

<p style="text-align: center;"><b>Form 5500</b></p> <p style="font-size: small;">Department of the Treasury Internal Revenue Service</p> <hr/> <p style="font-size: small;">Department of Labor Employee Benefits Security Administration</p> <hr/> <p style="font-size: x-small;">Pension Benefit Guaranty Corporation</p>	<p><b>Annual Return/Report of Employee Benefit Plan</b></p> <p style="font-size: x-small;">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).</p> <p>▶ <b>Complete all entries in accordance with the instructions to the Form 5500.</b></p>	<p style="font-size: x-small;">OMB Nos. 1210-0110 1210-0089</p> <hr/> <p style="font-size: large; font-weight: bold;">2023</p> <hr/> <p style="font-weight: bold;">This Form is Open to Public Inspection</p>
---	---	---

**Part I Annual Report Identification Information**  
 For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023

**A** This return/report is for:  a multiemployer plan  a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)

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. . . . . ▶

**D** Check box if filing under:  Form 5558  automatic extension  the DFVC program

special extension (enter description)

**E** If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. . . . . ▶

**Part II Basic Plan Information—enter all requested information**

<p><b>1a</b> Name of plan  <u>VIRGINIA MASON MEDICAL CENTER DEFINED BENEFIT RETIREMENT PLAN</u></p>	<p><b>1b</b> Three-digit plan number (PN) ▶ <u>001</u></p>
<p><b>2a</b> 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)  <u>VIRGINIA MASON MEDICAL CENTER</u></p> <p style="margin-top: 20px;"><u>P.O. BOX 900</u> <span style="margin-left: 200px;"><u>1100 NINTH AVENUE</u></span>  <u>SEATTLE, WA 98111</u> <span style="margin-left: 200px;"><u>SEATTLE, WA 98111</u></span></p>	<p><b>1c</b> Effective date of plan  <u>02/01/1958</u></p> <p><b>2b</b> Employer Identification Number (EIN)  <u>91-0565539</u></p> <p><b>2c</b> Plan Sponsor's telephone number  <u>206-341-0154</u></p> <p><b>2d</b> Business code (see instructions)  <u>622000</u></p>

**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.

<b>SIGN HERE</b>	Filed with authorized/valid electronic signature.	10/15/2024	LIZ MECKENSTOCK
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
<b>SIGN HERE</b>			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
<b>SIGN HERE</b>			
	Signature of DFE	Date	Enter name of individual signing as DFE

<b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	<b>3b</b> Administrator's EIN	
	<b>3c</b> Administrator's telephone number	
<b>4</b> If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: <b>a</b> Sponsor's name <b>c</b> Plan Name	<b>4b</b> EIN	
	<b>4d</b> PN	
<b>5</b> Total number of participants at the beginning of the plan year	<b>5</b>	672
<b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ). <b>a(1)</b> Total number of active participants at the beginning of the plan year ..... <b>a(2)</b> Total number of active participants at the end of the plan year ..... <b>b</b> Retired or separated participants receiving benefits ..... <b>c</b> Other retired or separated participants entitled to future benefits ..... <b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> . ..... <b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits ..... <b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> . ..... <b>g(1)</b> Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) ..... <b>g(2)</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) ..... <b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	<b>6a(1)</b>	20
	<b>6a(2)</b>	13
	<b>6b</b>	536
	<b>6c</b>	78
	<b>6d</b>	627
	<b>6e</b>	27
	<b>6f</b>	654
	<b>6g(1)</b>	
<b>6g(2)</b>		
<b>6h</b>		0
<b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....	<b>7</b>	

**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:

<b>9a</b> Plan funding arrangement (check all that apply)	<b>9b</b> Plan benefit arrangement (check all that apply)
(1) <input type="checkbox"/> Insurance	(1) <input type="checkbox"/> Insurance
(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts	(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts
(3) <input checked="" type="checkbox"/> Trust	(3) <input checked="" type="checkbox"/> Trust
(4) <input type="checkbox"/> General assets of the sponsor	(4) <input type="checkbox"/> 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)  **R** (Retirement Plan Information)
  - (2)  **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
  - (3)  **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary
  - (4)  **DCG** (Individual Plan Information) – Number Attached \_\_\_\_\_
  - (5)  **MEP** (Multiple-Employer Retirement Plan Information)

- b General Schedules**
- (1)  **H** (Financial Information)
  - (2)  **I** (Financial Information – Small Plan)
  - (3)  **A** (Insurance Information) – Number Attached 0
  - (4)  **C** (Service Provider Information)
  - (5)  **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 2023 Form M-1 annual report. If the plan was not required to file the 2023 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 \_\_\_\_\_

---

<b>SCHEDULE SB</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Single-Employer Defined Benefit Plan</b> <b>Actuarial Information</b>  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).  <b>▶ File as an attachment to Form 5500 or 5500-SF.</b>	<small>OMB No. 1210-0110</small>  <b>2023</b>  <b>This Form is Open to Public Inspection</b>
---	--	--

For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023

▶ **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.

<b>A</b> Name of plan <u>VIRGINIA MASON MEDICAL CENTER DEFINED BENEFIT RETIREMENT PLAN</u>	<b>B</b> Three-digit plan number (PN) ▶	<u>001</u>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>VIRGINIA MASON MEDICAL CENTER</u>	<b>D</b> Employer Identification Number (EIN) <u>91-0565539</u>	
<b>E</b> Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B	<b>F</b> Prior year plan size: <input type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input checked="" type="checkbox"/> More than 500	

**Part I Basic Information**

<b>1</b>	Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2023</u>		
<b>2</b>	Assets:		
	<b>a</b> Market value .....	<b>2a</b>	<u>85264794</u>
	<b>b</b> Actuarial value .....	<b>2b</b>	<u>93791273</u>
<b>3</b>	Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target
	<b>a</b> For retired participants and beneficiaries receiving payment .....	<u>558</u>	<u>69958895</u>
	<b>b</b> For terminated vested participants .....	<u>97</u>	<u>9552805</u>
	<b>c</b> For active participants .....	<u>20</u>	<u>8087474</u>
	<b>d</b> Total .....	<u>675</u>	<u>87599174</u>
<b>4</b>	If the plan is in at-risk status, check the box and complete lines (a) and (b) .....		
	<b>a</b> Funding target disregarding prescribed at-risk assumptions .....	<b>4a</b>	
	<b>b</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 .....	<b>4b</b>	
<b>5</b>	Effective interest rate .....	<b>5</b>	<u>5.08 %</u>
<b>6</b>	Target normal cost		
	<b>a</b> Present value of current plan year accruals .....	<b>6a</b>	<u>213226</u>
	<b>b</b> Expected plan-related expenses .....	<b>6b</b>	<u>257747</u>
	<b>c</b> Target normal cost .....	<b>6c</b>	<u>470973</u>

**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.

<b>SIGN HERE</b>		
	Signature of actuary	<u>09/09/2024</u>
	<u>MICHAEL S ERAZMUS</u>	Date
	Type or print name of actuary	<u>23-06431</u>
	<u>WILLIS TOWERS WATSON US LLC</u>	Most recent enrollment number
	Firm name	<u>312-288-7700</u>
	<u>WILLIS TOWER 233 SOUTH WACKER DRIVE SUITE 1800 CHICAGO, IL 60606</u>	Telephone number (including area code)
	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

<b>Part II Beginning of Year Carryover and Prefunding Balances</b>		(a) Carryover balance	(b) Prefunding balance
<b>7</b>	Balance at beginning of prior year after applicable adjustments (line 13 from prior year) .....	0	8115975
<b>8</b>	Portion elected for use to offset prior year's funding requirement (line 35 from prior year) .....	0	0
<b>9</b>	Amount remaining (line 7 minus line 8) .....	0	8115975
<b>10</b>	Interest on line 9 using prior year's actual return of <u>-19.70</u> % .....	0	-1598847
<b>11</b>	Prior year's excess contributions to be added to prefunding balance:		
	<b>a</b> Present value of excess contributions (line 38a from prior year) .....		0
	<b>b(1)</b> 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 <u>5.29</u> % .....		0
	<b>b(2)</b> Interest on line 38b from prior year Schedule SB, using prior year's actual return .....		0
	<b>c</b> Total available at beginning of current plan year to add to prefunding balance .....		0
	<b>d</b> Portion of (c) to be added to prefunding balance .....		0
<b>12</b>	Other reductions in balances due to elections or deemed elections .....	0	797000
<b>13</b>	Balance at beginning of current year (line 9 + line 10 + line 11d - line 12) .....	0	5720128

<b>Part III Funding Percentages</b>			
<b>14</b>	Funding target attainment percentage .....	<b>14</b>	100.53 %
<b>15</b>	Adjusted funding target attainment percentage .....	<b>15</b>	107.06 %
<b>16</b>	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement .....	<b>16</b>	113.30 %
<b>17</b>	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage .....	<b>17</b>	%

<b>Part IV Contributions and Liquidity Shortfalls</b>		<b>18 Contributions made to the plan for the plan year by employer(s) and employees:</b>					
(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		
<b>Totals ▶</b>			<b>18(b)</b>	0	<b>18(c)</b>	0	

**19** Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:

<b>a</b> Contributions allocated toward unpaid minimum required contributions from prior years. ....	<b>19a</b>	0
<b>b</b> Contributions made to avoid restrictions adjusted to valuation date .....	<b>19b</b>	0
<b>c</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date .....	<b>19c</b>	0

**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: %	<input checked="" type="checkbox"/> N/A, full yield curve used
-------------------	-------------------	-------------------	--

**b** Applicable month (enter code)..... **21b** 1

**22** Weighted average retirement age ..... **22** 63

**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** Demographic and benefit information

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

**b** Is the plan required to provide a projection of expected benefit payments? 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**

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

**Part VIII Minimum Required Contribution For Current Year**

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

<b>a</b> Target normal cost (line 6c).....	<b>31a</b>	470973
<b>b</b> Excess assets, if applicable, but not greater than line 31a .....	<b>31b</b>	470973

**32** Amortization installments:

	Outstanding Balance	Installment
<b>a</b> Net shortfall amortization installment .....	0	0
<b>b</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
<b>35</b> Balances elected for use to offset funding requirement .....	0	0	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** 0

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

<b>a</b> Total (excess, if any, of line 37 over line 36)	<b>38a</b>	0
<b>b</b> Portion included in line 38a attributable to use of prefunding and funding standard carryover balances .....	<b>38b</b>	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 the American Rescue Plan Act of 2021 (See Instructions)**

**41** If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies.  2019  2020  2021

<b>SCHEDULE C</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Service Provider Information</b>  This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).  <b>▶ File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2023</b>  <b>This Form is Open to Public Inspection.</b>
--	--	---

For calendar plan year 2023 or fiscal plan year beginning **01/01/2023** and ending **12/31/2023**

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

**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).....  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

**(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

---

---

---

**(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

---

---

---

**(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)

BLACKROCK

94-3112180

(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	NONE	107244	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

(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?
15 49 50 99	NONE	105634	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

WILLIS TOWERS WATSON

53-0181291

(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 50	NONE	89627	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

**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 NORTHERN TRUST COMPANY

36-1561860

(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	NONE	13909	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

(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?
			Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

(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?
			Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

**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.

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

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

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

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

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

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

<b>(a)</b> Enter name and EIN or address of service provider (see instructions)	<b>(b)</b> Nature of Service Code(s)	<b>(c)</b> 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)

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>SCHEDULE D</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>	<b>DFE/Participating Plan Information</b>  This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).  <b>▶ File as an attachment to Form 5500.</b>	OMB No. 1210-0110  <hr/> <b>2023</b>  <hr/> <b>This Form is Open to Public Inspection.</b>
---	--	--

For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023

<b>A</b> Name of plan <u>VIRGINIA MASON MEDICAL CENTER DEFINED BENEFIT RETIREMENT PLAN</u>	<b>B</b> Three-digit plan number (PN) ▶	<u>001</u>
---	---	------------

<b>C</b> Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>VIRGINIA MASON MEDICAL CENTER</u>	<b>D</b> Employer Identification Number (EIN) <u>91-0565539</u>
--	--

