form of payment is essentially the same as the present value of the amount under the normal form of annuity payment for single participants. For purposes other than determining lump-sum amounts, actuarially equivalent factors are based on the 1971 GAM Female Mortality Table and a 5% interest rate. For purposes of determining lump-sum amounts, actuarially equivalent factors are based on the applicable mortality table specified in IRS Notice 2008-85 for the plan year of distribution and the statutory three-tier segment interest rates in effect for the second month prior to the plan year of distribution.

Benefit Accrual Service:

Prior to January 1, 1994, a calendar year during which a participant has at least 1,000 hours of service.

Effective January 1, 1994, a calendar year during which a participant has at least 1 hour of service.

Compensation: Generally, an employee's total salary or wages, bonuses, and overtime from the employer during a plan year, before reduction for tax-sheltered annuities or flexible benefits. Compensation is limited to $150,000 annually for 1994 through 1996, $160,000 annually for 1997 through 1999, and $170,000 annually for 2000 and later years. (The Plan's annual Compensation limit was *not* increased to $265,000 for 2016.)

Plan Effective Date: February 1, 1958, as amended through January 1, 2016.

Plan Year: The 12-month period beginning January 1 and ending December 31.

Vesting Service: A calendar year during which an employee has at least 1,000 hours of service.

EIN 91-0565539, PN 001, Virginia Mason Medical Center Defined Benefit Retirement Plan
Schedule SB, Part V – Summary of Plan Provisions

Eligibility for Participation

All employees of Virginia Mason Hospital were eligible to participate following the attainment of age 21 and the completion of one year of employment during which the employee worked at least 1,000 hours. As of December 31, 1993, all active participants were given a one-time opportunity to remain in the Plan or transfer to a defined contribution plan, and the Plan was closed to future participants. Effective January 1, 1996, the Plan was opened to certain transferred employees during 1996 and 1997.

Effective January 1, 2015, benefit accruals for Highly Compensated Employees were contingent on the Plan benefiting at least 50 employees on each day of the plan year. (Benefit accruals for Highly Compensated Employees are frozen effective January 1, 2016.)

Normal Retirement

Normal Retirement Date: The first day of the month coincident with or next following the attainment of age 65.

Normal Retirement Benefit: The Accrued Benefit.

Late Retirement

Late Retirement Date: The first day of the month following the date of termination of service if it occurs after the Normal Retirement Date.

Late Retirement Benefit: The greater of (i) the Accrued Benefit determined as of the Late Retirement Date or (ii) the Accrued Benefit determined as of the Normal Retirement Date (or the first day of any plan year following the Normal Retirement Date) and actuarially increased to the Late Retirement Date.

Early Retirement

Early Retirement Date: The first day of the month coincident with or next following the attainment of age 55 and completion of 5 years of Vesting Service.

Early Retirement Benefit: The Accrued Benefit, reduced by 1/180 for each of the first 60 months and by 1/360 for each of the next 60 months by which the Early Retirement Date precedes the Normal Retirement Date.

Vested Termination

Vested Termination Date: The date of termination of service other than for reasons of retirement or death, following completion of five years of Vesting Service.

Vested Termination Benefit: The Accrued Benefit, multiplied by the vested percentage below, payable at the Normal Retirement Date, or payable as of the first day of any month coincident with or next following attainment of age 55 if at least 5 years of Vesting Service have been completed (reduced by 1/180 for each of the first 60 months and by 1/360 for each of the next 60 months by which the benefit commencement date precedes the Normal Retirement Date).

Years of Vesting Service	Vested Percentage
Less than 5	0%
5 or more	100%

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Survivor's Benefit

If a married participant dies prior to retirement, his surviving spouse is entitled to a Survivor's Benefit equal to the actuarial equivalent of the greater of 50% of his Normal Retirement Benefit or the benefit the spouse would have received if the participant had retired on the day before his death under the joint and survivor option, but in no event less than the Defined Contribution Account Benefit. Such benefit shall be reduced actuarially for the years and months in excess of 60 months that the spouse is younger than the participant. In the event of death before age 55, benefit payment is deferred until the participant would have attained age 55.

