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Form 990

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

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

OMB No. 1545-0047

2019

Open to Public Inspection

A For the 2019 calendar year, or tax year beginning 01-01-2019 , and ending 12-31-2019

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

C Name of organization
Virginia Mason Medical Center

Doing business as

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

1100 Ninth Avenue

City or town, state or province, country, and ZIP or foreign postal code
Seattle, WA 98101

F Name and address of principal officer:
Gary Kaplan MD
1100 Ninth Avenue
Seattle, WA 98101

H(a) Is this a group return for subordinates?
☐ Yes ☒ No

H(b) Are all subordinates included?
☐ Yes ☐ No

If "No," attach a list. (see instructions)

H(c) Group exemption number ▶

D Employer identification number
91-0565539

E Telephone number
(206) 223-6600

G Gross receipts \$ 1,276,475,810

I Tax-exempt status: ☒ 501(c)(3) ☐ 501(c) () ◀(insert no.) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ www.virginiamason.org

K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation: 1934

M State of legal domicile:
WA

Part I

Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities:
Virginia Mason Medical Centers mission is to improve the health and well-being of the patients it serves through the delivery of high quality, cost-effective care.

2 Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets.

3	Number of voting members of the governing body (Part VI, line 1a)	16
4	Number of independent voting members of the governing body (Part VI, line 1b)	15
5	Total number of individuals employed in calendar year 2019 (Part V, line 2a)	6,138
6	Total number of volunteers (estimate if necessary)	647
7a	Total unrelated business revenue from Part VIII, column (C), line 12	33,103,831
7b	Net unrelated business taxable income from Form 990-T, line 39	17,471,948

Revenue

	Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	13,674,223
9	Program service revenue (Part VIII, line 2g)	1,066,571,833
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	24,249,196
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	8,976,134
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,113,471,386

Expenses

13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	6,554,477	7,647,554
14	Benefits paid to or for members (Part IX, column (A), line 4)		0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	607,836,057	641,327,984
16a	Professional fundraising fees (Part IX, column (A), line 11e)		0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶0		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	494,532,085	525,744,350
18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	1,108,922,619	1,174,719,888
19	Revenue less expenses. Subtract line 18 from line 12	4,548,767	-3,800,233

Net Assets or Fund Balances

	Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	1,125,431,618
21	Total liabilities (Part X, line 26)	652,018,791
22	Net assets or fund balances. Subtract line 21 from line 20	473,412,827

Part II

Signature Block

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

Sign Here

Signature of officer

Gary Kaplan MD Chairman and CEO

Type or print name and title

2020-11-11

Date

Paid Preparer Use Only

Print/Type preparer's name

Firm's name ▶ KPMG LLP

Firm's address ▶ 1918 8th Avenue Suite 2900
Seattle, WA 98101

Preparer's signature

Firm's EIN ▶

Phone no. (206) 913-4000

Date 2020-11-11

Check ☐ if self-employed

PTIN

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

☒ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions.

Cat. No. 11282Y

Form 990 (2019)

Part III**Statement of Program Service Accomplishments**Check if Schedule O contains a response or note to any line in this Part III ☒**1** Briefly describe the organization's mission:

Virginia Mason Medical Centers the Medical Center mission is to improve the health and well-being of the patients it services through the delivery of high quality, cost-effective care. Continued on Schedule O.

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

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

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

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

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

4a (Code:) (Expenses \$ 1,002,793,627 including grants of \$) (Revenue \$ 1,120,305,517)
See Additional Data

4b (Code:) (Expenses \$ 26,114,352 including grants of \$ 3,000,000) (Revenue \$ 500,149)
See Additional Data




4c (Code:) (Expenses \$ 247,948 including grants of \$) (Revenue \$ 89,270)
See Additional Data

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

(Expenses \$ 4,647,554 including grants of \$ 4,647,554) (Revenue \$)

4e **Total program service expenses** ▶ 1,033,803,481

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

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

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

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	1,159
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes

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

Form **990** (2019)

Part VI

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

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	16	
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
b	Enter the number of voting members included in line 1a, above, who are independent	15	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	Yes	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		No
6	Did the organization have members or stockholders?	Yes	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	Yes	
7b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	Yes	
b	Each committee with authority to act on behalf of the governing body?	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		No

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

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

Section C. Disclosure

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

18 Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

☐ Own website ☐ Another's website ☒ Upon request ☐ Other (explain in Schedule O)

19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20 State the name, address, and telephone number of the person who possesses the organization's books and records:
MaryAnne Olmstead 1100 Olive Way Suite 605 Seattle, WA 98101 (206) 625-7371

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

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

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

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

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

[illegible]

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										
1b Sub-Total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								18,634,017		1,912,962

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ 1,550

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
Crothall Healthcare Inc 955 Chesterbrook Blvd Ste 300 Wayne, PA 19087	Staffing Services	16,260,260
GE Precision Healthcare LLC 9900 W Innovation Dr Wauwatosa, WI 53226	Medical Equipment Services	7,393,588
First Choice Health PO Box 94041 Seattle, WA 98124	Third Party Administrator Services	4,086,047
Veca Electric & Technologies LLC PO Box 80467 Seattle, WA 98108	Construction Services	3,872,704
CHI-VM LLC 2223 Alaskan Way Ste 200 Seattle, WA 98121	Staffing Services	2,704,673

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶ 158

Form 990 (2019)										Page 9				
Part VIII Statement of Revenue														
Check if Schedule O contains a response or note to any line in this Part VIII <input type="checkbox"/>														
										(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns . . .		1a											
	b Membership dues . . .		1b											
	c Fundraising events . . .		1c											
	d Related organizations		1d	12,907,958										
	e Government grants (contributions)		1e											
	f All other contributions, gifts, grants, and similar amounts not included above		1f											
	g Noncash contributions included in lines 1a - 1f:\$		1g											
	h Total. Add lines 1a-1f ▶		12,907,958											
Program Service Revenue				Business Code										
	2a Net Patient Revenues			561499	750,852,838			750,852,838						
	b Retail Services			561499	17,312,315			745,398			16,566,917			
	c Pharmacy			561499	44,199,867			44,199,867						
	d Medicare/Medicaid Payments			621300	308,529,916			308,529,916						
	e													
	f All other program service revenue.													
g Total. Add lines 2a-2f. ▶			1,120,894,936											
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts) ▶				22,624,767						15,543,857		7,080,910	
	4 Income from investment of tax-exempt bond proceeds ▶				4,215								4,215	
	5 Royalties ▶				209								209	
			(i) Real	(ii) Personal										
	6a Gross rents		6a	2,137,883										
	b Less: rental expenses		6b	2,111,768										
	c Rental income or (loss)		6c	26,115										
	d Net rental income or (loss) ▶				26,115						-288,446		314,561	
			(i) Securities	(ii) Other										
	7a Gross amount from sales of assets other than inventory		7a	107,226,787	5,848									
	b Less: cost or other basis and sales expenses		7b	102,279,250										
	c Gain or (loss)		7c	4,947,537	5,848									
	d Net gain or (loss) ▶				4,953,385								4,953,385	
	8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18		8a											
	b Less: direct expenses		8b											
	c Net income or (loss) from fundraising events . . . ▶													
	9a Gross income from gaming activities. See Part IV, line 19		9a											
	b Less: direct expenses		9b											
	c Net income or (loss) from gaming activities . . . ▶													
	10a Gross sales of inventory, less returns and allowances . . .		10a	2,078,995										
b Less: cost of goods sold . . .		10b	1,165,137											
c Net income or (loss) from sales of inventory . . . ▶				913,858						913,858				
Miscellaneous Revenue			Business Code											
11a Cafeteria			721110			3,757,534						3,757,534		
b Parking			812930			4,681,075						367,645		
c Medical records			561499			146,688						146,688		
d All other revenue						8,915						8,915		
e Total. Add lines 11a-11d ▶						8,594,212								
12 Total revenue. See instructions ▶						1,170,919,655			1,104,328,019			33,103,831		
												20,579,847		

Form 990 (2019)

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	7,647,554	7,647,554		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	0			
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.	0			
4 Benefits paid to or for members	0			
5 Compensation of current officers, directors, trustees, and key employees	12,414,938	7,171,211	5,243,727	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0			
7 Other salaries and wages	548,037,827	483,862,597	64,175,230	
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	26,352,977	23,267,043	3,085,934	
9 Other employee benefits	19,086,618	16,851,575	2,235,043	
10 Payroll taxes	35,435,624	31,286,112	4,149,512	
11 Fees for services (non-employees):				
a Management	1,377,549	1,216,238	161,311	
b Legal	3,356,943		3,356,943	
c Accounting	488,525		488,525	
d Lobbying	198,490		198,490	
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	0			
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	58,482,561	51,634,253	6,848,308	
12 Advertising and promotion	4,472,708	3,948,954	523,754	
13 Office expenses	287,899,671	254,186,620	33,713,051	
14 Information technology	17,575,363	15,517,288	2,058,075	
15 Royalties	0			
16 Occupancy	31,848,099	28,118,687	3,729,412	
17 Travel	3,329,027	2,939,198	389,829	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19 Conferences, conventions, and meetings	530,578	468,447	62,131	
20 Interest	15,177,119	13,399,878	1,777,241	
21 Payments to affiliates	0			
22 Depreciation, depletion, and amortization	40,769,008	35,978,649	4,790,359	
23 Insurance	7,672,644	6,774,177	898,467	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a Taxes	26,244,990	26,244,990		
b Medical Purchased Services	860,964	760,145	100,819	
c Dues and subscriptions	3,061,620	2,703,104	358,516	
d Bad Debt Expense	436,664	436,664		
e All other expenses	21,961,827	19,390,097	2,571,730	
25 Total functional expenses. Add lines 1 through 24e	1,174,719,888	1,033,803,481	140,916,407	0
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