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

**a** Name of MTIA, CCT, PSA, or 103-12 IE: TREASURY US 15 YEAR KEY RATE DUR NL

**b** Name of sponsor of entity listed in (a): BLACKROCK INSTITUTIONAL TRUST COMPANY, N.A.

<b>c</b> EIN-PN <u>45-3856099-001</u>	<b>d</b> Entity code <u>C</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>1618178</u>
---------------------------------------	-------------------------------	--

**a** Name of MTIA, CCT, PSA, or 103-12 IE: SHORT-TERM INVESTMENT FUND

**b** Name of sponsor of entity listed in (a): BLACKROCK INSTITUTIONAL TRUST COMPANY, N.A.

<b>c</b> EIN-PN <u>94-6450621-001</u>	<b>d</b> Entity code <u>C</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>52167</u>
---------------------------------------	-------------------------------	--

**a** Name of MTIA, CCT, PSA, or 103-12 IE: BLACKROCK MSCI ACWI EQUITY INDEX NL

**b** Name of sponsor of entity listed in (a): BLACKROCK INSTITUTIONAL TRUST COMPANY, N.A.

<b>c</b> EIN-PN <u>45-1743707-001</u>	<b>d</b> Entity code <u>C</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>4263003</u>
---------------------------------------	-------------------------------	--

**a** Name of MTIA, CCT, PSA, or 103-12 IE: INTERMED DURATION CORP CREDIT SC NL

**b** Name of sponsor of entity listed in (a): BLACKROCK INSTITUTIONAL TRUST COMPANY, N.A.

<b>c</b> EIN-PN <u>82-2229248-001</u>	<b>d</b> Entity code <u>C</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>41286457</u>
---------------------------------------	-------------------------------	---

**a** Name of MTIA, CCT, PSA, or 103-12 IE: INTERMEDIATE GOVT BOND INDEX NL FD

**b** Name of sponsor of entity listed in (a): BLACKROCK INSTITUTIONAL TRUST COMPANY, N.A.

<b>c</b> EIN-PN <u>26-3774255-001</u>	<b>d</b> Entity code <u>C</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>5399486</u>
---------------------------------------	-------------------------------	--

**a** Name of MTIA, CCT, PSA, or 103-12 IE: LONG DURATION CORP CREDIT SCREEN NL

**b** Name of sponsor of entity listed in (a): BLACKROCK INSTITUTIONAL TRUST COMPANY, N.A.

<b>c</b> EIN-PN <u>27-4520291-001</u>	<b>d</b> Entity code <u>C</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>29005792</u>
---------------------------------------	-------------------------------	---

**a** Name of MTIA, CCT, PSA, or 103-12 IE: TREASURY US 10 YR KEY RATE DUR NL A

**b** Name of sponsor of entity listed in (a): BLACKROCK INSTITUTIONAL TRUST COMPANY, N.A.

<b>c</b> EIN-PN <u>47-4226866-001</u>	<b>d</b> Entity code <u>C</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>1648923</u>
---------------------------------------	-------------------------------	--

**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)



<b>SCHEDULE H</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Financial Information</b>  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).  ▶ <b>File as an attachment to Form 5500.</b>	OMB No. 1210-0110  <b>2023</b>  <b>This Form is Open to Public Inspection</b>
--	--	---

For calendar plan year 2023 or fiscal plan year beginning <b>01/01/2023</b> and ending <b>12/31/2023</b>	
<b>A</b> Name of plan <b>VIRGINIA MASON MEDICAL CENTER DEFINED BENEFIT RETIREMENT PLAN</b>	<b>B</b> Three-digit plan number (PN) ▶ <b>001</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>VIRGINIA MASON MEDICAL CENTER</b>	<b>D</b> Employer Identification Number (EIN) <b>91-0565539</b>

<b>Part I</b>	<b>Asset and Liability Statement</b>
---------------	--------------------------------------

**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.

		(a) Beginning of Year	(b) End of Year
<b>Assets</b>			
<b>a</b> Total noninterest-bearing cash .....	<b>1a</b>		
<b>b</b> Receivables (less allowance for doubtful accounts):			
<b>(1)</b> Employer contributions .....	<b>1b(1)</b>		
<b>(2)</b> Participant contributions .....	<b>1b(2)</b>		
<b>(3)</b> Other .....	<b>1b(3)</b>	7644348	3204186
<b>c</b> General investments:			
<b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....	<b>1c(1)</b>		
<b>(2)</b> U.S. Government securities .....	<b>1c(2)</b>		
<b>(3)</b> Corporate debt instruments (other than employer securities):			
<b>(A)</b> Preferred .....	<b>1c(3)(A)</b>		
<b>(B)</b> All other .....	<b>1c(3)(B)</b>		
<b>(4)</b> Corporate stocks (other than employer securities):			
<b>(A)</b> Preferred .....	<b>1c(4)(A)</b>		
<b>(B)</b> Common .....	<b>1c(4)(B)</b>		
<b>(5)</b> Partnership/joint venture interests .....	<b>1c(5)</b>	268355	328841
<b>(6)</b> Real estate (other than employer real property) .....	<b>1c(6)</b>		
<b>(7)</b> Loans (other than to participants) .....	<b>1c(7)</b>		
<b>(8)</b> Participant loans .....	<b>1c(8)</b>		
<b>(9)</b> Value of interest in common/collective trusts .....	<b>1c(9)</b>	83450569	83274006
<b>(10)</b> Value of interest in pooled separate accounts .....	<b>1c(10)</b>		
<b>(11)</b> Value of interest in master trust investment accounts .....	<b>1c(11)</b>		
<b>(12)</b> Value of interest in 103-12 investment entities .....	<b>1c(12)</b>		
<b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds) .....	<b>1c(13)</b>	1631522	1394786
<b>(14)</b> Value of funds held in insurance company general account (unallocated contracts) .....	<b>1c(14)</b>		
<b>(15)</b> Other .....	<b>1c(15)</b>		

<b>1d</b> Employer-related investments:		<b>(a)</b> Beginning of Year	<b>(b)</b> End of Year
(1) Employer securities .....	<b>1d(1)</b>		
(2) Employer real property .....	<b>1d(2)</b>		
<b>e</b> Buildings and other property used in plan operation .....	<b>1e</b>		
<b>f</b> Total assets (add all amounts in lines 1a through 1e) .....	<b>1f</b>	92994794	88201819
<b>Liabilities</b>			
<b>g</b> Benefit claims payable .....	<b>1g</b>		
<b>h</b> Operating payables .....	<b>1h</b>		
<b>i</b> Acquisition indebtedness .....	<b>1i</b>		
<b>j</b> Other liabilities .....	<b>1j</b>	7730000	3200000
<b>k</b> Total liabilities (add all amounts in lines 1g through 1j) .....	<b>1k</b>	7730000	3200000
<b>Net Assets</b>			
<b>l</b> Net assets (subtract line 1k from line 1f) .....	<b>1l</b>	85264794	85001819

**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.

<b>Income</b>		<b>(a)</b> Amount	<b>(b)</b> Total
<b>a Contributions:</b>			
(1) Received or receivable in cash from: <b>(A)</b> Employers .....	<b>2a(1)(A)</b>		
<b>(B)</b> Participants .....	<b>2a(1)(B)</b>		
<b>(C)</b> Others (including rollovers) .....	<b>2a(1)(C)</b>		
(2) Noncash contributions .....	<b>2a(2)</b>		
(3) Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> .....	<b>2a(3)</b>		0
<b>b Earnings on investments:</b>			
<b>(1) Interest:</b>			
<b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit) .....	<b>2b(1)(A)</b>		
<b>(B)</b> U.S. Government securities .....	<b>2b(1)(B)</b>		
<b>(C)</b> Corporate debt instruments .....	<b>2b(1)(C)</b>		
<b>(D)</b> Loans (other than to participants) .....	<b>2b(1)(D)</b>		
<b>(E)</b> Participant loans .....	<b>2b(1)(E)</b>		
<b>(F)</b> Other .....	<b>2b(1)(F)</b>		
<b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....	<b>2b(1)(G)</b>		0
<b>(2) Dividends:</b>			
<b>(A)</b> Preferred stock .....	<b>2b(2)(A)</b>		
<b>(B)</b> Common stock .....	<b>2b(2)(B)</b>		
<b>(C)</b> Registered investment company shares (e.g. mutual funds) .....	<b>2b(2)(C)</b>	49452	
<b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....	<b>2b(2)(D)</b>		49452
(3) Rents .....	<b>2b(3)</b>		
<b>(4) Net gain (loss) on sale of assets:</b>			
<b>(A)</b> Aggregate proceeds .....	<b>2b(4)(A)</b>	2171	
<b>(B)</b> Aggregate carrying amount (see instructions) .....	<b>2b(4)(B)</b>	114024	
<b>(C)</b> Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result .....	<b>2b(4)(C)</b>		-111853
<b>(5) Unrealized appreciation (depreciation) of assets:</b>			
<b>(A)</b> Real estate .....	<b>2b(5)(A)</b>		
<b>(B)</b> Other .....	<b>2b(5)(B)</b>	169614	
<b>(C)</b> Total unrealized appreciation of assets. Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....	<b>2b(5)(C)</b>		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts.....	<b>2b(6)</b>		7313437
(7) Net investment gain (loss) from pooled separate accounts.....	<b>2b(7)</b>		
(8) Net investment gain (loss) from master trust investment accounts.....	<b>2b(8)</b>		
(9) Net investment gain (loss) from 103-12 investment entities.....	<b>2b(9)</b>		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	<b>2b(10)</b>		
<b>c</b> Other income.....	<b>2c</b>		
<b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total.....	<b>2d</b>		7420650

**Expenses**

<b>e</b> Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	<b>2e(1)</b>	7228561	
(2) To insurance carriers for the provision of benefits.....	<b>2e(2)</b>		
(3) Other.....	<b>2e(3)</b>		
(4) Total benefit payments. Add lines <b>2e(1)</b> through <b>(3)</b> .....	<b>2e(4)</b>		7228561
<b>f</b> Corrective distributions (see instructions).....	<b>2f</b>		
<b>g</b> Certain deemed distributions of participant loans (see instructions).....	<b>2g</b>		
<b>h</b> Interest expense.....	<b>2h</b>		
<b>i</b> Administrative expenses:			
(1) Salaries and allowances.....	<b>2i(1)</b>		
(2) Contract administrator fees.....	<b>2i(2)</b>		
(3) Recordkeeping fees.....	<b>2i(3)</b>	105634	
(4) IQPA audit fees.....	<b>2i(4)</b>		
(5) Investment advisory and investment management fees.....	<b>2i(5)</b>	107244	
(6) Bank or trust company trustee/custodial fees.....	<b>2i(6)</b>	13909	
(7) Actuarial fees.....	<b>2i(7)</b>	89627	
(8) Legal fees.....	<b>2i(8)</b>	825	
(9) Valuation/appraisal fees.....	<b>2i(9)</b>		
(10) Other trustee fees and expenses.....	<b>2i(10)</b>		
(11) Other expenses.....	<b>2i(11)</b>	137825	
(12) Total administrative expenses. Add lines <b>2i(1)</b> through <b>(11)</b> .....	<b>2i(12)</b>		455064
<b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total.....	<b>2j</b>		7683625

**Net Income and Reconciliation**

<b>k</b> Net income (loss). Subtract line <b>2j</b> from line <b>2d</b> .....	<b>2k</b>		-262975
<b>l</b> Transfers of assets:			
(1) To this plan.....	<b>2l(1)</b>		
(2) From this plan.....	<b>2l(2)</b>		

**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)  Unmodified (2)  Qualified (3)  Disclaimer (4)  Adverse

**b** Check the appropriate box(es) to indicate whether the IQPA performed an ERISA section 103(a)(3)(C) audit. Check both boxes (1) and (2) if the audit was performed pursuant to both 29 CFR 2520.103-8 and 29 CFR 2520.103-12(d). Check box (3) if pursuant to neither.

(1)  DOL Regulation 2520.103-8 (2)  DOL Regulation 2520.103-12(d) (3)  neither DOL Regulation 2520.103-8 nor DOL Regulation 2520.103-12(d).