The spouse may elect to receive a lump-sum distribution of the portion of the Survivor's Benefit that is attributable to the participant's defined contribution account balance.

Death Benefit

If a non-married participant dies prior to retirement, his designated beneficiary is entitled to receive a distribution of the participant's defined contribution account balance as a lump sum or as a life annuity.

Disability

A participant whose service is terminated by his total and permanent disability may elect to receive the actuarial equivalent of his Normal Retirement Benefit in the form of an annuity or as a lump-sum payment. The $5,000 limit on lump-sum distributions does not apply in this case. The lump-sum payment equals the participant's defined contribution account balance plus the lump-sum value of the excess, if any, of his Normal Retirement Benefit over his Defined Contribution Account Benefit.

Forms of Payment

Normal Forms: Life annuity if single, actuarially equivalent joint and 50% survivor annuity (with spouse) if married.

Optional Forms: Life annuity; actuarially equivalent life annuity with 10 years certain; actuarially equivalent joint and 50%, 75%, or 100% survivor annuity (with joint annuitant); actuarially equivalent Social Security adjustment option.

Small Lump Sum: Payable if the actuarially equivalent present value of the vested Accrued Benefit is $5,000 or less.

Changes in Principal Plan Provisions since Prior Valuation

Benefit accruals for Highly Compensated Employees are frozen effective January 1, 2016.

EIN 91-0565539, PN 001, Virginia Mason Medical Center Defined Benefit Retirement Plan
Schedule SB, Line 24 – Change in Actuarial Assumptions

Changes in Actuarial Assumptions since Prior Valuation

- **Interest rates for ERISA minimum funding:** Effective January 1, 2016, the interest rates used to determine the minimum funding requirements were updated based on the applicable 24-month average segment rates with a four-month lookback from the valuation date, adjusted to reflect the applicable segment rate stabilization corridor. The interest rates were updated to comply with IRS requirements.
- **Interest rates for maximum deductible:** Effective January 1, 2016, the interest rates used for maximum deductible purposes were updated as noted above, but not adjusted to reflect segment rate stabilization. The interest rates were updated to comply with IRS requirements.
- **Interest rates for PBGC premium:** Effective January 1, 2016, the interest rates used for PBGC variable rate premium purposes were updated to the spot segment rates in effect for the month preceding the valuation date. The interest rates were updated to comply with PBGC requirements.
- **Interest rate for FASB ASC Topic 715:** Effective December 31, 2015, the FASB 715 discount rate was changed from 4.20% to 4.60% per year. The discount rate was changed to reflect interest rates currently available on high-quality fixed income investments.
- **Interest rate for FASB ASC Topic 960 and asset return for IRS funding:** Effective January 1, 2016, the FASB ASC Topic 960 interest rate and the asset return for IRS funding were changed from 6.50% to 6.00% per year. The interest rate and asset return assumption were changed to reflect the actuary's capital market expectations.
- **Administrative Expenses:** Effective January 1, 2016, the administrative expense load was updated to reflect actual administrative expenses paid from the Plan's trust during the previous year and the estimated PBGC premium for the current year.
- **Mortality for ERISA minimum funding, maximum deductible, and PBGC premium:** Effective January 1, 2016, the mortality table was updated as prescribed by IRC Section 430(h)(3)(A). The mortality assumption was updated to comply with IRS and PBGC requirements.
- **Mortality for FASB ASC Topic 715 and 960:** Effective December 31, 2015 for FASB 715 and January 1, 2016 for FASB 960, the mortality assumption was changed to the RP-2014 Mortality Tables, adjusted to factor out Scale MP-2014 from the 2006 base year, then projected forward using Scale MP-2015 on a generational basis, with sex-distinct Employee rates before benefit commencement and Healthy Annuitant rates after benefit commencement. The prior assumption was the RP-2014 Employee and Healthy Annuitant Mortality Tables, sex-distinct, projected on a static basis for 15 years and 7 years from the valuation date, respectively, using mortality projection Scale MP-2014. The mortality assumption was updated to reflect recent mortality experience published by the Society of Actuaries.