Part X Balance SheetCheck if Schedule O contains a response or note to any line in this Part IX ☐

				(A) Beginning of year		(B) End of year	
Assets	1	Cash—non-interest-bearing		26,657,933	1	27,551,211	
	2	Savings and temporary cash investments		34,466,086	2	46,165,347	
	3	Pledges and grants receivable, net			3		
	4	Accounts receivable, net		124,800,051	4	135,799,534	
	5	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons			5		
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)			6		
	7	Notes and loans receivable, net			7		
	8	Inventories for sale or use		20,232,774	8	21,470,164	
	9	Prepaid expenses and deferred charges		7,610,745	9	7,914,354	
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	1,179,295,747			
	b	Less: accumulated depreciation	10b	635,687,863	547,970,459	10c	543,607,884
	11	Investments—publicly traded securities		341,558,972	11	358,604,849	
	12	Investments—other securities. See Part IV, line 11		12,997,425	12	10,358,819	
	13	Investments—program-related. See Part IV, line 11			13		
	14	Intangible assets		1,507,990	14	1,350,666	
	15	Other assets. See Part IV, line 11		7,629,183	15	96,584,527	
16	Total assets. Add lines 1 through 15 (must equal line 34)		1,125,431,618	16	1,249,407,355		
Liabilities	17	Accounts payable and accrued expenses		122,040,345	17	143,137,135	
	18	Grants payable			18		
	19	Deferred revenue		140,735	19	103,170	
	20	Tax-exempt bond liabilities		284,635,930	20	282,234,696	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D			21		
	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons			22		
	23	Secured mortgages and notes payable to unrelated third parties		136,585,135	23	136,612,876	
	24	Unsecured notes and loans payable to unrelated third parties			24		
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D		108,616,646	25	181,106,421	
	26	Total liabilities. Add lines 17 through 25		652,018,791	26	743,194,298	
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.						
	27	Net assets without donor restrictions		439,908,088	27	468,429,190	
	28	Net assets with donor restrictions		33,504,739	28	37,783,867	
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.						
	29	Capital stock or trust principal, or current funds			29		
	30	Paid-in or capital surplus, or land, building or equipment fund			30		
	31	Retained earnings, endowment, accumulated income, or other funds			31		
	32	Total net assets or fund balances		473,412,827	32	506,213,057	
33	Total liabilities and net assets/fund balances		1,125,431,618	33	1,249,407,355		

Part XI Reconciliation of Net AssetsCheck if Schedule O contains a response or note to any line in this Part XI ☒

1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,170,919,655
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,174,719,888
3	Revenue less expenses. Subtract line 2 from line 1	3	-3,800,233
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	473,412,827
5	Net unrealized gains (losses) on investments	5	33,797,732
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	2,802,731
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	506,213,057

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

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	No	
b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	Yes	
c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	Yes	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	Yes	
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	Yes	

Additional Data

Software ID: 19009610
Software Version: 19.2.1.0
EIN: 91-0565539
Name: Virginia Mason Medical Center

Form 990 (2019)

Form 990, Part III, Line 4a:

Health Care Services. The Medical Center is a tertiary regional referral center which serves a patient community that includes Seattle and its surrounding suburbs, Western Washington and Alaska. The main campus located in Seattle includes a hospital, an outpatient clinic, centers of excellence including the Center for Hyperbaric Medicine, Digestive Disease Institute, Floyd Delores Jones Cancer Institute, Heart Institute, Neuroscience Institute and Urology. The Medical Center also operates nine regional clinics, and Bailey-Boushay House, a 35-bed skilled nursing facility. During 2019, the Medical Center recorded 12,221 hospital inpatient admissions, 24,985 emergency room visits and 976,974 clinic visits. The Medical Center provided charity care and unreimbursed Medicaid services to a total of 7,872 patients. Continued on Schedule O.

Form 990, Part III, Line 4b:

Education and Research. The Medical Center is an independent academic medical center with a graduate medical education program that trains over 130 residents in nine accredited programs in anesthesiology, internal medicine, general surgery, diagnostic radiology, transitional year, and urology. In addition, the Medical Center trains a number of fellows in areas such as Pain Management, Regional Anesthesiology, and Female Pelvic Medicine/Reconstructive Surgery. The Medical Center is also affiliated with the University of Washington for the training of subspecialties in the areas of anesthesiology, orthopedics, obstetrics, gynecology and urology. The Medical Center also provides training in clinical nursing education, allied health fields, continuing medical education and grand rounds. In addition, the Medical Center conducts medical research through its affiliate Benaroya Research Institute at Virginia Mason, a scientific research institute qualified under Section 501c3 of the Internal Revenue Code. Continued on Schedule O.

Form 990, Part III, Line 4c:

Community Health and Education and Services. The Medical Center contributes to improving the health of the community through sponsorship of community health education and services. Community health education includes classes, forums, presentations and other programs held during the day and evening in the Medical Center neighborhood clinic communities and the Seattle main campus. The Medical Center provided support of Grief Services which provides services for adults and children ages 7-18 whose loved one has died as the result of a sudden, violent death by criminal act homicide, including terrorism, suicide or other types of violent death. Services available include therapy groups, short-term therapy, psychiatric consultation and medication management, community, workplace, family and school crisis response and professional training. In 2019, the Medical Center provided 157,000 toward support of Grief Services.

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Gary Kaplan MD Chairman, CEO	50.00 5.00			X				1,661,792	0	331,024
Christopher L Fellows MD Physician	50.00					X		1,443,281	0	60,643
Rajiv Sethi MD Physician	50.00					X		1,421,601	0	40,416
Ravi Shankar Krishnan MD Physician	50.00					X		1,115,525	0	45,351
Michael Glenn MD Chief Medical Officer	50.00				X			982,770	0	152,223
Farrokh Farrokhi Physician	50.00					X		1,088,410	0	25,779
Steven Bayles Physician	50.00					X		1,059,962	0	34,622
Suzanne Anderson President	50.00 6.00			X				843,101	0	152,435
Fred Govier MD Chief, Surgery	50.00				X			831,823	0	36,446
John Corman MD Medical Director, Perioperative and Procedural Services	50.00				X			722,425	0	86,049

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Charleen Tachibana RN Sr VP, Quality and Safety, Former Key Employee	50.00						X	630,800	0	113,794
Donna Smith MD Medical Director, Clinic	50.00				X			594,018	0	111,391
Katerie Chapman Senior Vice President, Patient Care Services	50.00				X			539,086	0	110,655
Joyce Lammert MD Medical Director, Hospital	50.00				X			534,964	0	104,561
David Coy MD Chief, Radiology	1.00 50.00				X			559,005	0	47,411
Mariko Kita MD Chief, Medicine	50.00				X			519,746	0	60,017
William Poppy Senior Vice President, CTO	50.00				X			454,790	0	41,191
Sarah Patterson Executive Sensei, Former Key Employee	25.00 25.00						X	419,066	0	38,116
Ingrid Gerbino MD Chief, Primary Care	50.00				X			419,861	0	31,922
Craig Goodrich Senior Vice President, CFO	50.00 2.00			X				386,634	0	38,157

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Steve Schaefer Senior Vice President, Support Services	50.00				X			364,733	0	48,001
Melissa Peterson Vice President, Patient Care Services	50.00				X			364,665	0	28,868
Denise Dubuque Vice President, Patient Care Services	50.00				X			338,384	0	33,676
Shelly Powell Vice President, Patient Care Services	50.00				X			308,299	0	38,074
Michael Gluck MD Physician, Former Key Employee	50.00						X	298,945	0	22,256
Santokh Gill Vice President, Patient Care Services	50.00				X			253,490	0	47,857
Catherine Potts MD Physician, Former Key Employee	50.00						X	204,290	0	32,027
Steve Rupp MD Physician, Former Key Employee	50.00						X	149,085	0	0
Lucy Glenn MD Physician, Former Key Employee	50.00						X	123,466	0	0
Tod Hamachek Director, Chair	2.00 2.00	X		X				0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Robert Bob Lemon Director, Treasurer	2.00 4.00	X		X				0	0	0
Jane Blogett Director	2.00	X						0	0	0
Lewis Lonnie Edelheit PhD Director	2.00	X						0	0	0
Julie Morath RN Director	2.00	X						0	0	0
Carolyn Corvi Director, Vice Chair	2.00 4.00	X		X				0	0	0
Mary McWilliams Director, Secretary	2.00	X		X				0	0	0
Gregg Meyer MD Director	2.00 2.00	X						0	0	0
John Oppenheimer Director	2.00 2.00	X						0	0	0
Kevin Schemm Director	2.00 2.00	X						0	0	0
Asha Sharma Director	2.00 2.00	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
David Williams Director	2.00 2.00	X						0	0	0
Orlando Ashford Director	2.00 2.00	X						0	0	0
Bob Carlile Director	2.00 2.00	X						0	0	0
Maud Daudon Director	2.00 2.00	X						0	0	0
Karen Lee Director	2.00 2.00	X						0	0	0

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
Virginia Mason Medical Center