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

(1) Name: **ERNST & YOUNG LLP**

(2) EIN: **34-6565596**

**d** The opinion of an independent qualified public accountant is **not attached** as part of Schedule H because:

(1)  This form is filed for a CCT, PSA, DCG 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. DCGs do not complete lines 4e, 4f, 4k, 4l, and 5, and DCGs generally complete the rest of Part IV collectively for all plans in the DCG, except as otherwise provided (see instructions).

During the plan year:

	Yes	No	Amount
<b>a</b> 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.)		X	
<b>b</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.)		X	
<b>c</b> 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.)		X	
<b>d</b> 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.)		X	
<b>e</b> Was this plan covered by a fidelity bond?	X		1000000
<b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
<b>g</b> 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?		X	
<b>h</b> 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?		X	
<b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
<b>j</b> 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.)	X		
<b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
<b>l</b> Has the plan failed to provide any benefit when due under the plan?		X	
<b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X	
<b>n</b> 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.			

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

**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.)

<b>5b(1)</b> Name of plan(s)	<b>5b(2)</b> EIN(s)	<b>5b(3)</b> PN(s)

**5c** Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) .....  Yes  No  Not determined

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 518337.

<b>SCHEDULE R</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Retirement Plan Information</b>  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).  <b>▶ File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2023</b>  <b>This Form is Open to Public Inspection.</b>
--	---	---

For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023

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

<b>Part I</b>	<b>Distributions</b>
---------------	----------------------

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

<b>1</b> Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	<b>1</b>	<u>0</u>
<b>2</b> 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): <u>36-1561860</u>		
<b>Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.</b>		
<b>3</b> Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year .....	<b>3</b>	<u>6</u>

<b>Part II</b>	<b>Funding Information</b> (If the plan is not subject to the minimum funding requirements of section 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.**

<b>6 a</b> Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) .....	<b>6a</b>	
<b>b</b> Enter the amount contributed by the employer to the plan for this plan year .....	<b>6b</b>	
<b>c</b> 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) .....	<b>6c</b>	

**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

<b>Part III</b>	<b>Amendments</b>
-----------------	-------------------

**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

<b>Part IV</b>	<b>ESOPs</b> (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 (1) contributed more than 5% of total contributions to the plan during the plan year or (2) was one of the top-ten highest contributors (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 deferred vested and retired participants (inactive participants), as of the beginning of the plan year, whose contributing employer is no longer making contributions to the plan for:

<b>a</b> The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: <input type="checkbox"/> last contributing employer <input type="checkbox"/> alternative <input type="checkbox"/> reasonable approximation (see instructions for required attachment) .....	<b>14a</b>	
<b>b</b> The plan year immediately preceding the current plan year. <input type="checkbox"/> Check the box if the number reported is a change from what was previously reported (see instructions for required attachment) .....	<b>14b</b>	
<b>c</b> The second preceding plan year. <input type="checkbox"/> Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....	<b>14c</b>	

**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:

<b>a</b> The corresponding number for the plan year immediately preceding the current plan year .....	<b>15a</b>	
<b>b</b> The corresponding number for the second preceding plan year .....	<b>15b</b>	

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

<b>a</b> Enter the number of employers who withdrew during the preceding plan year .....	<b>16a</b>	
<b>b</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 .....	<b>16b</b>	

**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) and (b):

**a** Enter the percentage of plan assets held as:  
 Public Equity: \_\_\_\_\_% Private Equity: \_\_\_\_\_% Investment-Grade Debt and Interest Rate Hedging Assets: \_\_\_\_\_%  
 High-Yield Debt: \_\_\_\_\_% Real Assets: \_\_\_\_\_% Cash or Cash Equivalents: \_\_\_\_\_% Other: \_\_\_\_\_%

**b** Provide the average duration of the Investment-Grade Debt and Interest Rate Hedging Assets:  
 0-5 years  5-10 years  10-15 years  15 years or more

**20 PBGC missed contribution reporting requirements.** If this is a multiemployer plan or a single-employer plan that is not covered by PBGC, skip line 20.

**a** Is the amount of unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 greater than zero?  Yes  No

**b** If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:  
 Yes.  
 No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.  
 No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.  
 No. Other. Provide explanation.....

**Part VII IRS Compliance Questions**

**21a** Does the plan satisfy the coverage and nondiscrimination tests of Code sections 410(b) and 401(a)(4) by combining this plan with any other plans under the permissive aggregation rules?  Yes  No

**21b** If this is a Code section 401(k) plan, check all boxes that apply to indicate how the plan is intended to satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under Code sections 401(k)(3) and 401(m)(2).  
 Design-based safe harbor method  
 "Prior year" ADP test  
 "Current year" ADP test  
 N/A

**22** If the plan sponsor is an adopter of a pre-approved plan that received a favorable IRS Opinion Letter, enter the date of the Opinion Letter \_\_\_/\_\_\_/\_\_\_ (MM/DD/YYYY) and the Opinion Letter serial number \_\_\_\_\_.

FINANCIAL STATEMENTS AND  
SUPPLEMENTAL SCHEDULES

Virginia Mason Medical Center Defined Benefit Retirement Plan  
As of December 31, 2023 and 2022, and  
For the Year Ended December 31, 2023  
With Report of Independent Auditors

Ernst & Young LLP



# Virginia Mason Medical Center Defined Benefit Retirement Plan

## Financial Statements and Supplemental Schedules

As of December 31, 2023 and 2022, and  
For the Year Ended December 31, 2023

### Contents

Report of Independent Auditors.....	1
Financial Statements	
Statements of Net Assets Available for Benefits.....	5
Statement of Changes in Net Assets Available for Benefits.....	6
Notes to Financial Statements.....	7
Supplemental Schedules	
Schedule H, Line 4i – Schedule of Assets (Held at End of Year) .....	20
Schedule H, Line 4j – Schedule of Reportable Transactions.....	21



Ernst & Young LLP  
1401 McKinney Street  
Suite 2400  
Houston, TX 77010

Tel: +1 713 750 1500  
Fax: +1 713 750 1501  
ey.com

## Report of Independent Auditors

The Plan Administrator  
Virginia Mason Medical Center  
Defined Benefit Retirement Plan

### **Scope and Nature of the ERISA Section 103(a)(3)(C) Audit**

We have performed audits of the financial statements of the Virginia Mason Medical Center Defined Benefit Retirement Plan (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statements of net assets available for benefits as of December 31, 2023 and 2022, and the related statement of changes in net assets available for benefits for the year ended December 31, 2023, and the related notes (collectively referred to as the “financial statements”).

Management, having determined it is permissible in the circumstances, has elected to have the audits of the financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor’s Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our audits need not extend to any statements or information related to assets held for investment of the Plan (investment information) by a bank or similar institution or insurance carrier that is regulated, supervised, and subject to periodic examination by a state or federal agency, provided that the statements or information regarding assets so held are prepared and certified to by the bank or similar institution or insurance carrier in accordance with 29 CFR 2520.103-5 of the Department of Labor’s Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution).

Management has obtained certifications from a qualified institution as of December 31, 2023 and 2022, and for the year ended December 31, 2023, stating that the certified investment information, as described in Note 6 to the financial statements, is complete and accurate.

### **Opinion**

In our opinion, based on our audits and on the procedures performed as described in the Auditor’s Responsibilities for the Audit of the Financial Statements section

- the amounts and disclosures in the accompanying financial statements, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.

- the information in the accompanying financial statements related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

## **Basis for Opinion**

We conducted our audits in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of the Plan and to meet our other ethical responsibilities in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

## **Responsibilities of Management for the Financial Statements**

Management is responsible for the preparation and fair presentation of the financial statements in accordance with accounting principles generally accepted in the United States of America, and for 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. Management's election of the ERISA Section 103(a)(3)(C) audit does not affect management's responsibility for the financial statements.

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for one year after the date that the financial statements are available to be issued.

Management is also responsible for maintaining a current plan instrument, including all plan amendments, administering the Plan, and determining that the Plan's transactions that are presented and disclosed in the financial statements are in conformity with the Plan's provisions, including maintaining sufficient records with respect to each of the participants, to determine the benefits due or which may become due to such participants.

## **Auditor's Responsibilities for the Audit of the Financial Statements**

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit section of our report, our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with GAAS will always detect a material misstatement when it exists. The risk of not detecting a

material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Plan's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for a reasonable period of time.

Our audits did not extend to the certified investment information, except for obtaining and reading the certification, comparing the certified investment information with the related information presented and disclosed in the financial statements, and reading the disclosures relating to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirements of accounting principles generally accepted in the United States of America.

Accordingly, the objective of an ERISA Section 103(a)(3)(C) audit is not to express an opinion about whether the financial statements as a whole are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.

We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit, significant audit findings, and certain internal control related matters that we identified during the audit.

## Other Matter

### *Supplemental Schedules Required by ERISA*

The supplemental schedules of assets (held at end of year) as of December 31, 2023, and reportable transactions for the year then ended (referred to as the “supplemental schedules”), are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor’s Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedules, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. For information included in the supplemental schedules that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

In forming our opinion on the supplemental schedules, we evaluated whether the supplemental schedules, other than the information agreed to or derived from the certified investment information, including their form and content, are presented in conformity with the Department of Labor’s Rules and Regulations for Reporting and Disclosure under ERISA.

### In our opinion

- the form and content of the supplemental schedules, other than the information in the supplemental schedules that agreed to or is derived from the certified investment information, are presented, in all material respects, in conformity with the Department of Labor’s Rules and Regulations for Reporting and Disclosure under ERISA.
- the information in the supplemental schedules related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

*Ernst + Young LLP*

October 15, 2024

## Virginia Mason Medical Center Defined Benefit Retirement Plan

### Statements of Net Assets Available for Benefits

	<b>December 31</b>	
	<b>2023</b>	<b>2022</b>
<b>Assets</b>		
Investments:		
Investments at fair value	<b>\$ 84,997,633</b>	\$ 85,350,446
Total investments	<b>84,997,633</b>	85,350,446
Receivables:		
Due from broker for securities sold	<b>3,200,000</b>	7,640,000
Accrued interest and dividends	<b>4,186</b>	4,348
Total receivables	<b>3,204,186</b>	7,644,348
Total assets	<b>88,201,819</b>	92,994,794
<b>Liabilities</b>		
Due to broker for securities purchased	<b>3,200,000</b>	7,730,000
Total liabilities	<b>3,200,000</b>	7,730,000
Net assets available for benefits	<b>\$ 85,001,819</b>	\$ 85,264,794

*See accompanying notes.*

# Virginia Mason Medical Center Defined Benefit Retirement Plan

## Statement of Changes in Net Assets Available for Benefits

Year Ended December 31, 2023

Investment income:	
Net appreciation in fair value of investments	\$ 7,363,029
Interest and dividends	<u>57,621</u>
Total investment income	7,420,650
Benefits paid directly to participants	7,228,561
Administrative expenses	<u>455,064</u>
Total deductions	<u>7,683,625</u>
Net decrease	(262,975)
Net assets available for benefits:	
Beginning of year	<u>85,264,794</u>
End of year	<u>\$ 85,001,819</u>

*See accompanying notes.*

# Virginia Mason Medical Center Defined Benefit Retirement Plan

## Notes to Financial Statements

December 31, 2023

### **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.

#### **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 document. The Medical Center is the plan sponsor. 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, 2016, annual benefit accruals for highly compensated employees were frozen because the Plan benefited fewer than 50 employees during 2016.

Effective January 1, 2021, Franciscan Health System (FHS), Virginia Mason Health System (VMHS), and CommonSpirit Health (CommonSpirit), a member of FHS, completed the affiliation transaction (the Affiliation) contemplated by the Affiliation Agreement, dated as of December 31, 2021, pursuant to which, among other things, CommonSpirit formed Virginia Mason Franciscan Health, a Washington nonprofit corporation (VMFH).