EIN 91-0565539, PN 001, Virginia Mason Medical Center Defined Benefit Retirement Plan
Schedule SB, Line 26 – Schedule of Active Participant Data

Exhibit 37

Summary of Active Participants by Age and Service

Number of Participants by Age and Service Groups

	Years of Credited Service										
Age	**<1**	**1-4**	**5-9**	**10-14**	**15-19**	**20-24**	**25-29**	**30-34**	**35-39**	**40&Up**	**Total**
0-24	-	-	-	-	-	-	-	-	-	-	-
25-29	-	-	-	-	-	-	-	-	-	-	-
30-34	-	-	-	-	-	-	-	-	-	-	-
35-39	-	-	-	-	-	-	-	-	-	-	-
40-44	-	-	-	-	-	-	-	-	-	-	-
45-49	-	-	-	-	1	1	5	-	-	-	7
50-54	-	-	-	1	-	1	2	-	-	-	4
55-59	-	-	-	-	-	4	6	2	4	-	16
60-64	-	-	1	-	-	4	4	5	6	1	21
65-69	-	-	-	-	1	-	1	3	4	4	13
70&Up	-	-	-	-	-	-	-	-	1	2	3
Total	-	-	1	1	2	10	18	10	15	7	64

Average Compensation by Age and Service Groups

	Years of Credited Service										
Age	**<1**	**1-4**	**5-9**	**10-14**	**15-19**	**20-24**	**25-29**	**30-34**	**35-39**	**40&Up**	**Average**
0-24	-	-	-	-	-	-	-	-	-	-	-
25-29	-	-	-	-	-	-	-	-	-	-	-
30-34	-	-	-	-	-	-	-	-	-	-	-
35-39	-	-	-	-	-	-	-	-	-	-	-
40-44	-	-	-	-	-	-	-	-	-	-	-
45-49	-	-	-	-	*	*	*	-	-	-	*
50-54	-	-	-	*	-	*	*	-	-	-	*
55-59	-	-	-	-	-	*	*	*	*	-	*
60-64	-	-	*	-	-	*	*	*	*	*	73,780
65-69	-	-	-	-	*	-	*	*	*	*	*
70&Up	-	-	-	-	-	-	-	-	*	*	*
Average	-	-	*	*	*	*	*	*	*	*	64,279

* If there are fewer than 20 participants in a cell, the average compensation is not reported.

EIN 91-0565539, PN 001, Virginia Mason Medical Center Defined Benefit Retirement Plan
Schedule SB, Line 19 – Discounted Employer Contributions

Exhibit 9

Employer Contributions for Prior Plan Year

The employer contributions for the prior plan year ending December 31, 2016 were paid or are payable on the dates and in the amounts shown below. The prior plan year's Effective Interest Rate of 5.95% per year is used to discount contributions back to January 1, 2016. Contributions (or portions of contributions) made after the due date for a quarterly required contribution are penalized an additional 5% per year during the late period. Contributions made solely to avoid the application of benefit restrictions cannot be considered in determining excess contributions.

Date	Contribution Amount	Discounted Value as of 1/1/2016 Without Penalty	Penalty Amount	Discounted Value as of 1/1/2016 With Penalty
January 27, 2017	$1,000,000	$939,964	$0	$939,964
March 23, 2017	3,000,000	2,795,439	0	2,795,439
Total	$4,000,000	$3,735,403	$0	$3,735,403

EIN 91-0565539, PN 001, Virginia Mason Medical Center Defined Benefit Retirement Plan
Schedule SB, Line 22 – Description of Weighted Average Retirement Age

Weighted Average Retirement Age

The weighted average retirement age for active participants is 62. This equals the sum, over all retirement ages, of the retirement age multiplied by the probability of retiring at that age, as shown below.