Employer identification number
91-0565539

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

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ).)
- 3☒ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state:
- 5☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9☐ An agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture. See instructions. Enter the name, city, and state of the college or university:
- 10☐ An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
- a☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
- b☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
- c☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
- d☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
- e☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
- f Enter the number of supported organizations
- g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

Part II

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

Section A. Public Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") . . .						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. . . .						
3 The value of services or facilities furnished by a governmental unit to the organization without charge..						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f). . .						
6 Public support. Subtract line 5 from line 4.						
Section B. Total Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7 Amounts from line 4. . .						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. . . .						
9 Net income from unrelated business activities, whether or not the business is regularly carried on. . .						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.). . .						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ <input type="checkbox"/>						
Section C. Computation of Public Support Percentage						
14 Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f))					14	0 %
15 Public support percentage for 2018 Schedule A, Part II, line 14					15	
16a 33 1/3% support test—2019. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>						
b 33 1/3% support test—2018. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>						
17a 10%-facts-and-circumstances test—2019. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>						
b 10%-facts-and-circumstances test—2018. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>						
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ <input type="checkbox"/>						

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. . .						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year.						
c Add lines 7a and 7b. .						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9 Amounts from line 6. . .						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. .						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						
c Add lines 10a and 10b.						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . .						
13 Total support. (Add lines 9, 10c, 11, and 12.) . .						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here. <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2019 (line 8, column (f) divided by line 13, column (f))	15	0 %
16 Public support percentage from 2018 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2019 (line 10c, column (f) divided by line 13, column (f))	17	0 %
18 Investment income percentage from 2018 Schedule A, Part III, line 17	18	

19a 33 1/3% support tests—2019. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ☐

b 33 1/3% support tests—2018. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ☐

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ☐

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
1		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
2		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
3a		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
3b		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
3c		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
4a		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
4b		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
4c		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
5a		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
5b		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
5c		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
6		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ) .</i>		
7		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
8		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
9a		
b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
9b		
c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
9c		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		
10a		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).</i>		
10b		

Part IV

Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
b A family member of a person described in (a) above?		
c A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI.</i>		
11a		
11b		
11c		

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):		
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions)		
2 Activities Test. Answer (a) and (b) below.		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>	Yes	No
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
3 Parent of Supported Organizations. Answer (a) and (b) below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>		
b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		
2a		
2b		
3a		
3b		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations			
1 <input type="checkbox"/> Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.			
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	1	
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	
Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)		

Part V

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions	
9 Distributable amount for 2019 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1 Distributable amount for 2019 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required-- explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2019:			
a From 2014.			
b From 2015.			
c From 2016.			
d From 2017.			
e From 2018.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2019 distributable amount			
i Carryover from 2014 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2019 from Section D, line 7:			
\$			
a Applied to underdistributions of prior years			
b Applied to 2019 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in Part VI. See instructions.			
6 Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI. See instructions.			
7 Excess distributions carryover to 2020. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2015.			
b Excess from 2016.			
c Excess from 2017.			
d Excess from 2018.			
e Excess from 2019.			

Additional Data

Software ID: 19009610
Software Version: 19.2.1.0
EIN: 91-0565539
Name: Virginia Mason Medical Center

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

Facts And Circumstances Test

SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

▶Complete if the organization is described below. ▶Attach to Form 990 or Form 990-EZ.
▶Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

If the organization answered "Yes" on Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes" on Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes" on Form 990, Part IV, Line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

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

Name of the organization Virginia Mason Medical Center	Employer identification number 91-0565539
---	---

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

1	Provide a description of the organization's direct and indirect political campaign activities in Part IV (see instructions for definition of "political campaign activities")	
2	Political campaign activity expenditures (see instructions)	▶ \$
3	Volunteer hours for political campaign activities (see instructions)	

Part I-B Complete if the organization is exempt under section 501(c)(3).


1	Enter the amount of any excise tax incurred by the organization under section 4955	▶ \$
2	Enter the amount of any excise tax incurred by organization managers under section 4955	▶ \$
3	If the organization incurred a section 4955 tax, did it file Form 4720 for this year?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4a	Was a correction made?	<input type="checkbox"/> Yes <input type="checkbox"/> No
b	If "Yes," describe in Part IV.	

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

1	Enter the amount directly expended by the filing organization for section 527 exempt function activities	▶ \$
2	Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities	▶ \$
3	Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b	▶ \$
4	Did the filing organization file Form 1120-POL for this year?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5	Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.	

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-.	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.
1				
2				
3				
4				
5				
6				

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

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

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

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals												
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)	134,909	183,519												
b Total lobbying expenditures to influence a legislative body (direct lobbying)	63,581	123,581												
c Total lobbying expenditures (add lines 1a and 1b)	198,490	307,100												
d Other exempt purpose expenditures	1,174,521,397	1,766,048,048												
e Total exempt purpose expenditures (add lines 1c and 1d)	1,174,719,887	1,766,355,148												
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.	1,000,000	1,000,000												
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 50%; text-align: left;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width: 50%; text-align: left;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:													
Not over \$500,000	20% of the amount on line 1e.													
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.													
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.													
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.													
Over \$17,000,000	\$1,000,000.													
g Grassroots nontaxable amount (enter 25% of line 1f)	250,000	250,000												
h Subtract line 1g from line 1a. If zero or less, enter -0-														
i Subtract line 1f from line 1c. If zero or less, enter -0-														
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?	<input type="checkbox"/> Yes <input type="checkbox"/> No													

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

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) Total
2a Lobbying nontaxable amount	1,000,000	1,000,000	1,000,000	1,000,000	4,000,000
b Lobbying ceiling amount (150% of line 2a, column(e))					6,000,000
c Total lobbying expenditures	275,782	284,247	294,038	307,100	1,161,167
d Grassroots nontaxable amount	250,000	250,000	250,000	250,000	1,000,000
e Grassroots ceiling amount (150% of line 2d, column (e))					1,500,000
f Grassroots lobbying expenditures	163,134	175,480	180,464	183,519	702,597

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

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

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

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

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

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

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

Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (see instructions), and Part II-B, line 1. Also, complete this part for any additional information.

Return Reference	Explanation
II-A A	Virginia Mason Medical Center, EIN 91-0565539, 1100 Ninth Avenue, Seattle, WA 98101. Electing member. Grassroots Lobbying Expenditures 134,909 Direct Lobbying Expenditures 63,581. Excess Lobbying Expenditures 0. Tax year ending December 31, 1998 was the first year in which Virginia Mason Medical Center made the election under Section 501h. The election was not revoked before the start of the tax year ending December 31, 2019. Virginia Mason Medical Center pays membership dues to Washington State Hospital Association, a portion of which was used for legislative and lobbying activities. Virginia Mason Medical Center also pays membership dues to other professional health care organizations, a portion of which may be used for legislative and lobbying activities.
II-A A continued	Virginia Mason Institute, EIN 26-3763656, 1100 Ninth Avenue, Seattle, WA 98101. Non-electing member. 0 Lobbying Expenditures, 0 Excess Lobbying Expenditures.
II-A A continued	Virginia Mason Health System, EIN 91-1351110, 1100 Ninth Avenue, Seattle, WA 98101. Non-electing member. 0 Lobbying Expenditures. Excess Lobbying Expenditures 0
II-A A continued	Benaroya Research Institute at Virginia Mason, EIN 91-0653422, 1201 Ninth Avenue, Seattle, WA 98101. Non-electing member. 0 Lobbying Expenditures. Excess Lobbying Expenditures 0.
II-A A continued	Yakima Valley Memorial Hospital Association, EIN 91-0567263, 2811 Tieton Drive, Yakima, WA 98902. Non-electing member. 48,610 Grassroots Lobbying Expenditures 60,000 Direct Lobbying Expenditures. Excess Lobbying Expenditures 0.

TY 2019 Affiliated Group Schedule

Name: Virginia Mason Medical Center

EIN: 91-0565539

Software ID: 19009610

Software Version: 19.2.1.0

Affiliated Group Business Name: Virginia Mason Medical Center

Address. Either US or Foreign Type: 1100 Ninth Avenue
Seattle, WA 98101

EIN: 91-0565539

Electing Organization Checkbox: ☒

Total Grassroots Lobbying:	134,909
-----------------------------------	---------

Total Direct Lobbying:	63,581
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Total Lobbying Expenditures:	198,490
-------------------------------------	---------

Other Exempt Purpose Expenditures:	1,174,521,398
---	---------------

Total Exempt Purpose Expenditures:	1,174,719,888
---	---------------

Lobbying Nontaxable Amount:	665,053
------------------------------------	---------

Grassroots Nontaxable Amount:	166,263
--------------------------------------	---------

Tot Lobbying Grassroot Minus Non Tx:	0
--------------------------------------	---

Tot Lobby Expend Mns Lobbying Non Tx:	0
---------------------------------------	---

Share Of Excess Lobbying:	0
---------------------------	---

Affiliated Group Business Name: Virginia Mason Institute

Address. Either US or Foreign Type: 1100 Ninth Avenue
Seattle, WA 98101

EIN: 26-3763556

Electing Organization Checkbox: ☐

Total Grassroots Lobbying:	0
-----------------------------------	---

Total Direct Lobbying:	0
-------------------------------	---

Total Lobbying Expenditures:	0
-------------------------------------	---

Other Exempt Purpose Expenditures:	6,260,831
---	-----------

Total Exempt Purpose Expenditures:	6,260,831
---	-----------

Lobbying Nontaxable Amount: 3,544

Grassroots Nontaxable Amount:	886
--------------------------------------	-----

Tot Lobbying Grassroot Minus Non Tx:	0
--------------------------------------	---