# Virginia Mason Medical Center Defined Benefit Retirement Plan

## Notes to Financial Statements (continued)

### **1. Description of Plan (continued)**

After the effective date, CommonSpirit and VMHS are the sole corporate members of VMFH, which is a controlled subsidiary of CommonSpirit and will be consolidated with CommonSpirit for accounting purposes. As a result of the Affiliation, VMFH now governs and manages the combined operations of FHS, the Medical Center, Benaroya Research Institute (BRI), and certain other affiliates of FHS and the Medical Center, subject to certain VMHS protective reserved powers and other reserved powers held by CommonSpirit, and VMFH is now the sole corporate member of both the Medical Center and BRI.

#### **Pension Benefits**

Pension benefits are calculated based on service as described in section below. 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, ten-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).

#### **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 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.

# Virginia Mason Medical Center Defined Benefit Retirement Plan

## Notes to Financial Statements (continued)

### **1. Description of Plan (continued)**

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.

#### **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.

#### **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.

#### **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. Expenses that are paid directly by the Medical Center are excluded from these financial statements.

#### **Plan Administration**

The Plan was administered by the Compensation and Benefits Committee, which was a committee of the Board of Directors of the Medical Center until April 28, 2022. On April 28, 2022, the Board of Directors of the Medical Center delegated fiduciary, administrative, and investment authority to CommonSpirit Health, the CommonSpirit Health Investment Committee, and the CommonSpirit Health Retirement Plans Sub-Committee. The Northern Trust Company is the trustee of the Plan.

# Virginia Mason Medical Center Defined Benefit Retirement Plan

## Notes to Financial Statements (continued)

### **1. Description of Plan (continued)**

#### **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 that will meet or exceed the annual ERISA minimum funding requirement. The unit credit actuarial cost method is used to calculate the funding requirements of the Plan. The Medical Center made contributions to the Plan in the amount of \$0 for 2023 and 2022. The Medical Center's contributions meet or exceed the minimum funding requirements of ERISA for the plan years ended December 31, 2023 and 2022.

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.

### **2. Summary of Accounting Policies**

#### **Basis of Accounting**

The accompanying financial statements have been prepared on the accrual basis of accounting.

#### **Use of Estimates**

The preparation of financial statements in conformity with generally accepted accounting principles requires management to make estimates and assumptions that affect the amounts reported in the financial statements and accompanying notes and supplemental schedules. Actual results could differ from those estimates.

#### **Investment Valuation and Income Recognition**

The Plan's investments are stated at fair value. Fair value is defined as the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date (an exit price). See Note 9 for a discussion of fair value measurements.

# Virginia Mason Medical Center Defined Benefit Retirement Plan

## Notes to Financial Statements (continued)

### **2. Summary of Accounting Policies (continued)**

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded as earned. Dividends are recorded on the ex-dividend date. Net appreciation includes the Plan's gains and losses on investments bought and sold as well as held during the year.

#### **Payment of Benefits**

Benefit payments to participants are recorded upon distribution.

#### **Actuarial Present Value of Accumulated Plan Benefits**

Accumulated plan benefits represent the actuarial present value of estimated future periodic payments, including lump-sum distributions that are attributable under the Plan's provisions to services rendered by the employees to the valuation 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. Benefits payable under all circumstances – retirement, death, disability, and termination of employment – are included, to the extent they are deemed attributable to employee services rendered to the valuation date.

### **3. Accumulated Plan Benefits**

An actuary from Willis Towers Watson estimated the actuarial present value of accumulated plan benefits, which is the amount that results from applying actuarial assumptions to adjust the accumulated plan benefits earned by the participants to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as for death, disability, withdrawal, or retirement) between the valuation date and the expected date of payment.

## Virginia Mason Medical Center Defined Benefit Retirement Plan

### Notes to Financial Statements (continued)

#### 3. Accumulated Plan Benefits (continued)

The accumulated plan benefit information as of the end of each plan year is as follows:

	<b>December 31</b>	
	<b>2023</b>	<b>2022</b>
Actuarial present value of accumulated plan benefits:		
Vested benefits:		
Retired participants and beneficiaries currently receiving benefits	<b>\$ 74,620,090</b>	\$ 74,230,446
Terminated participants and beneficiaries	<b>9,069,091</b>	10,814,786
Active participants	<b>6,826,230</b>	8,937,225
Total actuarial present value of accumulated plan benefits	<b>\$ 90,515,411</b>	\$ 93,982,457

The change in the actuarial present value of accumulated plan benefits is attributable to the following:

Actuarial present value of accumulated plan benefits at January 1, 2023	\$ 93,982,457
Change during the year attributable to:	
Accrual of benefits	240,121
Benefits paid	(7,228,561)
Decrease in discount period	3,716,429
Assumption changes	(1,127,560)
Actuarial loss	932,525
Net decrease	(3,467,046)
Actuarial present value of accumulated plan benefits at December 31, 2023	\$ 90,515,411

# Virginia Mason Medical Center Defined Benefit Retirement Plan

## Notes to Financial Statements (continued)

### 3. Accumulated Plan Benefits (continued)

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.

The significant actuarial assumptions used in the valuations as of December 31, 2023 and 2022, were as follows:

- (a) *Current and prior year assumptions:* Mortality updated to separate rates for non-annuitants based on Pri-2012 employees table without collar or amount adjustment and for annuitants based on the Pri-2012 combined nondisabled annuitants table without collar or amount adjustments, projected using the MP-2021 generational mortality improvement scale.
- (b) Assumed rate of return of 4.30% and 4.10% for 2023 and 2022, respectively.
- (c) Rates of retirement pre-65 unchanged, 25% at age 65, 15% at ages 66–74, and 100% at age 75, for 2023, and rates of retirement pre-65 unchanged, 25% at ages 65–66, 15% at ages 67–69, and 100% at age 70, for 2022.
- (d) Administrative expenses have been specifically included in the actuarial valuation.

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 computations of the actuarial present value of accumulated plan benefits were made as of January 1, 2024 and 2023. Had the valuation been prepared as of December 31, 2023 and 2022, there would be no material differences.

# Virginia Mason Medical Center Defined Benefit Retirement Plan

## Notes to Financial Statements (continued)

### **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.

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 with the value of all 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.

# Virginia Mason Medical Center Defined Benefit Retirement Plan

## Notes to Financial Statements (continued)

### **5. Risks and Uncertainties**

Plan assets are invested in a variety of investments. Investment securities 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 at least 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 on 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 could materially affect the amounts reported and disclosed in 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**

All investment information disclosed in the accompanying financial statements, footnotes, and supplemental schedules, including investments held at December 31, 2023 and 2022, and net appreciation in fair value of investments, and interest and dividend income for the year ended December 31, 2023, was obtained or derived from information supplied to the plan administrator and certified as complete and accurate by The Northern Trust Company, the trustee of the Plan as of December 31, 2023, and for the period from January 1, 2023 to December 31, 2023.

### **7. Tax Status**

The Internal Revenue Service (IRS) has determined and informed the Medical Center by a letter dated October 14, 2015, that the Plan and its related Trust are 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 and, therefore, believes that the Plan is qualified and the related trust is tax-exempt.

# Virginia Mason Medical Center Defined Benefit Retirement Plan

## Notes to Financial Statements (continued)

### **7. Tax Status (continued)**

Accounting principles generally accepted in the United States require plan management to evaluate tax positions taken by the Plan and recognize a tax liability if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. Plan management has analyzed the tax positions taken by the Plan, and has concluded that there are no uncertain positions taken or expected to be taken. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

### **8. Party-in-Interest and Related-Party Transactions**

Certain of the Plan's assets are invested in funds managed by the trustees of the Plan. These transactions qualify as party-in-interest transactions; however, they are exempt from the prohibited transactions under ERISA.

### **9. Fair Value Measurements**

Fair value is defined as the price that would be received to sell an asset or paid to transfer a liability 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 unadjusted 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 trust funds for which any given participant may redeem shares daily at a net asset value (NAV) that is published daily and is the basis of current transactions, 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. Fixed-income investments and U.S. federal, state, and local government securities are included in this category.

# Virginia Mason Medical Center Defined Benefit Retirement Plan

## Notes to Financial Statements (continued)

### 9. Fair Value Measurements (continued)

- Level 3 – Inputs to the valuation methodology are unobservable and significant to the fair value measurement. 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 common collective trusts and private equity 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. In some instances, the NAV may not equal the fair value that would be calculated under fair value accounting standards. 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 approximates fair value.

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

# Virginia Mason Medical Center Defined Benefit Retirement Plan

## Notes to Financial Statements (continued)

### 9. Fair Value Measurements (continued)

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

	Total	Level 1	Level 2	Level 3
<b>December 31, 2023</b>				
Investments by fair value level:				
Cash equivalents	\$ 1,394,786	\$ 1,394,786	\$ –	\$ –
Total investments by fair value level	1,394,786	\$ 1,394,786	\$ –	\$ –
Investments measured at NAV:				
Common collective trust	83,274,006			
Private equity fund	328,841			
	\$ 84,997,633			
<b>December 31, 2022</b>				
Investments by fair value level:				
Cash equivalents	\$ 1,631,522	\$ 1,631,522	\$ –	\$ –
Total investments by fair value level	1,631,522	\$ 1,631,522	\$ –	\$ –
Investments measured at NAV:				
Common collective trust	83,450,569			
Private equity fund	268,355			
	\$ 85,350,446			

# Virginia Mason Medical Center Defined Benefit Retirement Plan

## Notes to Financial Statements (continued)

### 9. Fair Value Measurements (continued)

The following table summarizes investments measured at fair value based on NAV per share:

	Fair Value	Unfunded Commitment	Redemption Frequency (if Currently Eligible)	Redemption Notice Period
<b>December 31, 2023</b>				
Private equity fund <sup>(a)</sup>	\$ 328,841	–	N/A	N/A
Common collective trusts <sup>(b)</sup>	<u>83,274,006</u>	–	Daily	3 days
	<u>\$ 83,602,847</u>			
<b>December 31, 2022</b>				
Private equity fund <sup>(a)</sup>	\$ 268,355	–	N/A	N/A
Common collective trusts <sup>(b)</sup>	<u>83,450,569</u>	–	Daily	3 days
	<u>\$ 83,718,924</u>			

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

<sup>(b)</sup>The common collective trusts held by the Plan were not subject to any redemption restrictions and did not have any unfunded commitment balances. Each investment can be fully or partially redeemed with prior notice to the manager of three business days.

The financial statements as of December 31, 2023 and 2022, and for the year ended December 31, 2023, do not include any nonrecurring fair value measurements relating to assets or liabilities.

### 10. Subsequent Events

Subsequent events have been evaluated through October 15, 2024, the date that the accompanying financial statements were available to be issued.