(a) Possible Retirement Age "r"	(b) Assumed Rate of Retirement at Age "r"	(c) Probability of Person Age 55 Still Working at "r"	(d) (b) x (c) = Probability of Person Age 55 Retiring at "r"	(e) (a) x (d) = Component of Weighted Average Retirement Age
55	0.0500	1.0000	0.0500	2.7500
56	0.0500	0.9500	0.0475	2.6600
57	0.0500	0.9025	0.0451	2.5721
58	0.0500	0.8574	0.0429	2.4864
59	0.0500	0.8145	0.0407	2.4028
60	0.0500	0.7738	0.0387	2.3213
61	0.1500	0.7351	0.1103	6.7261
62	0.1500	0.6248	0.0937	5.8109
63	0.1500	0.5311	0.0737	5.0189
64	0.3000	0.4514	0.1354	8.6676
65	1.0000	0.3160	0.3160	20.5404
			Weighted Average Retirement Age:	61.9565
			Rounded to Nearest Age:	62

EIN 91-0565539, PN 001, Virginia Mason Medical Center Defined Benefit Retirement Plan
Schedule SB, Part V – Statement of Actuarial Assumptions / Methods

The ultimate cost of a pension plan is the excess of actual benefits and administrative expenses paid over actual net investment return on plan assets during the Plan's existence until the last payment has been made to the last participant. The Plan's "actuarial cost method" determines the expected incidence of actuarial costs by allocating portions of the ultimate cost to each plan year. The cost method is thus a budgeting tool to help ensure that the Plan will be adequately and systematically funded and accounted for. Annual contributions and accounting expense are also affected by the "asset valuation method" (as well as the plan provisions, actuarial assumptions, and actual plan demographic and investment experience each year).

Actuarial Cost Method

The actuarial cost method used for determining the Plan's ERISA funding requirements and the FASB ASC Topic 960 values is the unit credit method. Under this method, an accrued benefit is determined at each active participant's assumed retirement age based on compensation and service at both the beginning and the end of the current year. The Plan's normal cost is the sum of the present value of the excess of each active participant's accrued benefit at the end of the current year over that at the beginning of the current year. The Plan's accrued liability is the sum of (a) the present value of each active participant's accrued benefit at the beginning of the current year plus (b) the present value of each inactive participant's benefits.

The actuarial cost method used for determining the Plan Sponsor's FASB ASC Topic 715 accounting requirements is the projected unit credit method. Under this method, a projected benefit is determined at each active participant's assumed retirement age assuming future compensation increases. The Plan's normal cost is the sum of the present value of the portion of each active participant's projected benefit attributable to the current year of service. The Plan's accrued liability is the sum of (a) the present value of the portion of each active participant's projected benefit attributable to all prior years of service plus (b) the present value of each inactive participant's benefits.

Asset Valuation Method

The Actuarial Value of Assets used for determining the Plan's ERISA funding requirements is based on the permitted three-year asset smoothing as defined under IRS Notice 2009-22. Under this method, the Actuarial Value of Assets equals the Adjusted Market Value of Assets minus one-third and two-thirds, respectively, of the investment gain or loss for each of the two immediately preceding plan years, but it must be within 90% to 110% of the Adjusted Market Value of Assets. The expected investment return for a plan year is based on the lesser of the expected rate of return on plan assets (currently 6.00% per year effective January 1, 2016, previously 6.50% per year) or the applicable statutory interest rate for the year.

The Market-Related Value of Assets used for determining the Plan Sponsor's FASB ASC Topic 715 accounting requirements is equal to the Fair Value of Assets (without inclusion of any contributions receivable).

Changes in Actuarial Methods since Prior Valuation

None.

EIN 91-0565539, PN 001, Virginia Mason Medical Center Defined Benefit Retirement Plan
Schedule SB, Part V – Statement of Actuarial Assumptions / Methods

ECONOMIC ASSUMPTIONS

Interest Rates

- The current funding and PBGC interest rates are as follows. The funding interest rates are prescribed under IRS regulations based on the Plan Sponsor's interest rate election. The PBGC interest rates are based on the Plan Sponsor's elected method for determining the premium funding target.