Tot Lobby Expend Mns Lobbying Non	0
Tx:	

Share Of Excess Lobbying:	0
---------------------------	---

Affiliated Group Business Name:	Virginia Mason Health System		
Address. Either US or Foreign Type:	1100 Ninth Avenue Seattle, WA 98101		
EIN:	91-1351110		
Electing Organization Checkbox:	<input type="checkbox"/>		
Total Grassroots Lobbying:			0
Total Direct Lobbying:			0
Total Lobbying Expenditures:			0
Other Exempt Purpose Expenditures:		14,136,817	
Total Exempt Purpose Expenditures:		14,136,817	
Lobbying Nontaxable Amount:		8,003	
Grassroots Nontaxable Amount:		2,001	
Tot Lobbying Grassroot Minus Non Tx:		0	
Tot Lobby Expend Mns Lobbying Non Tx:		0	
Share Of Excess Lobbying:		0	
Affiliated Group Business Name: Benaroya Research Institute at Virginia Mason			
Address. Either US or Foreign Type: 1200 Ninth Avenue Seattle, WA 98101			
EIN: 91-0653422			
Electing Organization Checkbox: <input type="checkbox"/>			
Total Grassroots Lobbying:			0
Total Direct Lobbying:			0
Total Lobbying Expenditures:			0
Other Exempt Purpose Expenditures:		71,446,676	
Total Exempt Purpose Expenditures:		71,446,676	
Lobbying Nontaxable Amount:		40,449	
Grassroots Nontaxable Amount:		10,112	
Tot Lobbying Grassroot Minus Non Tx:		0	
Tot Lobby Expend Mns Lobbying Non Tx:		0	
Share Of Excess Lobbying:		0	

Affiliated Group Business Name: Yakima Valley Memorial Hospital Association

Address. Either US or Foreign Type: 2811 Tieton Drive
Seattle, WA 98902

EIN: 91-0567263

Electing Organization Checkbox: ☐

Total Grassroots Lobbying: 48,610

Total Direct Lobbying: 60,000

Total Lobbying Expenditures: 108,610

Other Exempt Purpose Expenditures: 499,682,326

Total Exempt Purpose Expenditures: 499,790,936

Lobbying Nontaxable Amount: 282,950

Grassroots Nontaxable Amount: 70,738

**Tot Lobbying Grassroot Minus Non
Tx:** 0

**Tot Lobby Expend Mns Lobbying Non
Tx:** 0

Share Of Excess Lobbying: 0

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
Virginia Mason Medical Center

Employer identification number
91-0565539

Part I

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?

☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

☐ Yes ☐ No

Part II

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).

☐ Preservation of land for public use (e.g., recreation or education)

☐ Preservation of an historically important land area

☐ Protection of natural habitat

☐ Preservation of a certified historic structure

☐ Preservation of open space

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

	Held at the End of the Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ►

4 Number of states where property subject to conservation easement is located ►

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ►

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ► \$

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

☐ Yes ☐ No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III

Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.
Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1 ► \$

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

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

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

b Assets included in Form 990, Part X ► \$

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

Cat. No. 52283D

Schedule D (Form 990) 2019

Part III

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

3

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

a

☐

Public exhibition

b

☐

Scholarly research

c

☐

Preservation for future generations

d

☐

Loan or exchange programs

e

☐

Other

4

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

5

During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? . . .

☐

Yes

☐

No

Part IV

Escrow and Custodial Arrangements.

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

1a

Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

☐

Yes

☐

No

b

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

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

	Amount
1c	
1d	
1e	
1f	

2a

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

☐

Yes

☒

No

b

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

☐

Part V

Endowment Funds.

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	15,347,139	16,620,892	14,623,410	13,913,976	14,366,911
b Contributions	82,755	91,648	480,797	230,872	541,000
c Net investment earnings, gains, and losses	2,289,886	-756,306	2,089,543	1,031,493	-427,461
d Grants or scholarships	1,121,001	609,095	572,858	552,931	566,474
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	16,598,779	15,347,139	16,620,892	14,623,410	13,913,976

2

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

a

Board designated or quasi-endowment ▶ 56.000 %

b

Permanent endowment ▶ 29.000 %

c

Temporarily restricted endowment ▶ 15.000 %

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

3a

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

(i) unrelated organizations

(ii) related organizations

b

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

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

4

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

Part VI

Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		40,849,195		40,849,195
b Buildings		630,005,180	250,475,463	379,529,717
c Leasehold improvements		22,314,906	16,689,709	5,625,197
d Equipment		438,070,437	367,263,603	70,806,834
e Other		48,056,029	1,259,088	46,796,941
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶				543,607,884

Part VII

Investments—Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other _____		
(A) Financial derivatives and other financial products		
(B) Closely-held equity interests		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

Part VIII

Investments—Program Related.

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

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

Part IX

Other Assets.

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

(a) Description	(b) Book value
(1) Financing Costs	3,227,454
(2) Parking Rights	346,926
(3) Investment - Real Estate	1,790,890
(4) Current portion of Assets Whose Use Is Limited	1,789
(5) Long-Term Receivable	420,250
(6) Cemetery Plots/Niches - BBH	15,200
(7) Beneficial Interest	3,725,755
(8) Right of Use Asset	86,234,985
(9) SPS Region	821,278
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.) ▶	96,584,527

Part X

Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes See Additional Data Table	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.) ▶	181,106,421

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII ☒

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

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements	1	1,208,366,153
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	33,797,732
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	7,998,959
e	Add lines 2a through 2d	2e	41,796,691
3	Subtract line 2e from line 1	3	1,166,569,462
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1 :		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	4,350,193
c	Add lines 4a and 4b	4c	4,350,193
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	1,170,919,655

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

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements	1	1,177,197,875
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	6,828,180
e	Add lines 2a through 2d	2e	6,828,180
3	Subtract line 2e from line 1	3	1,170,369,695
4	Amounts included on Form 990, Part IX, line 25, but not on line 1 :		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	4,350,193
c	Add lines 4a and 4b	4c	4,350,193
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	1,174,719,888

Part XIII Supplemental Information

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Return Reference	Explanation
See Additional Data Table	

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

Additional Data

Software ID: 19009610
Software Version: 19.2.1.0
EIN: 91-0565539
Name: Virginia Mason Medical Center

Form 990, Schedule D, Part IX, - Other Assets

(a) Description	(b) Book value
Financing Costs	3,227,454
Parking Rights	346,926
Investment - Real Estate	1,790,890
Current portion of Assets Whose Use Is Limited	1,789
Long-Term Receivable	420,250
Cemetery Plots/Niches - BBH	15,200
Beneficial Interest	3,725,755
Right of Use Asset	86,234,985
SPS Region	821,278

Supplemental Information

Return Reference	Explanation
V 4	Support health care mission of Virginia Mason Medical Center and research mission of Benaroya Research Institute at Virginia Mason.

Supplemental Information

Return Reference	Explanation
X 2	<p>U.S. GAAP require management to evaluate tax positions taken by the Medical Center and recognize a tax liability or asset if the Medical Center has taken an uncertain position that more likely than not would not be sustained upon examination by the Internal Revenue Service. Management has analyzed tax positions taken by the Medical Center and has concluded that as of December 31, 2019 and 2018, there are no uncertain positions taken or expected to be taken that would require recognition of a liability or asset or disclosure in the consolidated financial statements. The Medical Center is subject to routine audits by taxing jurisdictions however, there are currently no audits for any tax periods in progress. The Medical Centers management believes it is no longer subject to income tax examinations for years prior to 2016.</p>

Supplemental Information	
Return Reference	Explanation
XI 2d	Additional Pension Adjustment 2,820,731 Virginia Mason Institute Revenues 4,884,526, and Center for Integrative Medicine at Virginia Mason PC 293,702.

Supplemental Information

Return Reference	Explanation
XI 4b	Rental expenses 2,111,768 Financial reclasses 4,082,076 Cost of Goods Sold 1,165,137 Non-operating expenses 8,984,115 Rebate transfers 1,596,659 Revenue Transfers 1,410 Distribution transfers 1,121,001 and Expense transfers 5,989.

Supplemental Information	
Return Reference	Explanation
XII 2d	Virginia Mason Institute Expenses 6,260,831 and Center for Integrative Medicine at Virginia Mason PC 567,349

Supplemental Information

Return Reference	Explanation
XII 4b	Rental expenses 2,111,768 Financial reclasses 4,082,076 Cost of Goods Sold 1,165,137 Non-operating expenses 8,984,115 Rebate transfers 1,596,659 Revenue Transfers 1,410 Distribution transfers 1,121,001 and Expense transfers 5,989.

SCHEDULE F
(Form 990)

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

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

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
Virginia Mason Medical Center

Employer identification number
91-0565539

Part I

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

1

For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

☐ Yes ☐ No

2

For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

3

Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
See Add'l Data					
3a Sub-total					86,672
b Total from continuation sheets to Part I					
c Totals (add lines 3a and 3b)					86,672

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

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)

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

Part III	Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16.
-----------------	---

Part III can be duplicated if additional space is needed.