# Supplemental Schedules

Virginia Mason Medical Center Defined Benefit Retirement Plan

EIN 91-0565539 Plan #001

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

December 31, 2023

Description	Cost	Current Value
Cash and cash equivalents:		
MFB Northern Instl FDS Treasury Portfolio Premier CL	\$ 1,394,786	\$ 1,394,786
Total cash and cash equivalents	1,394,786	1,394,786
Common collective trust:		
BlackRock Intermediate Duration Corporation CL 1	42,222,711	41,286,457
BlackRock TSY US 10 Yr Key Rate Dur NL FD A	1,812,122	1,648,923
BlackRock Intermediate Govt Bond Index Fd	5,327,185	5,399,486
BlackRock Long Dur Corp CR Screen Nonlend Fd	33,962,667	29,005,792
BlackRock Short-term Investment Fund	52,167	52,167
BlackRock TSY US 15 Yr Key Rate Dur NL Fd	2,852,254	1,618,178
BlackRock MSCI ACWI EQT Index Non-Lend AB	4,081,514	4,263,003
Total common collective trust	90,310,620	83,274,006
Partnership/joint venture:		
KKR Mezzanine Partners I LP	198,260	328,841
Total partnership/joint venture	198,260	328,841
Total assets held at end of year	<u>\$ 91,903,666</u>	<u>\$ 84,997,633</u>

*See accompanying Report of Independent Auditors.*

Virginia Mason Medical Center Defined Benefit Retirement Plan

EIN 91-0565539 Plan #001

Schedule H, Line 4j – Schedule of Reportable Transactions

Year Ended December 31, 2023

<b>Identity of Party Involved</b>	<b>Description of Asset</b>	<b>Purchase Price</b>	<b>Selling Price</b>	<b>Cost of Asset</b>	<b>Current Value of Asset on Transaction Date</b>	<b>Net Gain (Loss)</b>
<b>Category (iii) – A series of transactions in excess of 5% of the fair value of plan assets</b>						
Northern Trust	BlackRock Intermediate Duration Corp OR CL1	\$ –	\$ 7,530,000	\$ 7,971,723	\$ 7,530,000	\$ (441,723)
Northern Trust	BlackRock Intermediate Gov't Bond Ind Ex Fd	7,070,000	–	7,070,000	7,070,000	–
Northern Trust	BlackRock Intermediate Gov't Bond Ind Ex Fd	–	3,590,000	3,598,621	3,590,000	(8,621)

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

*See accompanying Report of Independent Auditors.*

## **EY | Building a better working world**

**EY exists to build a better working world, helping to create long-term value for clients, people and society and build trust in the capital markets.**

**Enabled by data and technology, diverse EY teams in over 150 countries provide trust through assurance and help clients grow, transform and operate.**

**Working across assurance, consulting, law, strategy, tax and transactions, EY teams ask better questions to find new answers for the complex issues facing our world today.**

EY refers to the global organization, and may refer to one or more, of the member firms of Ernst & Young Global Limited, each of which is a separate legal entity. Ernst & Young Global Limited, a UK company limited by guarantee, does not provide services to clients. Information about how EY collects and uses personal data and a description of the rights individuals have under data protection legislation are available via [ey.com/privacy](https://ey.com/privacy). EY member firms do not practice law where prohibited by local laws. For more information about our organization, please visit [ey.com](https://ey.com).

Ernst & Young LLP is a client-serving member firm of Ernst & Young Global Limited operating in the US.

© 2024 Ernst & Young LLP.  
All Rights Reserved.

**[ey.com](https://ey.com)**

# SCHEDULE SB ATTACHMENTS

## Schedule SB, Line 26a Schedule of Active Participant Data as of January 1, 2023

Attained Age	Attained Years of Credited Service <sup>1</sup>										Total	
	Under 1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40 & Over		
Under 25	0	0	0	0	0	0	0	0	0	0	0	0
25-29	0	0	0	0	0	0	0	0	0	0	0	0
30-34	0	0	0	0	0	0	0	0	0	0	0	0
35-39	0	0	0	0	0	0	0	0	0	0	0	0
40-44	0	0	0	0	0	0	0	0	0	0	0	0
45-49	0	0	0	0	0	0	0	0	0	0	0	0
50-54	0	0	0	0	0	0	0	4	0	0	0	4
55-59	0	0	0	0	0	0	0	2	1	0	0	3
60-64	0	0	0	0	0	0	0	3	1	1	0	5
65-69	0	0	0	0	0	0	0	3	1	1	0	5
70 & over	0	0	0	0	0	0	0	0	0	3	0	3
Total	0	0	0	0	0	0	0	12	3	5	0	20

<sup>1</sup> Age and service for purposes of determining category are based on exact (not rounded) values.  
 Plan Name: Virginia Mason Medical Center Defined Benefit Retirement Plan  
 EIN / PN: 91-0565539/001  
 Plan Sponsor: Virginia Mason Medical Center  
 Valuation Date: January 1, 2023

# SCHEDULE SB ATTACHMENTS

---

## Schedule SB, Part V Statement of Actuarial Assumptions/Methods

### Economic Assumptions

#### Interest rate basis

- Applicable month December 2022
- Interest rate basis Full Yield Curve
- Effective interest rate 5.08%

#### Annual rates of increase

- Compensation: 4.00% for 2023-2025 and 3.75% thereafter
- Future Social Security wage bases 4.00%
- Statutory limits on compensation 2.20%

#### Plan-related expenses

An estimate of current year's expenses excluding PBGC premiums provided by CommonSpirit Health, plus an estimate of the current year's PBGC premiums. For 2023, the administrative expenses are assumed to be \$257,747.

Plan Name: Virginia Mason Medical Center Defined Benefit Retirement Plan  
EIN / PN: 91-0565539/001  
Plan Sponsor: Virginia Mason Medical Center  
Valuation Date: January 1, 2023

# SCHEDULE SB ATTACHMENTS

---

## Demographic Assumptions

<b>Inclusion date</b>	The valuation date coincident with or next following the date on which the employee becomes a participant.
<b>New or rehired employees</b>	It was assumed there will be no new or rehired employees.
<b>Mortality – Health and Disabled</b>	Separate rates for non-annuitants (based on RP-2014 “Employees” table without collar or amount adjustments, adjusted backward to 2006 with MP-2014, and then projected forward with a static projection as specified in the regulations under §1.430(h)(3)-1 using Scale MP-2021) and annuitants (based on RP-2014 “Healthy Annuitants” table without collar or amount adjustments, adjusted backward to 2006 with MP-2014, and then projected forward with a static projection as specified in the regulations under §1.430(h)(3)-1 using Scale MP-2021).
<b>Retirement</b>	Rates at which participants are assumed to retire by age are shown below. The average retirement age is 63.

### Percentage assumed to retire during the year

Age	Rate
55–60	5%
61–63	15%
64	30%
65	25%
66-69	15%
70+	100%

---

<b>Disability rates</b>	The rates at which participants are assumed to become disabled by age are shown below:
-------------------------	--

### Percentage assumed to become disabled during the year

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

---

Plan Name:	Virginia Mason Medical Center Defined Benefit Retirement Plan
EIN / PN:	91-0565539/001
Plan Sponsor:	Virginia Mason Medical Center
Valuation Date:	January 1, 2023

# SCHEDULE SB ATTACHMENTS

---

## Termination (not due to disability or retirement) rates

The rates at which participants are assumed to terminate employment by service are shown below:

Percentage assumed to leave during the year	
Service	Withdrawal 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%

---

## Benefit commencement dates

- Preretirement death benefit  
The later of the death of the active participant or the date the participant would have attained age 55
- Deferred vested benefit  
For actives receiving the Termination decrement, commencement follows the Retirement decrement starting at the attainment of age 55 with 5 years of service. For Terminated Deferred Vested participants as of the valuation date, commencement follows the Retirement decrement beginning at age 65.
- Disability benefit  
Upon disablement
- Retirement benefit  
Upon termination of employment

## Form of payment

Single: Single life annuity  
Married: 65% elect a single life annuity; 35% elect a 50% joint and survivor annuity

## Percent married

100%. These assumptions are used to value pre-retirement surviving spouse benefits and in determining the optional form expected to be elected at commencement.

Plan Name: Virginia Mason Medical Center Defined Benefit Retirement Plan  
EIN / PN: 91-0565539/001  
Plan Sponsor: Virginia Mason Medical Center  
Valuation Date: January 1, 2023

# SCHEDULE SB ATTACHMENTS

---

<b>Spouse age</b>	Wife 3 years younger than husband.
<b>Covered pay</b>	Compensation assumed paid in the current year beginning on the valuation date is plan compensation for the calendar year ending one day prior to the valuation date increased in accordance with the compensation increase assumption.
<b>Timing of benefit payments</b>	Annuity payments are payable monthly at the beginning of the month and lump sum payments are payable on date of decrement.

## Methods

<b>Valuation date</b>	First day of plan year
<b>Funding target</b>	Present value of accrued benefits as required by regulations under IRC §430.
<b>Target normal cost</b>	Present value of benefits expected to accrue during the plan year plus plan-related expenses expected to be paid from plan assets during the plan year as required by regulations under IRC §430.
<b>Decrement Timing</b>	The approach used is called rounded middle of year (rounded MOY) decrement timing. Most events are assumed to occur at the middle of year during which the eligibility condition will be met or the start/end date will occur. For death and disability decrements, the rate applied is based on the participant's rounded age (nearest integer age) at the beginning of the year, to align with the methodology generally used to create those rate tables. For retirement and withdrawal decrements: the age is generally the participant's rounded age at the middle of the year.
<b>Benefits not valued</b>	WTW has reviewed the plan provisions with CommonSpirit Health and, based on that review, is not aware of any significant benefits required to be valued that were not.
<b>Actuarial value of assets for determining minimum required contributions</b>	Average of the fair market value of assets on the valuation date and the two immediately preceding valuation dates, adjusted for contributions, benefits, administrative expenses and expected earnings (with such expected earnings limited as described in

Plan Name: Virginia Mason Medical Center Defined Benefit Retirement Plan  
EIN / PN: 91-0565539/001  
Plan Sponsor: Virginia Mason Medical Center  
Valuation Date: January 1, 2023

# SCHEDULE SB ATTACHMENTS

---

IRS Notice 2009-22). The average asset value must be within 10% of market value, including contributions receivable discounted using the effective interest rate for the prior plan year.

The method of computing the actuarial value of assets complies with rules governing the calculation of such values under the Pension Protection Act of 2006 (PPA). These rules produce smoothed values that reflect the underlying market value of plan assets but fluctuate less than the market value. As a result, the actuarial value of assets will be lower than the market value in some years and greater in other years.

However, over the long term under PPA's smoothing rules, the method has a significant bias to produce an actuarial value of assets that is below the market value of assets.

## Sources of Data and Other Information

CommonSpirit Health, through its third party administrator, furnished participant data as of January 1, 2023. Information on assets, contributions and plan provisions was supplied by the plan sponsor. Data were reviewed for reasonableness and consistency, but no audit was performed. Based on discussions with the plan sponsor, assumptions or estimates were made when data were not available, and the data was adjusted to reflect any significant events that occurred between the date the data was collected and the measurement date.

WTW is not aware of any errors or omissions in the data that would have a significant effect on the results of our calculations.

## Assumptions Rationale - Significant Economic Assumptions

<b>Discount rate</b>	The basis chosen was selected by the plan sponsor from among choices prescribed by law, all of which are based on observed market data over certain periods of time.
<b>Plan-related expenses</b>	Administrative expenses are estimated by determining the expenses for the coming year.
<b>Late retirement increases</b>	The greater of (a) the Accrued Benefit determined as of the Late Retirement Date or (b) 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.

Plan Name: Virginia Mason Medical Center Defined Benefit Retirement Plan  
EIN / PN: 91-0565539/001  
Plan Sponsor: Virginia Mason Medical Center  
Valuation Date: January 1, 2023

# SCHEDULE SB ATTACHMENTS

---

## Assumptions Rationale - Significant Demographic Assumptions

<b>Mortality</b>	Assumptions used for funding purposes are as prescribed by IRC §430(h).
<b>Termination</b>	The termination assumption is based on the actuary's 2002 demographic experience study.
<b>Retirement</b>	The retirement assumption is based on the actuary's 2002 demographic experience study.
<b>Benefit commencement date for deferred benefits</b>	Deferred vested participants' assumed commencement age is the same as the retirement decrement to reflect anticipated experience under the plan.
<b>Form of payment</b>	The automatic form of payment for unmarried participants is a life annuity. The automatic form for married participants is a 50% joint and survivor annuity. The form of payment assumption is based upon current participant elections with consideration of future changes in behavior.
<b>Percent married</b>	The assumed percentage married is based on expectation of the marital status of individuals of retirement age.
<b>Spouse age</b>	The assumed age difference for spouses is based on general population statistics of the age difference for married individuals of retirement age.

## Prescribed Methods

<b>Funding methods</b>	The methods used for funding purposes as described in Appendix A, including the method of determining plan assets, are "prescribed methods set by law", as defined in the actuarial standards of practice (ASOPs). These methods are required by IRC §430, or were selected by the plan sponsor from a range of methods permitted by IRC §430.
------------------------	--

## Changes in Assumptions and Methods

<b>Change in assumptions since prior valuation</b>	<ul style="list-style-type: none"><li>• The segment interest rates used to calculate the funding target and target normal cost were updated to the use of the full yield curve.</li><li>• The mortality projection scale was updated to include one additional year of projected mortality improvement, as required by IRC §430.</li></ul>
--	--

Plan Name: Virginia Mason Medical Center Defined Benefit Retirement Plan  
EIN / PN: 91-0565539/001  
Plan Sponsor: Virginia Mason Medical Center  
Valuation Date: January 1, 2023

## SCHEDULE SB ATTACHMENTS

---

- The expected increase in future compensation was increased from 3.75% to 4.00% for the years 2023-2025.