	Minimum Funding	Maximum Deductible	PBGC Premium
Segment 1 (0-5 years)	4.43%	1.34%	1.82%
Segment 2 (5-20 years)	5.91%	4.03%	4.12%
Segment 3 (20+ years)	6.65%	5.06%	5.01%
Effective Interest Rate	5.95%	4.11%	4.24%

- **ERISA minimum funding:** 24-month average segment rates, using a four-month lookback period, adjusted to reflect the applicable segment rate stabilization corridor (adopted January 1, 2010).
- **Maximum deductible:** 24-month average segment rates, using a four-month lookback period, but not adjusted to reflect segment rate stabilization (adopted January 1, 2010).
- **PBGC premium:** Spot segment rates for the month preceding the valuation date, but not adjusted to reflect segment rate stabilization. The standard method is used for the PBGC variable rate premium calculation (adopted January 1, 2014).
- **FASB ASC Topic 715:** 4.60% per year (adopted December 31, 2015). This discount rate represents the theoretical rate at which the liabilities could be settled in the bond market as of December 31, 2015. It is based on the Milliman Bond Matching Model as described in the actuary's letter dated January 29, 2016.
- **FASB ASC Topic 960:** 6.00% per year (adopted January 1, 2016). This represents the expected long-term geometric mean return on assets based on the actuary's capital market expectations and the Plan's investment policy and asset allocation.

Asset Returns

- **ERISA minimum funding and maximum deductible:** 6.00% per year (adopted January 1, 2016). This represents the expected long-term geometric mean return on assets based on the actuary's capital market expectations and the Plan's investment policy and asset allocation.
- **FASB ASC Topic 715:** 7.00% per year (adopted January 1, 2015). This represents the expected long-term arithmetic mean return on assets based on the Plan Sponsor's capital market expectations and the Plan's investment policy and asset allocation.

EIN 91-0565539, PN 001, Virginia Mason Medical Center Defined Benefit Retirement Plan
Schedule SB, Part V – Statement of Actuarial Assumptions / Methods

Pay Increases

- **Funding:** 4.00% per year (adopted January 1, 1994). The pay increase assumption is based on the actuary's long-term expectations of inflation, productivity, and merit increases.
- **FASB ASC Topic 715:** 3.00% per year (adopted January 1, 1994). The pay increase assumption is based on the Plan Sponsor's long-term expectations of inflation, productivity, and merit increases.

Inflation

2.3% per year (adopted January 1, 2015). This is based on the actuary's capital market expectations.

Postretirement Benefit Increases

None. (The Plan does not provide for automatic postretirement benefit increases.)

Administrative Expenses

An allowance of $544,918 for administrative expenses has been included in the target normal cost, reflecting the actual administrative expenses paid from the Plan's trust during the previous year and the estimated PBGC premium for the current year (adopted January 1, 2008 and updated annually).

DEMOGRAPHIC ASSUMPTIONS

Except where noted, all demographic assumptions are based on the actuary's judgment and continual review of experience.

Mortality

- **ERISA minimum funding, maximum deductible, and PBGC premium:** The mortality assumption is based on IRS and PBGC regulations (adopted January 1, 2008 and updated annually).

  RP-2000 Non-Annuitant and Annuitant Mortality Tables, sex-distinct, projected on a static basis for 15 years and 7 years from the valuation date, respectively, using mortality improvement Scale AA, as prescribed by IRC Section 430(h)(3)(A) for IRS funding requirements.

- **FASB ASC Topic 715 and 960:** The mortality assumption is based on the RP-2014 and MP-2015 tables published by the Society of Actuaries (adopted December 31, 2015 for FASB 715 and January 1, 2016 for FASB 960).

  RP-2014 Mortality Tables, adjusted to factor out Scale MP-2014 from the 2006 base year, then projected forward using Scale MP-2015 on a generational basis, with sex-distinct Employee rates before benefit commencement and Healthy Annuitant rates after benefit commencement.

EIN 91-0565539, PN 001, Virginia Mason Medical Center Defined Benefit Retirement Plan
Schedule SB, Part V – Statement of Actuarial Assumptions / Methods

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Age	Rate
55 - 60	5.0%
61 - 63	15.0
64	30.0
65	100.0

Termination

The termination assumption is based on the actuary's 2002 demographic experience study. Annual rates are shown below (adopted January 1, 2002).