[illegible]

Part IV Foreign Forms

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* ☐ Yes ☒ No
- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)* ☐ Yes ☒ No
- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with Respect to Certain Foreign Corporations. (see Instructions for Form 5471)* ☐ Yes ☒ No
- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)* . ☐ Yes ☒ No
- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with Respect to Certain Foreign Partnerships (see Instructions for Form 8865)* ☐ Yes ☒ No
- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990).* ☐ Yes ☒ No

Part V Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

990 Schedule F, Supplemental Information

Return Reference	Explanation
Part I Line 3	Expenditures are actual expenses incurred in the region based on individual expense reports and tracking of expenditures by the department.

Additional Data

Software ID: 19009610
Software Version: 19.2.1.0
EIN: 91-0565539
Name: Virginia Mason Medical Center

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
Central America and the Caribbean			Program Services	Education	1,605
East Asia and the Pacific			Program Servcies	Education	20,099

Form 990 Schedule F Part I - Activities Outside The United States					
(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
Europe Including Iceland and Greenland			Program Services	Education	33,392
North America			Program Services	Education	27,972

Form 990 Schedule F Part I - Activities Outside The United States					
(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
South America			Program Services	Education	3,604

SCHEDULE H
(Form 990)

Department of the Treasury

Internal Revenue Service

Hospitals

► Complete if the organization answered "Yes" on Form 990, Part IV, question 20.
► Attach to Form 990.
► Go to www.irs.gov/Form990EZ for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
Virginia Mason Medical Center

Employer identification number
91-0565539

Part I

Financial Assistance and Certain Other Community Benefits at Cost

		Yes	No
1a	Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a	1a	Yes
b	If "Yes," was it a written policy?	1b	Yes
2	If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year. <input type="checkbox"/> Applied uniformly to all hospital facilities <input type="checkbox"/> Applied uniformly to most hospital facilities <input type="checkbox"/> Generally tailored to individual hospital facilities		
3	Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year. a Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing <i>free</i> care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care: <input type="checkbox"/> 100% <input type="checkbox"/> 150% <input type="checkbox"/> 200% <input checked="" type="checkbox"/> Other <u>30000.0000000000 %</u> b Did the organization use FPG as a factor in determining eligibility for providing <i>discounted</i> care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care: <input type="checkbox"/> 200% <input type="checkbox"/> 250% <input type="checkbox"/> 300% <input type="checkbox"/> 350% <input type="checkbox"/> 400% <input type="checkbox"/> Other _____ % c If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used for determining eligibility for free or discounted care. Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care. 4 Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"? 5a Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year? b If "Yes," did the organization's financial assistance expenses exceed the budgeted amount? c If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care? 6a Did the organization prepare a community benefit report during the tax year? b If "Yes," did the organization make it available to the public? Complete the following table using the worksheets provided in the Schedule H instructions. Do not submit these worksheets with the Schedule H.	3a	Yes
		3b	No
		4	Yes
		5a	Yes
		5b	Yes
		5c	No
		6a	Yes
		6b	Yes

7

Financial Assistance and Certain Other Community Benefits at Cost

Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheet 1)	1	7,872	10,762,232		10,762,232	0.920 %
b Medicaid (from Worksheet 3, column a)			77,280,844	51,469,230	25,811,614	2.200 %
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d Total Financial Assistance and Means-Tested Government Programs	1	7,872	88,043,076	51,469,230	36,573,846	3.120 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4).	3		709,488	89,270	620,218	0.050 %
f Health professions education (from Worksheet 5)	19	420	13,185,411	5,086,500	8,098,911	0.690 %
g Subsidized health services (from Worksheet 6)						
h Research (from Worksheet 7)						
i Cash and in-kind contributions for community benefit (from Worksheet 8)			3,756,500		3,756,500	0.320 %
j Total. Other Benefits	22	420	17,651,399	5,175,770	12,475,629	1.060 %
k Total. Add lines 7d and 7j	23	8,292	105,694,475	56,645,000	49,049,475	4.180 %

Part II Community Building Activities Complete this table if the organization conducted any community building activities during the tax year, and describe in Part VI how its community building activities promoted the health of the communities it serves.

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1 Physical improvements and housing						
2 Economic development						
3 Community support						
4 Environmental improvements						
5 Leadership development and training for community members						
6 Coalition building						
7 Community health improvement advocacy						
8 Workforce development						
9 Other						
10 Total						

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

		Yes	No
1 Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?	1	Yes	
2 Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount.	2	76,246	
3 Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy. Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit.	3		
4 Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements.			

Section B. Medicare

5 Enter total revenue received from Medicare (including DSH and IME)	5	228,682,954	
6 Enter Medicare allowable costs of care relating to payments on line 5	6	259,328,548	
7 Subtract line 6 from line 5. This is the surplus (or shortfall)	7	-30,645,594	
8 Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used:			
<input type="checkbox"/> Cost accounting system	<input checked="" type="checkbox"/> Cost to charge ratio	<input type="checkbox"/> Other	

Section C. Collection Practices

9a Did the organization have a written debt collection policy during the tax year?	9a	Yes	
b If "Yes," did the organization's collection policy that applied to the largest number of its patients during the tax year contain provisions on the collection practices to be followed for patients who are known to qualify for financial assistance? Describe in Part VI	9b	Yes	

Part IV Management Companies and Joint Ventures

(a) Name of entity (owned 10% or more by officers, directors, trustees, key employees, and physicians—see instructions)	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership %	(e) Physicians' profit % or stock ownership %
1				
2				
3				
4				
5				
6				
7				
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11				
12				
13				

Part V Facility Information**Section A. Hospital Facilities**

(list in order of size from largest to smallest—see instructions)

How many hospital facilities did the organization operate during the tax year?
1

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

	Other (describe)	ER-other	ER-24 hours	Research facility	Critical access hospital	Teaching hospital	Children's hospital	General medical & surgical	Licensed hospital	Facility reporting group
See Additional Data Table										

Part V Facility Information (continued)**Section B. Facility Policies and Practices**

(Complete a separate Section B for each of the hospital facilities or facility reporting groups listed in Part V, Section A)

Name of hospital facility or letter of facility reporting group _____**Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A):** _____**1****Community Health Needs Assessment**

	Yes	No
1 Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?	1	No
2 Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C.	2	No
3 During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12. If "Yes," indicate what the CHNA report describes (check all that apply):	3	Yes
a <input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
b <input checked="" type="checkbox"/> Demographics of the community		
c <input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d <input checked="" type="checkbox"/> How data was obtained		
e <input checked="" type="checkbox"/> The significant health needs of the community		
f <input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g <input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h <input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
i <input checked="" type="checkbox"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)		
j <input type="checkbox"/> Other (describe in Section C)		
4 Indicate the tax year the hospital facility last conducted a CHNA: 20 <u>18</u>		
5 In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	5	Yes
6 a Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	6a	Yes
b Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C	6b	No
7 Did the hospital facility make its CHNA report widely available to the public? If "Yes," indicate how the CHNA report was made widely available (check all that apply):	7	Yes
a <input checked="" type="checkbox"/> Hospital facility's website (list url): <u>viriniamason.org</u>		
b <input type="checkbox"/> Other website (list url): _____		
c <input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
d <input type="checkbox"/> Other (describe in Section C)		
8 Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11.	8	Yes
9 Indicate the tax year the hospital facility last adopted an implementation strategy: 20 <u>19</u>		
10 Is the hospital facility's most recently adopted implementation strategy posted on a website? If "Yes" (list url): <u>viriniamason.org</u>	10	Yes
a		
b If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	10b	
11 Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed.		
12a Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?	12a	No
b If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	12b	
c If "Yes" on line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$ _____		

Part V Facility Information (continued)

Financial Assistance Policy (FAP)

A

Name of hospital facility or letter of facility reporting group

	Yes	No
Did the hospital facility have in place during the tax year a written financial assistance policy that:		
13 Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP:	13 Yes	
a <input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 0000000300.000000000000 % and FPG family income limit for eligibility for discounted care of %		
b <input type="checkbox"/> Income level other than FPG (describe in Section C)		
c <input type="checkbox"/> Asset level		
d <input checked="" type="checkbox"/> Medical indigency		
e <input type="checkbox"/> Insurance status		
f <input type="checkbox"/> Underinsurance discount		
g <input checked="" type="checkbox"/> Residency		
h <input type="checkbox"/> Other (describe in Section C)		
14 Explained the basis for calculating amounts charged to patients?	14 Yes	
15 Explained the method for applying for financial assistance? If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply):	15 Yes	
a <input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application		
b <input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application		
c <input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process		
d <input checked="" type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
e <input type="checkbox"/> Other (describe in Section C)		
16 Was widely publicized within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply):	16 Yes	
a <input checked="" type="checkbox"/> The FAP was widely available on a website (list url): VirginiaMason.org/FinancialAssistance		
b <input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url): VirginiaMason.org/FinancialAssistance		
c <input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url): VirginiaMason.org/FinancialAssistance		
d <input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
e <input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)		
f <input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
g <input checked="" type="checkbox"/> Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention		
h <input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP		
i <input checked="" type="checkbox"/> The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations		
j <input type="checkbox"/> Other (describe in Section C)		

Part V Facility Information (continued)**Billing and Collections**

A

Name of hospital facility or letter of facility reporting group _____

	Yes	No
17 Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon nonpayment?	17 Yes	
18 Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP:		
a <input type="checkbox"/> Reporting to credit agency(ies) b <input type="checkbox"/> Selling an individual's debt to another party c <input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP d <input type="checkbox"/> Actions that require a legal or judicial process e <input type="checkbox"/> Other similar actions (describe in Section C) f <input checked="" type="checkbox"/> None of these actions or other similar actions were permitted		
19 Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP?	19	No
If "Yes," check all actions in which the hospital facility or a third party engaged:		
a <input type="checkbox"/> Reporting to credit agency(ies) b <input type="checkbox"/> Selling an individual's debt to another party c <input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP d <input type="checkbox"/> Actions that require a legal or judicial process e <input type="checkbox"/> Other similar actions (describe in Section C)		
20 Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19. (check all that apply):		
a <input checked="" type="checkbox"/> Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the FAP at least 30 days before initiating those ECAs (if not, describe in Section C) b <input checked="" type="checkbox"/> Made a reasonable effort to orally notify individuals about the FAP and FAP application process (if not, describe in Section C) c <input checked="" type="checkbox"/> Processed incomplete and complete FAP applications (if not, describe in Section C) d <input checked="" type="checkbox"/> Made presumptive eligibility determinations (if not, describe in Section C) e <input checked="" type="checkbox"/> Other (describe in Section C) f <input type="checkbox"/> None of these efforts were made		

Policy Relating to Emergency Medical Care

21 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy?	21 Yes	
If "No," indicate why:		
a <input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions b <input type="checkbox"/> The hospital facility's policy was not in writing c <input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C) d <input type="checkbox"/> Other (describe in Section C)		

Part V Facility Information *(continued)***Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)**

A

Name of hospital facility or letter of facility reporting group _____**22** Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care.