Plan Name: Virginia Mason Medical Center Defined Benefit Retirement Plan  
EIN / PN: 91-0565539/001  
Plan Sponsor: Virginia Mason Medical Center  
Valuation Date: January 1, 2023

# SCHEDULE SB ATTACHMENTS

---

## Schedule SB – Statement by Enrolled Actuary

<b>Plan Sponsor</b>	Virginia Mason Medical Center
<b>EIN/PN</b>	91-0565539/001
<b>Plan Name</b>	Virginia Mason Medical Center Defined Benefit Retirement Plan
<b>Valuation Date</b>	January 1, 2023
<b>Enrolled Actuary</b>	Michael S Erazmus
<b>Enrollment Number</b>	23-06431

The actuarial assumptions that are not mandated by IRC § 430 and regulations, represent the enrolled actuary's best estimate of anticipated experience under the plan, subject to the following conditions:

The actuarial valuation, on which the information in this Schedule SB is based, has been prepared in reliance upon the employee and financial data furnished by the plan administrator and the trustee. The enrolled actuary has not made a rigorous check of the accuracy of this information but has accepted it after reviewing it and concluding it is reasonable in relation to similar information furnished in previous years. The amounts of contributions and dates paid shown in Item 18 of Schedule SB were listed in reliance on information provided by the plan administrator and/or trustee.

Virginia Mason Medical Center Defined Benefit Retirement Plan

EIN 91-0565539 Plan #001

Schedule H, Line 4j – Schedule of Reportable Transactions

Year Ended December 31, 2023

Identity of Party Involved	Description of Asset	Purchase Price	Selling Price	Cost of Asset	Current Value of Asset on Transaction Date	Net Gain (Loss)
<b>Category (iii) – A series of transactions in excess of 5% of the fair value of plan assets</b>						
Northern Trust	BlackRock Intermediate Duration Corp OR CLI	\$ –	\$ 7,530,000	\$ 7,971,723	\$ 7,530,000	\$ (441,723)
Northern Trust	BlackRock Intermediate Gov't Bond Ind Ex Fd	7,070,000	–	7,070,000	7,070,000	–
Northern Trust	BlackRock Intermediate Gov't Bond Ind Ex Fd	–	3,590,000	3,598,621	3,590,000	(8,621)

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

See accompanying Report of Independent Auditors.

**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

**2023**

**This Form is Open to Public Inspection**

For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023

▶ **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.

<b>A</b> Name of plan VIRGINIA MASON MEDICAL CENTER DEFINED BENEFIT RETIREMENT PLAN		<b>B</b> Three-digit plan number (PN) ▶	001
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF VIRGINIA MASON MEDICAL CENTER		<b>D</b> Employer Identification Number (EIN) 91-0565539	
<b>E</b> Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B		<b>F</b> Prior year plan size: <input type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input checked="" type="checkbox"/> More than 500	

Part I Basic Information			
<b>1</b>	Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2023</u>		
<b>2</b>	Assets:		
	<b>a</b> Market value.....	<b>2a</b>	85,264,794
	<b>b</b> Actuarial value.....	<b>2b</b>	93,791,273
<b>3</b>	Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target
	<b>a</b> For retired participants and beneficiaries receiving payment.....	558	69,958,895
	<b>b</b> For terminated vested participants.....	97	9,552,805
	<b>c</b> For active participants.....	20	8,087,474
	<b>d</b> Total.....	675	87,599,174
<b>4</b>	If the plan is in at-risk status, check the box and complete lines (a) and (b)..... <input type="checkbox"/>		
	<b>a</b> Funding target disregarding prescribed at-risk assumptions.....	<b>4a</b>	
	<b>b</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.....	<b>4b</b>	
<b>5</b>	Effective interest rate.....	<b>5</b>	5.08%
<b>6</b>	Target normal cost		
	<b>a</b> Present value of current plan year accruals.....	<b>6a</b>	213,226
	<b>b</b> Expected plan-related expenses.....	<b>6b</b>	257,747
	<b>c</b> Target normal cost.....	<b>6c</b>	470,973

**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.

<b>SIGN HERE</b>	<u>Michael Erazmus</u> Signature of actuary	<u>9/9/2024</u> Date
	<u>MICHAEL S ERAZMUS</u> Type or print name of actuary	<u>2306431</u> Most recent enrollment number
	<u>WILLIS TOWERS WATSON US LLC</u> Firm name	<u>312-288-7700</u> Telephone number (including area code)
	<u>WILLIS TOWER 233 SOUTH WACKER DRIVE SUITE 1800 CHICAGO IL 60606</u> 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

**For Paperwork Reduction Act Notice, see the Instructions for Form 5500 or 5500-SF.**

<b>Part II</b>		<b>Beginning of Year Carryover and Prefunding Balances</b>	
		(a) Carryover balance	(b) Prefunding balance
<b>7</b>	Balance at beginning of prior year after applicable adjustments (line 13 from prior year).....	0	8,115,975
<b>8</b>	Portion elected for use to offset prior year's funding requirement (line 35 from prior year).....	0	0
<b>9</b>	Amount remaining (line 7 minus line 8).....	0	8,115,975
<b>10</b>	Interest on line 9 using prior year's actual return of <u>-19.70%</u> .....	0	-1,598,847
<b>11</b>	Prior year's excess contributions to be added to prefunding balance:		
	<b>a</b> Present value of excess contributions (line 38a from prior year).....		0
	<b>b(1)</b> 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 <u>5.29%</u> .....		0
	<b>b(2)</b> Interest on line 38b from prior year Schedule SB, using prior year's actual return.....		0
	<b>c</b> Total available at beginning of current plan year to add to prefunding balance.....		0
	<b>d</b> Portion of (c) to be added to prefunding balance.....		0
<b>12</b>	Other reductions in balances due to elections or deemed elections.....	0	797,000
<b>13</b>	Balance at beginning of current year (line 9 + line 10 + line 11d - line 12).....	0	5,720,128

<b>Part III</b>		<b>Funding Percentages</b>	
<b>14</b>	Funding target attainment percentage.....	<b>14</b>	100.53%
<b>15</b>	Adjusted funding target attainment percentage.....	<b>15</b>	107.06%
<b>16</b>	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement.....	<b>16</b>	113.30%
<b>17</b>	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage.....	<b>17</b>	%

<b>Part IV</b>		<b>Contributions and Liquidity Shortfalls</b>				
<b>18</b> 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	
<b>Totals ▶</b>			<b>18(b)</b>	0	<b>18(c)</b>	0

<b>19</b>	Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:		
	<b>a</b> Contributions allocated toward unpaid minimum required contributions from prior years.....	<b>19a</b>	0
	<b>b</b> Contributions made to avoid restrictions adjusted to valuation date.....	<b>19b</b>	0
	<b>c</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date.....	<b>19c</b>	0
<b>20</b>	Quarterly contributions and liquidity shortfalls:		
	<b>a</b> Did the plan have a "funding shortfall" for the prior year?.....	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
	<b>b</b> If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner?.....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	<b>c</b> 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

<b>Part V Assumptions Used to Determine Funding Target and Target Normal Cost</b>				
<b>21</b> Discount rate:				
<b>a</b> Segment rates:	1st segment: %	2nd segment: %	3rd segment: %	<input checked="" type="checkbox"/> N/A, full yield curve used
<b>b</b> Applicable month (enter code).....				<b>21b</b> 1
<b>22</b> Weighted average retirement age .....				<b>22</b> 63
<b>23</b> Mortality table(s) (see instructions)	<input type="checkbox"/> Prescribed - combined	<input checked="" type="checkbox"/> Prescribed - separate	<input type="checkbox"/> Substitute	

<b>Part VI Miscellaneous Items</b>				
<b>24</b> Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment. .... <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
<b>25</b> Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment. .... <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
<b>26</b> Demographic and benefit information				
<b>a</b> Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment. .... <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
<b>b</b> Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment ... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
<b>27</b> If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment .....				<b>27</b>

<b>Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years</b>				
<b>28</b> Unpaid minimum required contributions for all prior years.....				<b>28</b> 0
<b>29</b> Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a).....				<b>29</b> 0
<b>30</b> Remaining amount of unpaid minimum required contributions (line 28 minus line 29) .....				<b>30</b> 0

<b>Part VIII Minimum Required Contribution For Current Year</b>				
<b>31</b> Target normal cost and excess assets (see instructions):				
<b>a</b> Target normal cost (line 6c).....				<b>31a</b> 470,973
<b>b</b> Excess assets, if applicable, but not greater than line 31a .....				<b>31b</b> 470,973
<b>32</b> Amortization installments:	Outstanding Balance		Installment	
<b>a</b> Net shortfall amortization installment .....	0		0	
<b>b</b> Waiver amortization installment.....	0		0	
<b>33</b> 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 .....				<b>33</b>
<b>34</b> Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)....				<b>34</b> 0
	Carryover balance	Prefunding balance	Total balance	
<b>35</b> Balances elected for use to offset funding requirement.....	0	0	0	
<b>36</b> Additional cash requirement (line 34 minus line 35).....				<b>36</b> 0
<b>37</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....				<b>37</b> 0
<b>38</b> Present value of excess contributions for current year (see instructions)				
<b>a</b> Total (excess, if any, of line 37 over line 36)				<b>38a</b> 0
<b>b</b> Portion included in line 38a attributable to use of prefunding and funding standard carryover balances .....				<b>38b</b> 0
<b>39</b> Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37) .....				<b>39</b> 0
<b>40</b> Unpaid minimum required contributions for all years.....				<b>40</b> 0

<b>Part IX Pension Funding Relief Under the American Rescue Plan Act of 2021 (See Instructions)</b>				
<b>41</b> If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies. <input type="checkbox"/> 2019 <input type="checkbox"/> 2020 <input checked="" type="checkbox"/> 2021				

# SCHEDULE SB ATTACHMENTS

---

## Schedule SB, Part V Statement of Actuarial Assumptions/Methods

### Economic Assumptions

#### Interest rate basis

- Applicable month December 2022
- Interest rate basis Full Yield Curve
- Effective interest rate 5.08%

#### Annual rates of increase

- Compensation: 4.00% for 2023-2025 and 3.75% thereafter
- Future Social Security wage bases 4.00%
- Statutory limits on compensation 2.20%

#### Plan-related expenses

An estimate of current year's expenses excluding PBGC premiums provided by CommonSpirit Health, plus an estimate of the current year's PBGC premiums. For 2023, the administrative expenses are assumed to be \$257,747.

Plan Name: Virginia Mason Medical Center Defined Benefit Retirement Plan  
EIN / PN: 91-0565539/001  
Plan Sponsor: Virginia Mason Medical Center  
Valuation Date: January 1, 2023

# SCHEDULE SB ATTACHMENTS

## Demographic Assumptions

<b>Inclusion date</b>	The valuation date coincident with or next following the date on which the employee becomes a participant.
<b>New or rehired employees</b>	It was assumed there will be no new or rehired employees.
<b>Mortality – Health and Disabled</b>	Separate rates for non-annuitants (based on RP-2014 “Employees” table without collar or amount adjustments, adjusted backward to 2006 with MP-2014, and then projected forward with a static projection as specified in the regulations under §1.430(h)(3)-1 using Scale MP-2021) and annuitants (based on RP-2014 “Healthy Annuitants” table without collar or amount adjustments, adjusted backward to 2006 with MP-2014, and then projected forward with a static projection as specified in the regulations under §1.430(h)(3)-1 using Scale MP-2021).
<b>Retirement</b>	Rates at which participants are assumed to retire by age are shown below. The average retirement age is 63.