Years of Service	Rate
1	12.5%
2	11.5
3	10.5
4	9.5
5	8.5
6	8.0
7	7.5
8	7.0
9	6.5
10	6.0
11	5.5
12 or more	5.0

Disability

Sample annual rates are shown below (adopted January 1, 1995).

Age	Rate
30	0.08%
35	0.10
40	0.12
45	0.16
50	0.24
55	0.40
60	0.84

EIN 91-0565539, PN 001, Virginia Mason Medical Center Defined Benefit Retirement Plan
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Form of Payment

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- **For participants not in pay status:** 100% of participants are assumed to be married to a spouse of the opposite sex. Males are assumed to be three years older than females. This assumption is based on plan experience with a provision for adverse deviation.
- **For participants in pay status:** Actual birth dates of spouses are included in the census data, where relevant.

Benefits Not Valued

None.

Special Data Adjustments

None.

EIN 91-0565539, PN 001, Virginia Mason Medical Center Defined Benefit Retirement Plan
Schedule SB, Part V – Summary of Plan Provisions

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- Past Service Benefit - For service prior to January 1, 1986, the participant's accrued benefit as of December 31, 1985. For participants with an hour of service after December 31, 1985, this amount is multiplied by 125%.

- Future Service Benefit - 1/12 of 2% of the participant's first $15,300 of annual Compensation plus 1/12 of 2.5% of such Compensation in excess of $15,300 during each year of benefit accrual service after December 31, 1985.

- Defined Contribution Account Benefit - The participant's account balance as of the most recent valuation date, credited with interest at 8.5% until the beginning of the plan year in which the participant reaches his Normal Retirement Date, and divided by 100.

Actuarially Equivalent: Equality in value such that the present value of the amount under any form of payment is essentially the same as the present value of the amount under the normal form of annuity payment for single participants. For purposes other than determining lump-sum amounts, actuarially equivalent factors are based on the 1971 GAM Female Mortality Table and a 5% interest rate. For purposes of determining lump-sum amounts, actuarially equivalent factors are based on the applicable mortality table specified in IRS Notice 2008-85 for the plan year of distribution and the statutory three-tier segment interest rates in effect for the second month prior to the plan year of distribution.

Benefit Accrual Service:

Prior to January 1, 1994, a calendar year during which a participant has at least 1,000 hours of service.

Effective January 1, 1994, a calendar year during which a participant has at least 1 hour of service.

Compensation: Generally, an employee's total salary or wages, bonuses, and overtime from the employer during a plan year, before reduction for tax-sheltered annuities or flexible benefits. Compensation is limited to $150,000 annually for 1994 through 1996, $160,000 annually for 1997 through 1999, and $170,000 annually for 2000 and later years. (The Plan's annual Compensation limit was *not* increased to $265,000 for 2016.)

Plan Effective Date: February 1, 1958, as amended through January 1, 2016.

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EIN 91-0565539, PN 001, Virginia Mason Medical Center Defined Benefit Retirement Plan
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Eligibility for Participation

All employees of Virginia Mason Hospital were eligible to participate following the attainment of age 21 and the completion of one year of employment during which the employee worked at least 1,000 hours. As of December 31, 1993, all active participants were given a one-time opportunity to remain in the Plan or transfer to a defined contribution plan, and the Plan was closed to future participants. Effective January 1, 1996, the Plan was opened to certain transferred employees during 1996 and 1997.

Effective January 1, 2015, benefit accruals for Highly Compensated Employees were contingent on the Plan benefiting at least 50 employees on each day of the plan year. (Benefit accruals for Highly Compensated Employees are frozen effective January 1, 2016.)

Normal Retirement

Normal Retirement Date: The first day of the month coincident with or next following the attainment of age 65.

Normal Retirement Benefit: The Accrued Benefit.