- a** ☐ The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period
- b** ☐ The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
- c** ☐ The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
- d** ☒ The hospital facility used a prospective Medicare or Medicaid method

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

If "Yes," explain in Section C.

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

If "Yes," explain in Section C.

	Yes	No
22		
23		No
24		No

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

[illegible]

Part V Facility Information (continued)**Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**
(list in order of size, from largest to smallest)How many non-hospital health care facilities did the organization operate during the tax year? 9

Name and address	Type of Facility (describe)
1 Virginia Mason Federal Way Medical Center 33501 First Way S Federal Way, WA 98003	Outpatient Medical Center
2 Virginia Mason Lynnwood Medical Center 19116 33rd Ave W Lynnwood, WA 98036	Outpatient Medical Center
3 Virginia Mason Edmonds Medical Center 7315 212th St SE Suite 101/207 Edmonds, WA 98026	Outpatient Medical Center
4 Virginia Mason Issaquah Medical Center 100 NE Gilman Road Issaquah, WA 98027	Outpatient Medical Center
5 Virginia Mason Kirkland Medical Center 11800 NE 128th St Suite 300 Kirkland, WA 98034	Outpatient Medical Center
6 Virginia Mason Bellevue Medical Center 222 112th Ave NE Bellevue, WA 98004	Outpatient Medical Center
7 Virginia Mason Bainbridge Island Medical Center 1344 Wintergreen Lane NE Bainbridge Island, WA 98110	Outpatient Medical Center
8 Virginia Mason University Village Medical Center 2671 NE 46th St Seattle, WA 98105	Outpatient Medical Center
9 Bailey-Boushay House 2720 East Madison Seattle, WA 98112	Skilled Nursing Facility
10	

Part VI Supplemental Information

Provide the following information.

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.
- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.
- 3 Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy.
- 4 Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.
- 5 Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).
- 6 Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- 7 State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Part I Line 3c	Full or partial discounts may be provided to patients who are not otherwise eligible for Charity Care, i.e., with gross family incomes above three hundred percent 300 of the federal poverty guidelines adjusted for family size. Such discounts may be provided to patients with catastrophic costs or conditions when circumstances as determined by the Medical Center indicate that full payment may cause extraordinary financial hardship to the patient or the patients family. The Medical Center shall determine, on a case by case basis, whether a patient qualifies as Medically Indigent pursuant to its policy and shall, through Patient Financial Services, determine the amount of the discount, if any. Determinations shall be made expeditiously after submission of financial information by the patient, but shall not be subject to any appeal rights.
Part I Line 7	The Medical Center used the direct expenses and revenues of the hospital to calculate the cost-to-charges ratio for the amounts included in the table reflected in Part I. The cost-to-charge ratio used was derived using Worksheet 2, Ratio of Patient Care Cost-to-Charge ratio per the instructions.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Part III Line 2	The Medical Center calculated the bad debt expense based on the actual write-offs for bad debt expense incurred during the year.
Part III Line 4	As the result of adopting ASU No. 2014-09, described in note 2k, the Medical Center no longer maintains an allowance for performance obligations satisfied after January 1, 2018. Additionally, the Medical Center no longer separately presents a provision for uncollectibles on the consolidated statements of operations and balance sheets. The remaining provision for uncollectible accounts is considered immaterial as it is maintained only due to unforeseeable circumstances, such as bankruptcy.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Part III Line 8	<p>The Medical Centers calculation of the Medicare shortfall related to Hospital-based inpatient and outpatient shortfall is 30,645,594. The Medical Center employs over 434 physicians who provide professional services to patients which are not covered in this number. In addition, the Medical Center operates satellite clinics and ambulatory surgery centers which are not reported in the Medicare cost report. For all of its patient services, the Medical Center utilizes a comprehensive electronic cost reporting package which uses the directly assigned general ledger costs and allocates all overhead costs to operating costs using a model inspired by the Medicare cost report. This model with the Medical Centers calculation shows a Medicare shortfall of 28.0 million which is not included in the traditional cost report primarily due to shortfall of Medicare professional fees versus costs.</p>
Part III Line 9b	<p>Virginia Masons mission is to improve the health and well-being of the patients we serve. To ensure the Medical Center continues to have the resources to fulfill our mission, we must balance the financial needs of our patients with those of the Medical Center. In all instances, we will treat our patients with dignity, compassion and respect. The Medical Center expects payment in full upon receipt of the patients first billing. Patients will receive monthly Medical Center statements upon determination of the patients private responsibility. A Virginia Mason Clinic statement will be sent representing the professional component of services provided. If services were provided or processed at the downtown campus except the Health Resources Building, which is not licensed as part of the hospital, a Hospital statement will also be sent representing the facility/technical component of services. As outstanding balances age, statement messages dunning, collection letters and/or telephone calls may be used at appropriate intervals as determined by the Medical Center. Delinquent accounts may be forwarded to a third party where a series of collection contacts letters and phone calls will be initiated. Delinquent self pay accounts that have not been paid in full or established an approved installment payment plan may be referred to a collection agency. This occurs approximately 130 days from determination of patient responsibility. Patient Financial Services management team has responsibility for determining under what circumstances a balance may be referred for collection agency resolution. The Medical Center recognizes there are occasions when a patient is not financially able to pay their medical bill in full. Those patients who indicate they are experiencing financial hardship will be offered the opportunity to apply for charity care assistance. Collection activity will be suspended pending eligibility determination. If the patients income is greater than 300 of the current years federal poverty guideline FPG, charity is denied and alternative payment arrangements are discussed. If the patients income is less than 300 of the current years FPG, the patient will complete the charity application and send supporting documentation. If charity determination is approved, the charity care discount is applied to the outstanding account balance based on the FPG determination and a confirmatory letter is sent to the patient. If charity is denied, the Medical Center will send a denial letter to the patient. A summary report of collection activities taken will be provided to the Medical Center Board on an annual basis per the Washington State Hospital Association WSHA guidelines.</p>