### Percentage assumed to retire during the year

Age	Rate
55–60	5%
61–63	15%
64	30%
65	25%
66-69	15%
70+	100%

<b>Disability rates</b>	The rates at which participants are assumed to become disabled by age are shown below:
-------------------------	--

### Percentage assumed to become disabled during the year

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

Plan Name:	Virginia Mason Medical Center Defined Benefit Retirement Plan
EIN / PN:	91-0565539/001
Plan Sponsor:	Virginia Mason Medical Center
Valuation Date:	January 1, 2023

# SCHEDULE SB ATTACHMENTS

---

## Termination (not due to disability or retirement) rates

The rates at which participants are assumed to terminate employment by service are shown below:

Percentage assumed to leave during the year	
Service	Withdrawal 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%

---

## Benefit commencement dates

- Preretirement death benefit  
The later of the death of the active participant or the date the participant would have attained age 55
- Deferred vested benefit  
For actives receiving the Termination decrement, commencement follows the Retirement decrement starting at the attainment of age 55 with 5 years of service. For Terminated Deferred Vested participants as of the valuation date, commencement follows the Retirement decrement beginning at age 65.
- Disability benefit  
Upon disablement
- Retirement benefit  
Upon termination of employment

## Form of payment

Single: Single life annuity  
Married: 65% elect a single life annuity; 35% elect a 50% joint and survivor annuity

## Percent married

100%. These assumptions are used to value pre-retirement surviving spouse benefits and in determining the optional form expected to be elected at commencement.

Plan Name: Virginia Mason Medical Center Defined Benefit Retirement Plan  
EIN / PN: 91-0565539/001  
Plan Sponsor: Virginia Mason Medical Center  
Valuation Date: January 1, 2023

# SCHEDULE SB ATTACHMENTS

---

<b>Spouse age</b>	Wife 3 years younger than husband.
<b>Covered pay</b>	Compensation assumed paid in the current year beginning on the valuation date is plan compensation for the calendar year ending one day prior to the valuation date increased in accordance with the compensation increase assumption.
<b>Timing of benefit payments</b>	Annuity payments are payable monthly at the beginning of the month and lump sum payments are payable on date of decrement.

## Methods

<b>Valuation date</b>	First day of plan year
<b>Funding target</b>	Present value of accrued benefits as required by regulations under IRC §430.
<b>Target normal cost</b>	Present value of benefits expected to accrue during the plan year plus plan-related expenses expected to be paid from plan assets during the plan year as required by regulations under IRC §430.
<b>Decrement Timing</b>	The approach used is called rounded middle of year (rounded MOY) decrement timing. Most events are assumed to occur at the middle of year during which the eligibility condition will be met or the start/end date will occur. For death and disability decrements, the rate applied is based on the participant's rounded age (nearest integer age) at the beginning of the year, to align with the methodology generally used to create those rate tables. For retirement and withdrawal decrements: the age is generally the participant's rounded age at the middle of the year.
<b>Benefits not valued</b>	WTW has reviewed the plan provisions with CommonSpirit Health and, based on that review, is not aware of any significant benefits required to be valued that were not.
<b>Actuarial value of assets for determining minimum required contributions</b>	Average of the fair market value of assets on the valuation date and the two immediately preceding valuation dates, adjusted for contributions, benefits, administrative expenses and expected earnings (with such expected earnings limited as described in

Plan Name:	Virginia Mason Medical Center Defined Benefit Retirement Plan
EIN / PN:	91-0565539/001
Plan Sponsor:	Virginia Mason Medical Center
Valuation Date:	January 1, 2023

# SCHEDULE SB ATTACHMENTS

---

IRS Notice 2009-22). The average asset value must be within 10% of market value, including contributions receivable discounted using the effective interest rate for the prior plan year.

The method of computing the actuarial value of assets complies with rules governing the calculation of such values under the Pension Protection Act of 2006 (PPA). These rules produce smoothed values that reflect the underlying market value of plan assets but fluctuate less than the market value. As a result, the actuarial value of assets will be lower than the market value in some years and greater in other years.

However, over the long term under PPA's smoothing rules, the method has a significant bias to produce an actuarial value of assets that is below the market value of assets.

## Sources of Data and Other Information

CommonSpirit Health, through its third party administrator, furnished participant data as of January 1, 2023. Information on assets, contributions and plan provisions was supplied by the plan sponsor. Data were reviewed for reasonableness and consistency, but no audit was performed. Based on discussions with the plan sponsor, assumptions or estimates were made when data were not available, and the data was adjusted to reflect any significant events that occurred between the date the data was collected and the measurement date.

WTW is not aware of any errors or omissions in the data that would have a significant effect on the results of our calculations.

## Assumptions Rationale - Significant Economic Assumptions

<b>Discount rate</b>	The basis chosen was selected by the plan sponsor from among choices prescribed by law, all of which are based on observed market data over certain periods of time.
<b>Plan-related expenses</b>	Administrative expenses are estimated by determining the expenses for the coming year.
<b>Late retirement increases</b>	The greater of (a) the Accrued Benefit determined as of the Late Retirement Date or (b) 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.

Plan Name: Virginia Mason Medical Center Defined Benefit Retirement Plan  
EIN / PN: 91-0565539/001  
Plan Sponsor: Virginia Mason Medical Center  
Valuation Date: January 1, 2023

# SCHEDULE SB ATTACHMENTS

---

## Assumptions Rationale - Significant Demographic Assumptions

<b>Mortality</b>	Assumptions used for funding purposes are as prescribed by IRC §430(h).
<b>Termination</b>	The termination assumption is based on the actuary's 2002 demographic experience study.
<b>Retirement</b>	The retirement assumption is based on the actuary's 2002 demographic experience study.
<b>Benefit commencement date for deferred benefits</b>	Deferred vested participants' assumed commencement age is the same as the retirement decrement to reflect anticipated experience under the plan.
<b>Form of payment</b>	The automatic form of payment for unmarried participants is a life annuity. The automatic form for married participants is a 50% joint and survivor annuity. The form of payment assumption is based upon current participant elections with consideration of future changes in behavior.
<b>Percent married</b>	The assumed percentage married is based on expectation of the marital status of individuals of retirement age.
<b>Spouse age</b>	The assumed age difference for spouses is based on general population statistics of the age difference for married individuals of retirement age.

## Prescribed Methods

<b>Funding methods</b>	The methods used for funding purposes as described in Appendix A, including the method of determining plan assets, are "prescribed methods set by law", as defined in the actuarial standards of practice (ASOPs). These methods are required by IRC §430, or were selected by the plan sponsor from a range of methods permitted by IRC §430.
------------------------	--

## Changes in Assumptions and Methods

<b>Change in assumptions since prior valuation</b>	<ul style="list-style-type: none"><li>• The segment interest rates used to calculate the funding target and target normal cost were updated to the use of the full yield curve.</li><li>• The mortality projection scale was updated to include one additional year of projected mortality improvement, as required by IRC §430.</li></ul>
--	--

Plan Name: Virginia Mason Medical Center Defined Benefit Retirement Plan  
EIN / PN: 91-0565539/001  
Plan Sponsor: Virginia Mason Medical Center  
Valuation Date: January 1, 2023

## SCHEDULE SB ATTACHMENTS

---

- The expected increase in future compensation was increased from 3.75% to 4.00% for the years 2023-2025.

Plan Name: Virginia Mason Medical Center Defined Benefit Retirement Plan  
EIN / PN: 91-0565539/001  
Plan Sponsor: Virginia Mason Medical Center  
Valuation Date: January 1, 2023

# SCHEDULE SB ATTACHMENTS

---

## Schedule SB, Part V Summary of Plan Provisions

### Plan Provisions

The most recent amendment reflected in the following plan provisions is effective as of January 1, 2021.

**Covered employees** 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.

**Participation date** Date of becoming a covered employee

### Definitions

**Vesting service** One year for each calendar year during which an employee has at least 1,000 hours of service.

**Pension service** Prior to January 1, 1994: one year for each calendar year during which a participant has at least 1,000 hours of service.

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

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.)

**Pensionable pay** 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 \$290,000 for 2021.)

Plan Name: Virginia Mason Medical Center Defined Benefit Retirement Plan  
EIN / PN: 91-0565539/001  
Plan Sponsor: Virginia Mason Medical Center  
Valuation Date: January 1, 2023

# SCHEDULE SB ATTACHMENTS

---

**Normal retirement date (NRD)** The first day of the month coincident with or next following the attainment of age 65.

**Monthly pension 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.

**Monthly preretirement death 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.

## Eligibility for Benefits

**Normal retirement** Retirement on NRD. In-service distributions are allowed for participants who have attained age 65.

**Early retirement** The first day of the month coincident with or next following the attainment of age 55 and completion of five years of Vesting Service.

**Postponed retirement** Retirement after NRD

Plan Name: Virginia Mason Medical Center Defined Benefit Retirement Plan  
EIN / PN: 91-0565539/001  
Plan Sponsor: Virginia Mason Medical Center  
Valuation Date: January 1, 2023

# SCHEDULE SB ATTACHMENTS

---

<b>Deferred vested termination</b>	Termination for reasons other than death or retirement after completing five years of vesting service
<b>Disability</b>	A participant whose service is terminated by his total and permanent disability.
<b>Preretirement death benefit</b>	Death while eligible for normal, early, postponed, or deferred vested retirement benefits.

## Benefits Paid Upon the Following Events

<b>Normal retirement</b>	The monthly pension benefit determined as of NRD
<b>Early retirement</b>	The monthly pension 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.
<b>Postponed retirement</b>	The greater of (a) the monthly pension benefit determined as of the Late Retirement Date or (b) the monthly pension 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.
<b>Deferred vested termination</b>	The monthly pension 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 five 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%

---

<b>Disablement</b>	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
--------------------	--

Plan Name: Virginia Mason Medical Center Defined Benefit Retirement Plan  
EIN / PN: 91-0565539/001  
Plan Sponsor: Virginia Mason Medical Center  
Valuation Date: January 1, 2023

# SCHEDULE SB ATTACHMENTS

---

balance plus the lump-sum value of the excess, if any, of his Normal Retirement Benefit over his Defined Contribution Account Benefit.

## Preretirement death

Preretirement death 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.

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.

## Other Plan Provisions

### 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.

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 in effect under IRC Section 417(e)(3) 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 distribution (i.e., annual stability period with a two-month lookback period).

Plan Name: Virginia Mason Medical Center Defined Benefit Retirement Plan  
EIN / PN: 91-0565539/001  
Plan Sponsor: Virginia Mason Medical Center  
Valuation Date: January 1, 2023

# SCHEDULE SB ATTACHMENTS

---

**Pension Increases** None

**Plan participants' contributions** None

**Maximum limits on benefits and pay** All benefits and pay for any calendar year may not exceed the maximum limitations for that year as defined in the Internal Revenue Code. The plan provides for increasing the dollar limits automatically as such changes take effect.

## Future Plan Changes

No future plan changes were recognized in determining pension cost or funding requirements

## Changes in Benefits Valued Since Prior Year

There have been no changes in benefits valued since the prior year

Plan Name: Virginia Mason Medical Center Defined Benefit Retirement Plan  
EIN / PN: 91-0565539/001  
Plan Sponsor: Virginia Mason Medical Center  
Valuation Date: January 1, 2023

# SCHEDULE SB ATTACHMENTS

## Schedule SB, Line 22 Description of Weighted Average Retirement Age as of January 1, 2023

The average retirement age for Line 22 was calculated by creating a hypothetical life table with retirement as the only decrement, and then computing the average retirement age for the table.

x	q <sub>x</sub>	l <sub>x</sub>	${}_{x-55}p_{55} = l_x / l_{55}$	q <sub>x</sub> * l <sub>x</sub> / l <sub>55</sub>	x * q <sub>x</sub> * l <sub>x</sub> / l <sub>55</sub>
<55	0.00	1,000,000	1.000000	0.000000	0.000000
55	0.05	1,000,000	1.000000	0.050000	2.750000
56	0.05	950,000	0.950000	0.047500	2.660000
57	0.05	902,500	0.902500	0.045125	2.572125
58	0.05	857,375	0.857375	0.042869	2.486388
59	0.05	814,506	0.814506	0.040725	2.402793
60	0.05	773,781	0.773781	0.038689	2.321343
61	0.15	735,092	0.735092	0.110264	6.726091
62	0.15	624,828	0.624828	0.093724	5.810901
63	0.15	531,104	0.531104	0.079666	5.018932
64	0.30	451,438	0.451438	0.135431	8.667616
65	0.25	316,007	0.316007	0.079002	5.135111
66	0.25	237,005	0.237005	0.059251	3.910584
67	0.15	177,754	0.177754	0.026663	1.786426
68	0.15	151,091	0.151091	0.022664	1.541126
69	0.15	128,427	0.128427	0.019264	1.329221
70	1.00	109,163	0.109163	0.109163	7.641415

Average age at retirement

62.760071

Rounded for Schedule SB item 22

63

Plan Name: Virginia Mason Medical Center Defined Benefit Retirement Plan  
 EIN / PN: 91-0565539/001  
 Plan Sponsor: Virginia Mason Medical Center  
 Valuation Date: January 1, 2023

# SCHEDULE SB ATTACHMENTS

---

## Schedule SB, Line 24 Change in Actuarial Assumptions

- The expected increase in future compensation was increased from 3.75% to 4.00% for the years 2023-2025.