Late Retirement

Late Retirement Date: The first day of the month following the date of termination of service if it occurs after the Normal Retirement Date.

Late Retirement Benefit: The greater of (i) the Accrued Benefit determined as of the Late Retirement Date or (ii) the Accrued Benefit determined as of the Normal Retirement Date (or the first day of any plan year following the Normal Retirement Date) and actuarially increased to the Late Retirement Date.

Early Retirement

Early Retirement Date: The first day of the month coincident with or next following the attainment of age 55 and completion of 5 years of Vesting Service.

Early Retirement Benefit: The Accrued Benefit, reduced by 1/180 for each of the first 60 months and by 1/360 for each of the next 60 months by which the Early Retirement Date precedes the Normal Retirement Date.

Vested Termination

Vested Termination Date: The date of termination of service other than for reasons of retirement or death, following completion of five years of Vesting Service.

Vested Termination Benefit: The Accrued Benefit, multiplied by the vested percentage below, payable at the Normal Retirement Date, or payable as of the first day of any month coincident with or next following attainment of age 55 if at least 5 years of Vesting Service have been completed (reduced by 1/180 for each of the first 60 months and by 1/360 for each of the next 60 months by which the benefit commencement date precedes the Normal Retirement Date).

Years of Vesting Service	Vested Percentage
Less than 5	0%
5 or more	100%

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Schedule SB, Part V – Summary of Plan Provisions

Survivor's Benefit

If a married participant dies prior to retirement, his surviving spouse is entitled to a Survivor's Benefit equal to the actuarial equivalent of the greater of 50% of his Normal Retirement Benefit or the benefit the spouse would have received if the participant had retired on the day before his death under the joint and survivor option, but in no event less than the Defined Contribution Account Benefit. Such benefit shall be reduced actuarially for the years and months in excess of 60 months that the spouse is younger than the participant. In the event of death before age 55, benefit payment is deferred until the participant would have attained age 55.

The spouse may elect to receive a lump-sum distribution of the portion of the Survivor's Benefit that is attributable to the participant's defined contribution account balance.

Death Benefit

If a non-married participant dies prior to retirement, his designated beneficiary is entitled to receive a distribution of the participant's defined contribution account balance as a lump sum or as a life annuity.

Disability

A participant whose service is terminated by his total and permanent disability may elect to receive the actuarial equivalent of his Normal Retirement Benefit in the form of an annuity or as a lump-sum payment. The $5,000 limit on lump-sum distributions does not apply in this case. The lump-sum payment equals the participant's defined contribution account balance plus the lump-sum value of the excess, if any, of his Normal Retirement Benefit over his Defined Contribution Account Benefit.

Forms of Payment

Normal Forms: Life annuity if single, actuarially equivalent joint and 50% survivor annuity (with spouse) if married.

Optional Forms: Life annuity; actuarially equivalent life annuity with 10 years certain; actuarially equivalent joint and 50%, 75%, or 100% survivor annuity (with joint annuitant); actuarially equivalent Social Security adjustment option.

Small Lump Sum: Payable if the actuarially equivalent present value of the vested Accrued Benefit is $5,000 or less.

Changes in Principal Plan Provisions since Prior Valuation

Benefit accruals for Highly Compensated Employees are frozen effective January 1, 2016.

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Schedule SB, Line 24 – Change in Actuarial Assumptions