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Part VI Line 2	<p>Virginia Mason conducts a Community Health Needs Assessment CHNA every three years. The CHNA can be found at VirginiaMason.org/connecting-with-our-communities. Our CHNA drives our community work and serves as a guideline to help us achieve three basic goals 1 Improve the communitys health status and overall quality of life 2 Reduce health disparities within the community and 3 Increase access to preventative services. The latest CHNA was published in 2018. It was developed in partnership with Public Health - Seattle and King County. Virginia Masons 2018-2019 CHNA is an updated and expanded version of the collaborative CHNA. It includes secondary data from a variety of local, state and federal agencies, including Public Health - Seattle and King County. It also includes key informant interviews with individuals representing public health, city government, the health care safety net, cultural communities, schools and health advocacy. A 2018-2019 CHNA Implementation Strategy was also developed and serves as a living document to guide our community benefit programs. Virginia Masons community benefit program focuses our resources on community needs and strengths of the Medical Center. Examples include A Subsidized health services - Every community needs certain health care services that typically cost more to deliver than the provider of the services receives. These subsidized health services are part of the Medical Centers mission because they are needed in the community and otherwise would not be available to meet patient needs. They include 1 Emergency Department open to all 2 Bailey-Boushay House BBH, an inpatient and outpatient center for people living with HIV/AIDS and other complex diseases 3 Partnership with Public Health - Seattle and King County to help support the Edward Thomas House medical respite program for homeless adults in King County 4 Partnership with Project Access Northwest PANW to provide specialty care services to community clinic patients and premium assistance to low-income patients 5 Uncompensated care - As a nonprofit organization, Virginia Mason is committed to serving patients who are uninsured, underinsured or otherwise unable to pay for their medical care 6 Research - The Medical Center conducts medical research through its affiliated, Benaroya Research Institute at Virginia Mason BRI. 7 Education - A Virginia Mason is a premier teaching hospital that offers postgraduate education programs through its Graduate Medical Education GME Department. All GME postgraduate training programs are accredited by the Accreditation Council on Graduate Medical Education ADGME B The Medical Centers GME program partners with Public Health - Seattle and King County Health Services Division to provide 12 residents for the Eastgate Public Health Center 8 Community partnerships The Medical Center is a member of the King County Community Health Needs Assessment collaborative, a partnership that includes all King County hospitals, Public Health - Seattle and King County, and the Washington State Hospital Association. In addition to collaborating on future CHNAs, this partnership has formed Hospitals for a Healthier Community HHC and is researching and planning collaborative community benefit activities that comprehensively address community health issues. 9 Community health improvement services A Community health education, such as Nutrition and Fitness for Life pediatric program and classes B Nutrition and fitness education at Marys Place, a day shelter for homeless women and children C Providing educational information through our pediatric departments and community events to parents regarding firearm safety in homes where their children visit and play D Membership and partnership in the Washington State Firearm Tragedy Prevention Network E Healthy cooking demonstrations at Plymouth Housing F Health fair sponsorships in the community G Free flu shots and health screenings for uninsured/underinsured and the homeless H Partnership with WithinReach to provide health care resources to families I Partnership with Washington Green Schools to provide green/sustainable curriculums and training in public schools J Partnership with NeighborCare Health to provide funding for expanded housing and mental health care K Providing resources to Refugees Northwest and International Rescue Committee to assist refugees and immigrants with access to health care L Partnership with Seattle/King County clinic to provide flu shots during their four-day free health clinic and M Bereavement support through Virginia Masons Grief Services department.</p>
Part VI Line 3	<p>The Medical Center informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state or local government programs or under the Medical centers charity care policy at various points beginning with scheduling and continuing through the patient billing process. At scheduling, if a patient indicates they are without insurance and unable to pay for the services, their account is flagged for a financial navigator to contact them to discuss assistance. At arrival for an appointment, the Medical Centers admissions lobby areas have signage regarding availability of charity care, a copy of the charity care policy and information regarding who to contact for assistance. During the arrival process, the Medical Centers admissions personnel will confirm ability to pay. If financial need or financial hardship is indicated, the Medical Center financial navigators will work with the patient to determine whether Medicaid, state program options, or charity care would be appropriate. The Medical Centers charity policy and financial assistance contact information is also included on patient bills. The Medical Centers Patient Guide to Fees and Billing includes information on charity care availability and contact information to initiate an assessment. The brochure is available in all lobbies for patients to pick up. The brochure is also sent out by Patient Account Services staff based on a patients expressed concerns either via phone or letter. The Medical Centers website also includes information about charity care availability and the contact number to initiate an assessment.</p>

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Part VI Line 4	<p>In 2019, Virginia Mason Medical Center had 976,974 physician visits 12,221 inpatient admissions, and 15,693 surgical procedures. The Medical Centers service area encompasses the communities where its facilities are located and where 75 percent of its patients reside King County, the southwest region of Snohomish County, and Bainbridge Island in Kitsap County. Residences of Medical Center patients 2018 data include 1 Seattle 68,340 2 Seattle suburbs King County outside of Seattle 91,736 3 Snohomish County 7,215 4 Bainbridge Island 9,370 5 Service area total 176,661 6 Other Washington State 45,742 70 Rest of the Northwest 4,367 8 Rest of United States 2,740 8 Other 233 for a total of 229,743. The service area King County population was nearly 2.2 million in 2018. The age and racial/ethnic profile of the total population was as follows 1 Total population 2,188,649 2 Under 18 years 446,484 3 Age 18-64 1,457,641 4 65 years or older 284,524 5 White 68 percent 6 Hispanic 9.7 percent 7 Black 6.8 percent 8 Asian 18.2 percent 9 American Indian/Alaska Native 1 percent 10 Native Hawaiian/Pacific Island .9 percent 11 Two or more races 5.1 percent. According to the United States Census Bureau, the median household income for King County 2012-2016 was 78,800 with 9.3 percent living below the poverty level. Within King County, median income was lowest for Blacks and American Indians/Alaska natives and in urban south King County. In King County, poverty rates are highest in White Center/Boulevard Park, several central and Southeast Seattle neighborhoods and Auburn. King Countys 2018 labor force was about 1.29 million, with an average annual unemployment rate of 3.4 percent. Within this estimate, about 1.22 million county residents were counted among the employed and slightly more than 43,000 were counted among the unemployed. The unemployment rate in King County has been steadily declining since reaching a peak level of 9.5 percent in early 2010, and has been in the 3 to low 4 percent range since 2015.</p>
Part VI Line 5	<p>Virginia Masons community benefit program is designed to improve our communitys health status and overall quality of life, reduce health disparities within the community and increase access to preventative services. To accomplish this, our organization contributes time, energy and money in the area of improving health, providing free and subsidized care, health professionals education and research.</p>

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Part VI Line 5	Uncompensated Care. As a non-profit organization, Virginia Mason is committed to serving patients who are uninsured, underinsured or otherwise unable to pay for their medical care. Under Virginia Masons charity care policy, free or reduced-cost medically necessary care after all health insurance has been exhausted is provided to individuals making up to 300 percent of the federal poverty level in keeping with the Washington State Hospital Association voluntary guidelines on billing the uninsured. In 2019, Virginia Mason provided charity care to 7,872 patients at a cost of 10,762,232. In addition, Virginia Masons unreimbursed Medicaid was provided at a cost of 30,027,157.
Part VI Line 5	Community Health Improvement Services. Improving health and quality of life extends beyond diagnosis and treatment. It also requires community health education and outreach services. Health improvement and outreach services provided by Virginia Mason include the following 1 community health education, such as classes in the Buse Diabetes Teaching Center 2 free health screenings at community health fairs 3 free flu shots and health screenings for the homeless in conjunction with United Way of King Countys community Resource Exchange 4 sponsorship of many professionally facilitated support groups, including diabetes prevention and management 5 bereavement support through our Separation and Loss Services and 6 leadership roles in several community organizations, with focus on health care.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Part VI Line 5	<p>Health Professions Education. Virginia Mason strongly supports medical education to ensure our patients and the community benefit from advances in medical care. Virginia Mason is a premier teaching hospital that offers postgraduate education programs through its Graduate Medical Education Department GME. All GME postgraduate training programs are fully approved by the Accreditation Council on Graduate Medical Education ACGME. Virginia Mason trains more than 130 residents and fellows annually. VMs GME program is partnered with Public Health - Seattle and King County Health Services Division, providing residents for the Eastgate Public Health center, as well as providing residents at the Carolyn Downs Family Medical Center, Pike Market Medical Clinic and North Public Health Center. Virginia Masons collaboration with the Eastgate Public Health Center combines the Medical Centers commitment to teaching and community benefit through an innovative public-private program which allows residents to be more involved in the care of the underserved and uninsured. The Eastgate clinic is the largest of three county public health clinics in east King County and offers a variety of primary care services to adults and children. Approximately 50 percent of patients seen at the clinic do not have insurance or the means to pay, and approximately the same percentage do not speak English and require interpretive services. This resident clinic improves overall health in the community and gives back to our community in a meaningful way. Virginia Mason serves as an internship site for students in a variety of other health programs, such as nursing, pharmacy, respiratory therapy and laboratory technology.</p>
Part VI Line 5	<p>Subsidized health services. Every community needs certain health care services that typically cost more to deliver than the provider of these services receives. These subsidized health services include Bailey-Boushay House BBH a nursing residence and adult day health center for people living with HIV/AIDS as well as end-of-life care for people with ALS and other complex conditions. Safety and security were key drivers for opening Bailey-Boushays emergency night shelter in November 2018, providing 50 beds to address rising homelessness in their outpatient population. It is the first homeless shelter in the world specifically designed for people with HIV.</p>

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Part VI Line 5	<p>Research. Virginia Mason conducts medical research through its affiliate, Benaroya Research Institute at Virginia Mason BRI. BRI is a non-profit biomedical research institute that works to unlock the mysteries of the immune system. Its teams of world-renowned scientists is focused on identifying causes and cures for devastating disease including diabetes, arthritis, heart disease and cancer. In 2019, the Medical Center provided 3,000,000 to support research activities at BRI.</p>
Part VI Line 5	<p>Environmental improvements. Virginia Masons environmental stewardship program, EnviroMason, provides the framework for various footprint reduction initiatives, such as conserving energy and water, designing greener buildings, generating less waste, and buying environmentally preferable products. Virginia Mason has employed a full time sustainability director since 2011. The purpose of this position and the EnviroMason program is to preserve long-term environmental quality that we all rely upon for good health. In 2007, Virginia Mason became the first hospital in the Pacific Northwest to eliminate Styrofoam use and began composting food waste. Since 2011, our energy conservation projects have saved over 4.5 million kilowatt hours per year. Our water conservation projects in the same period have saved more than 7 million gallons of water per year. Between 2011 and 2019, Virginia Mason diverted more than 8,200 tons of waste from the landfill. We accomplished this by expanding recycling across our facilities improving our electronics recycling providing composting to all lunch and break rooms implementing a construction debris recycling program recycling the fiber from our shredded office paper and reprocessing medical supplies that can be reused. Additionally, Virginia Mason was the first hospital in the region to implement an operating room OR recycling program. EnviroMasons team approach extends from strong senior leadership support to active engagement of our team members. Our goal is to reduce the environmental impact of Virginia Masons operations by educating and empowering team members to make more sustainable choices. In 2019, this approach led to the Anesthesiology department at the main campus successfully eliminating the use of desflurane, an anesthetic gas with 20 times the global warming potential as its primary alternative gas. EnviroMason special events also help us engage our team members with sustainability efforts. We sponsor events such as our farmers market, community supported agriculture CSA program, and EcoChallenge carbon reduction program. Of the 565 organizations across the country who participated in the April 2019 EcoChallenge, Virginia Mason had the most participants and most points earned. Virginia Mason also signed on to the national Healthy Food in Health Care Pledge. As an organization dedicated to preserving health, Virginia Mason is reducing our greenhouse gas emissions through energy efficiency commute trip reduction landfill diversion activities, like recycling, composting, and food donation and buying local goods and services.</p>