Plan Name: Virginia Mason Medical Center Defined Benefit Retirement Plan  
EIN / PN: 91-0565539/001  
Plan Sponsor: Virginia Mason Medical Center  
Valuation Date: January 1, 2023

# SCHEDULE SB ATTACHMENTS

---

## Schedule SB, Line 25 Change in Method

- The segment interest rates used to calculate the funding target and target normal cost were updated to the use of the full yield curve.

Plan Name: Virginia Mason Medical Center Defined Benefit Retirement Plan  
EIN / PN: 91-0565539/001  
Plan Sponsor: Virginia Mason Medical Center  
Valuation Date: January 1, 2023

# SCHEDULE SB ATTACHMENTS

## Schedule SB, Line 26a Schedule of Active Participant Data as of January 1, 2023

Attained Age	Attained Years of Credited Service <sup>1</sup>										Total	
	Under 1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40 & Over		
Under 25	0	0	0	0	0	0	0	0	0	0	0	0
25-29	0	0	0	0	0	0	0	0	0	0	0	0
30-34	0	0	0	0	0	0	0	0	0	0	0	0
35-39	0	0	0	0	0	0	0	0	0	0	0	0
40-44	0	0	0	0	0	0	0	0	0	0	0	0
45-49	0	0	0	0	0	0	0	0	0	0	0	0
50-54	0	0	0	0	0	0	0	4	0	0	0	4
55-59	0	0	0	0	0	0	0	2	1	0	0	3
60-64	0	0	0	0	0	0	0	3	1	1	0	5
65-69	0	0	0	0	0	0	0	3	1	1	0	5
70 & over	0	0	0	0	0	0	0	0	0	3	0	3
Total	0	0	0	0	0	0	0	12	3	5	0	20

<sup>1</sup> Age and service for purposes of determining category are based on exact (not rounded) values.  
 Plan Name: Virginia Mason Medical Center Defined Benefit Retirement Plan  
 EIN / PN: 91-0565539/001  
 Plan Sponsor: Virginia Mason Medical Center  
 Valuation Date: January 1, 2023

# SCHEDULE SB ATTACHMENTS

---

## Schedule SB – Statement by Enrolled Actuary

<b>Plan Sponsor</b>	Virginia Mason Medical Center
<b>EIN/PN</b>	91-0565539/001
<b>Plan Name</b>	Virginia Mason Medical Center Defined Benefit Retirement Plan
<b>Valuation Date</b>	January 1, 2023
<b>Enrolled Actuary</b>	Michael S Erazmus
<b>Enrollment Number</b>	23-06431

The actuarial assumptions that are not mandated by IRC § 430 and regulations, represent the enrolled actuary's best estimate of anticipated experience under the plan, subject to the following conditions:

The actuarial valuation, on which the information in this Schedule SB is based, has been prepared in reliance upon the employee and financial data furnished by the plan administrator and the trustee. The enrolled actuary has not made a rigorous check of the accuracy of this information but has accepted it after reviewing it and concluding it is reasonable in relation to similar information furnished in previous years. The amounts of contributions and dates paid shown in Item 18 of Schedule SB were listed in reliance on information provided by the plan administrator and/or trustee.

# SCHEDULE SB ATTACHMENTS

## Schedule SB, Line 22 Description of Weighted Average Retirement Age as of January 1, 2023

The average retirement age for Line 22 was calculated by creating a hypothetical life table with retirement as the only decrement, and then computing the average retirement age for the table.

x	q <sub>x</sub>	l <sub>x</sub>	${}_{x-55}p_{55} = l_x / l_{55}$	q <sub>x</sub> * l <sub>x</sub> / l <sub>55</sub>	x * q <sub>x</sub> * l <sub>x</sub> / l <sub>55</sub>
<55	0.00	1,000,000	1.000000	0.000000	0.000000
55	0.05	1,000,000	1.000000	0.050000	2.750000
56	0.05	950,000	0.950000	0.047500	2.660000
57	0.05	902,500	0.902500	0.045125	2.572125
58	0.05	857,375	0.857375	0.042869	2.486388
59	0.05	814,506	0.814506	0.040725	2.402793
60	0.05	773,781	0.773781	0.038689	2.321343
61	0.15	735,092	0.735092	0.110264	6.726091
62	0.15	624,828	0.624828	0.093724	5.810901
63	0.15	531,104	0.531104	0.079666	5.018932
64	0.30	451,438	0.451438	0.135431	8.667616
65	0.25	316,007	0.316007	0.079002	5.135111
66	0.25	237,005	0.237005	0.059251	3.910584
67	0.15	177,754	0.177754	0.026663	1.786426
68	0.15	151,091	0.151091	0.022664	1.541126
69	0.15	128,427	0.128427	0.019264	1.329221
70	1.00	109,163	0.109163	0.109163	7.641415

Average age at retirement

62.760071

Rounded for Schedule SB item 22

63

Plan Name: Virginia Mason Medical Center Defined Benefit Retirement Plan  
 EIN / PN: 91-0565539/001  
 Plan Sponsor: Virginia Mason Medical Center  
 Valuation Date: January 1, 2023

# SCHEDULE SB ATTACHMENTS

---

## Schedule SB, Part V Summary of Plan Provisions

### Plan Provisions

The most recent amendment reflected in the following plan provisions is effective as of January 1, 2021.

**Covered employees** 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.

**Participation date** Date of becoming a covered employee

### Definitions

**Vesting service** One year for each calendar year during which an employee has at least 1,000 hours of service.

**Pension service** Prior to January 1, 1994: one year for each calendar year during which a participant has at least 1,000 hours of service.

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

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.)

**Pensionable pay** 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 \$290,000 for 2021.)

Plan Name: Virginia Mason Medical Center Defined Benefit Retirement Plan  
EIN / PN: 91-0565539/001  
Plan Sponsor: Virginia Mason Medical Center  
Valuation Date: January 1, 2023

# SCHEDULE SB ATTACHMENTS

---

**Normal retirement date (NRD)** The first day of the month coincident with or next following the attainment of age 65.

**Monthly pension 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.

**Monthly preretirement death 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.

## Eligibility for Benefits

**Normal retirement** Retirement on NRD. In-service distributions are allowed for participants who have attained age 65.

**Early retirement** The first day of the month coincident with or next following the attainment of age 55 and completion of five years of Vesting Service.

**Postponed retirement** Retirement after NRD

Plan Name: Virginia Mason Medical Center Defined Benefit Retirement Plan  
EIN / PN: 91-0565539/001  
Plan Sponsor: Virginia Mason Medical Center  
Valuation Date: January 1, 2023

# SCHEDULE SB ATTACHMENTS

---

<b>Deferred vested termination</b>	Termination for reasons other than death or retirement after completing five years of vesting service
<b>Disability</b>	A participant whose service is terminated by his total and permanent disability.
<b>Preretirement death benefit</b>	Death while eligible for normal, early, postponed, or deferred vested retirement benefits.

## Benefits Paid Upon the Following Events

<b>Normal retirement</b>	The monthly pension benefit determined as of NRD
<b>Early retirement</b>	The monthly pension 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.
<b>Postponed retirement</b>	The greater of (a) the monthly pension benefit determined as of the Late Retirement Date or (b) the monthly pension 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.
<b>Deferred vested termination</b>	The monthly pension 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 five 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%

---

<b>Disablement</b>	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
--------------------	--

Plan Name: Virginia Mason Medical Center Defined Benefit Retirement Plan  
EIN / PN: 91-0565539/001  
Plan Sponsor: Virginia Mason Medical Center  
Valuation Date: January 1, 2023

# SCHEDULE SB ATTACHMENTS

---

balance plus the lump-sum value of the excess, if any, of his Normal Retirement Benefit over his Defined Contribution Account Benefit.

## Preretirement death

Preretirement death 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.

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.

## Other Plan Provisions

### 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.

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 in effect under IRC Section 417(e)(3) 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 distribution (i.e., annual stability period with a two-month lookback period).

Plan Name: Virginia Mason Medical Center Defined Benefit Retirement Plan  
EIN / PN: 91-0565539/001  
Plan Sponsor: Virginia Mason Medical Center  
Valuation Date: January 1, 2023

# SCHEDULE SB ATTACHMENTS

---

**Pension Increases**                      None

**Plan participants' contributions**      None

**Maximum limits on benefits and pay**      All benefits and pay for any calendar year may not exceed the maximum limitations for that year as defined in the Internal Revenue Code. The plan provides for increasing the dollar limits automatically as such changes take effect.

## Future Plan Changes

No future plan changes were recognized in determining pension cost or funding requirements

## Changes in Benefits Valued Since Prior Year

There have been no changes in benefits valued since the prior year

Plan Name:                      Virginia Mason Medical Center Defined Benefit Retirement Plan  
EIN / PN:                        91-0565539/001  
Plan Sponsor:                  Virginia Mason Medical Center  
Valuation Date:                January 1, 2023

Virginia Mason Medical Center Defined Benefit Retirement Plan

EIN 91-0565539 Plan #001

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

December 31, 2023

Description	Cost	Current Value
Cash and cash equivalents:		
MFB Northern Instl FDS Treasury Portfolio Premier CL	\$ 1,394,786	\$ 1,394,786
Total cash and cash equivalents	<u>1,394,786</u>	<u>1,394,786</u>
Common collective trust:		
BlackRock Intermediate Duration Corporation CL 1	42,222,711	41,286,457
BlackRock TSY US 10 Yr Key Rate Dur NL FD A	1,812,122	1,648,923
BlackRock Intermediate Govt Bond Index Fd	5,327,185	5,399,486
BlackRock Long Dur Corp CR Screen Nonlend Fd	33,962,667	29,005,792
BlackRock Short-term Investment Fund	52,167	52,167
BlackRock TSY US 15 Yr Key Rate Dur NL Fd	2,852,254	1,618,178
BlackRock MSCI ACWI EQT Index Non-Lend AB	4,081,514	4,263,003
Total common collective trust	<u>90,310,620</u>	<u>83,274,006</u>
Partnership/joint venture:		
KKR Mezzanine Partners I LP	198,260	328,841
Total partnership/joint venture	<u>198,260</u>	<u>328,841</u>
Total assets held at end of year	<u>\$ 91,903,666</u>	<u>\$ 84,997,633</u>

*See accompanying Report of Independent Auditors.*

# SCHEDULE SB ATTACHMENTS

---

## Schedule SB, Line 25 Change in Method

- The segment interest rates used to calculate the funding target and target normal cost were updated to the use of the full yield curve.

Plan Name: Virginia Mason Medical Center Defined Benefit Retirement Plan  
EIN / PN: 91-0565539/001  
Plan Sponsor: Virginia Mason Medical Center  
Valuation Date: January 1, 2023

# SCHEDULE SB ATTACHMENTS

---

## Schedule SB, Line 24 Change in Actuarial Assumptions

- The expected increase in future compensation was increased from 3.75% to 4.00% for the years 2023-2025.

Plan Name: Virginia Mason Medical Center Defined Benefit Retirement Plan  
EIN / PN: 91-0565539/001  
Plan Sponsor: Virginia Mason Medical Center  
Valuation Date: January 1, 2023