Changes in Actuarial Assumptions since Prior Valuation

- **Interest rates for ERISA minimum funding:** Effective January 1, 2016, the interest rates used to determine the minimum funding requirements were updated based on the applicable 24-month average segment rates with a four-month lookback from the valuation date, adjusted to reflect the applicable segment rate stabilization corridor. The interest rates were updated to comply with IRS requirements.
- **Interest rates for maximum deductible:** Effective January 1, 2016, the interest rates used for maximum deductible purposes were updated as noted above, but not adjusted to reflect segment rate stabilization. The interest rates were updated to comply with IRS requirements.
- **Interest rates for PBGC premium:** Effective January 1, 2016, the interest rates used for PBGC variable rate premium purposes were updated to the spot segment rates in effect for the month preceding the valuation date. The interest rates were updated to comply with PBGC requirements.
- **Interest rate for FASB ASC Topic 715:** Effective December 31, 2015, the FASB 715 discount rate was changed from 4.20% to 4.60% per year. The discount rate was changed to reflect interest rates currently available on high-quality fixed income investments.
- **Interest rate for FASB ASC Topic 960 and asset return for IRS funding:** Effective January 1, 2016, the FASB ASC Topic 960 interest rate and the asset return for IRS funding were changed from 6.50% to 6.00% per year. The interest rate and asset return assumption were changed to reflect the actuary's capital market expectations.
- **Administrative Expenses:** Effective January 1, 2016, the administrative expense load was updated to reflect actual administrative expenses paid from the Plan's trust during the previous year and the estimated PBGC premium for the current year.
- **Mortality for ERISA minimum funding, maximum deductible, and PBGC premium:** Effective January 1, 2016, the mortality table was updated as prescribed by IRC Section 430(h)(3)(A). The mortality assumption was updated to comply with IRS and PBGC requirements.
- **Mortality for FASB ASC Topic 715 and 960:** Effective December 31, 2015 for FASB 715 and January 1, 2016 for FASB 960, the mortality assumption was changed to the RP-2014 Mortality Tables, adjusted to factor out Scale MP-2014 from the 2006 base year, then projected forward using Scale MP-2015 on a generational basis, with sex-distinct Employee rates before benefit commencement and Healthy Annuitant rates after benefit commencement. The prior assumption was the RP-2014 Employee and Healthy Annuitant Mortality Tables, sex-distinct, projected on a static basis for 15 years and 7 years from the valuation date, respectively, using mortality projection Scale MP-2014. The mortality assumption was updated to reflect recent mortality experience published by the Society of Actuaries.

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Schedule SB, Line 26 – Schedule of Active Participant Data

Exhibit 37

Summary of Active Participants by Age and Service

Number of Participants by Age and Service Groups

	Years of Credited Service										
Age	**<1**	**1-4**	**5-9**	**10-14**	**15-19**	**20-24**	**25-29**	**30-34**	**35-39**	**40&Up**	**Total**
0-24	-	-	-	-	-	-	-	-	-	-	-
25-29	-	-	-	-	-	-	-	-	-	-	-
30-34	-	-	-	-	-	-	-	-	-	-	-
35-39	-	-	-	-	-	-	-	-	-	-	-
40-44	-	-	-	-	-	-	-	-	-	-	-
45-49	-	-	-	-	1	1	5	-	-	-	7
50-54	-	-	-	1	-	1	2	-	-	-	4
55-59	-	-	-	-	-	4	6	2	4	-	16
60-64	-	-	1	-	-	4	4	5	6	1	21
65-69	-	-	-	-	1	-	1	3	4	4	13
70&Up	-	-	-	-	-	-	-	-	1	2	3
Total	-	-	1	1	2	10	18	10	15	7	64

Average Compensation by Age and Service Groups

	Years of Credited Service										
Age	**<1**	**1-4**	**5-9**	**10-14**	**15-19**	**20-24**	**25-29**	**30-34**	**35-39**	**40&Up**	**Average**
0-24	-	-	-	-	-	-	-	-	-	-	-
25-29	-	-	-	-	-	-	-	-	-	-	-
30-34	-	-	-	-	-	-	-	-	-	-	-
35-39	-	-	-	-	-	-	-	-	-	-	-
40-44	-	-	-	-	-	-	-	-	-	-	-
45-49	-	-	-	-	*	*	*	-	-	-	*
50-54	-	-	-	*	-	*	*	-	-	-	*
55-59	-	-	-	-	-	*	*	*	*	-	*
60-64	-	-	*	-	-	*	*	*	*	*	73,780
65-69	-	-	-	-	*	-	*	*	*	*	*
70&Up	-	-	-	-	-	-	-	-	*	*	*
Average	-	-	*	*	*	*	*	*	*	*	64,279

* If there are fewer than 20 participants in a cell, the average compensation is not reported.