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Part VI Line 5	Medical Staff. Virginia Mason has 679 members on its active hospital staff, including Virginia Mason physicians, and other community providers.
Part VI Line 5	<p>Accountability to the community. The Medical Center is accountable to the public through its Board, the voting members of which are community members who represent the diverse populations and needs of communities served by the Medical Center. The Medical Center is also accountable to the community through its sole voting member, the Health System whose Board is composed primarily of community members. In furtherance of its commitment to responsible governance practices, the Medical Centers Audit and Compliance Committee, composed entirely of community members of the organizations Board, is charged with the overseeing the selection and discharge of the Medical Centers independent financial auditors and oversight of the Medical centers compliance programs. In addition, the Medical Center has chartered a Governance Committee, responsible for reviewing and evaluating the organizations corporate governance policies and guidelines, and providing oversight of procedures for disclosure and management of conflict of interest. The voting members of the Governance Committee are independent community members of the Medical Centers board. As a further mechanism for community involvement and leadership, Virginia Mason has established a Board of Governors, an advisory body of community representatives. The Board of governors regularly participates in extensive tours of various areas of the Medical Center facilities and becomes involved in forums for in-depth discussion of issues of importance to these organizations and the communities they serve. Bailey-Boushay House, a division of the Medical Center which provides day health and skilled nursing facility services to individuals living with HIV/Aids, also has an advisory board comprised primarily of representatives of the community who provide input and guidance on serving the community.</p>

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Part VI Line 5	Use of financial surpluses. All financial surpluses from the operation of the Medical Center are used exclusively to further its charitable purposes. No individual receives any portion of the organizations respective surplus as a result of ownership or any other insider relationship. The Compensation and Benefits Committee of the Medical Center Board, which directs the performance review and approves the compensation and benefits of the Medical Centers senior leadership, is composed entirely of community members of the Board who have no financial ties to the Medical Center, either directly or through family or business relationships.
Part VI, Line 7	WA

Additional Data

Software ID: 19009610

Software Version: 19.2.1.0

EIN: 91-0565539

Name: Virginia Mason Medical Center

Form 990 Schedule H, Part V Section A. Hospital Facilities

Section A. Hospital Facilities (list in order of size from largest to smallest—see instructions) How many hospital facilities did the organization operate during the tax year? 1		Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (Describe)	Facility reporting group
1	Virginia Mason Medical Center 1100 Ninth Avenue Seattle, WA 98101 viriniamason.org HAC.FS.00000010	X	X		X			X			A

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Group Virginia Mason Medical Center Line Part V, Section B, Line 5	Through Public Health - Seattle and King County, the Medical Center conducted key informant interviews with community coalitions and organizations, education and government agencies about assets and resources that help their communities thrive, as well as concerns and health needs within their communities full list of organizations in CHNA summary.
Group Virginia Mason Medical Center Line Part V, Section B, Line 6a	The Medical Center worked with the following other Puget Sound area hospitals on the current CHNA 1 Evergreen Health 2 CHI Franciscan Health 3 Kaiser Permanente Washington 4 MultiCare Health System 5 Overlake Medical Center 6 Seattle Cancer Care Alliance 7 Seattle Childrens 8 Swedish and 9 University of Washington Medicine.

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Group Virginia Mason Medical Center Line Part V, Section B, Line 11	Access to dental care was identified as a health need, but Virginia Mason lacks the personnel to address this issue and it is being addressed by other organizations, such as NeighborCare.

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

Schedule I
(Form 990)

Grants and Other Assistance to Organizations,
Governments and Individuals in the United States
Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2019

Open to Public
Inspection

Department of the
Treasury
Internal Revenue Service

Name of the organization
Virginia Mason Medical Center

Employer identification number

91-0565539

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☒ Yes ☐ No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) See Additional Data							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 25
- 3 Enter total number of other organizations listed in the line 1 table ▶

Part III **Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22.

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

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

Return Reference	Explanation
Part I Line 2	The funds provided to Virginia Mason Health System and Benaroya Research Institute at Virginia Mason are for operational support or specific activities. Assistance provided to other non-profit organizations consisted of donations made to support specific events sponsored by the recipient organizations. The Medical Center tracks all community benefit investment activities. The Medical Center requires all recipients of community investments dollars to report the impact made by the funding. The Community Benefit team follows up regularly on requests and keeps documented records of receipt.

Additional Data

Software ID: 19009610
Software Version: 19.2.1.0
EIN: 91-0565539
Name: Virginia Mason Medical Center

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
VIRGINIA MASON HEALTH SYSTEM 1100 NINTH AVENUE SEATTLE, WA 98101	91-1351110	501c3	4,026,096				OPERATING SUPPORT
BENAROYA RESEARCH INSTITUTE AT VIRGINIA MASON 1201 NINTH AVENUE SEATTLE, WA 98101	91-0653422	501c3	3,000,000				OPERATING SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PUBLIC HEALTH - SEATTLE & KING COUNTY 401 5TH AVE STE 1200 SEATTLE, WA 98104	91-6001327	County	89,303				GENERAL SUPPORT
WSMA FOUNDATION FOR HEALTHCARE IMPROVEMENT DEVELOPMENT DEPT 1118 FIFTH AVE SEATTLE, WA 98101	91-6074463	501c3	85,000				GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PROJECT ACCESS NORTHWEST 1111 HARVARD AVE SEATTLE, WA 98122	20-4377921	501c3	82,500				GENERAL SUPPORT
JDRF NORTHWEST CHAPTER 1215 FOURTH AVE S SEATTLE, WA 98161	23-1907729	501c3	50,700				GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AMERICAN HEART ASSOCIATION 710 SECOND AVE STE 900 SEATTLE, WA 98104	13-5613797	501c3	42,500				GENERAL SUPPORT
SNO-KING AMATEUR HOCKEY ASSOCIATION 14326 124TH AVE NE KIRKLAND, WA 98034	23-7275375	501c3	20,000				GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NATIONAL MULTIPLE SCLEROSIS SOCIETY 192 NICKERSON ST STE 100 SEATTLE, WA 98109	13-5661935	501c3	18,500				GENERAL SUPPORT
THE HIRSHBERG FOUNDATON 2990 S SEPULVEDA BLVD STE 300C LOS ANGELES, CA 90064	95-4640311	501c3	15,000				GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WOODLAND PARK ZOO SOCIETY 5500 PHINNEY AVE N SEATTLE, WA 98103	91-6070005	501c3	15,000				GENERAL SUPPORT
PRIDEFEST 2623 E PIKE ST SEATTLE WA 98122 SEATTLE, WA 98122	47-1817063	501c3	11,000				GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE BLOEDEL RESERVE 7571 NE DOLPHIN DRIVE BAINBRIDGE ISLAND, WA 98110	91-6182786	501c3	11,000				GENERAL SUPPORT
AMERICAN LUNG ASSOCIATION THE MOUNTAIN PACIFIC 822 JOHN STREE SEATTLE, WA 98109	93-0386887	501c3	10,000				GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CCFA NORTHWEST 9 LAKE BELLEVUE DR BELLEVUE, WA 98005	13-6193105	501c3	10,000				GENERAL SUPPORT
NORTHWEST KIDNEY CENTERS PO BOX 3035 SEATTLE, WA 98114	91-6057438	501c3	10,000				GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PANCREATIC CANCER ACTION NETWORK 1500 ROSECRANS AVE STE 200 ATTN FIN MANHATTAN BEACH, CA 90266	33-0841281	501c3	10,000				GENERAL SUPPORT
SOLID GROUND PO BOX 31066 SEATTLE, WA 98103	23-7421892	501c3	10,000				GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SUSAN G KOMEN PUGET SOUND 112 FIFTH AVE N SEATTLE WA 98109 SEATTLE, WA 98109	91-1624040	501c3	10,000				GENERAL SUPPORT
FOUNDATION FOR EDMONDS SCHOOL DISTRICT PO BOX 390 LYNNWOOD, WA 98046	91-1296816	501c3	7,500				GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FRIENDS OF LAKE SAMMAMISH STATE PARK PO BOX 605 ISSAQUAH, WA 98027	46-2633224	501c3	7,500				GENERAL SUPPORT
KENT VALLEY HOCKEY ASSOCIATION 6015 S 240TH ST KENT, WA 98032	42-1547910	501c3	7,500				GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WESTERN WASHINGTON FEMALE HOCKEY ASSN PO BOX 77687 SEATTLE, WA 98177	75-3028953	501c3	7,500				GENERAL SUPPORT
AMERICAN RED CROSS 1900 25TH AVE S SEATTLE WA 98144 SEATTLE, WA 98144	53-0196605	501c3	6,000				GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PLYMOUTH HOUSING GROUP 2113 THIRD AVE SEATTLE, WA 98121	91-1122621	501c3	6,000				GENERAL SUPPORT

Schedule J (Form 990)	Compensation Information	OMB No. 1545-0047
		2019
Department of the Treasury Internal Revenue Service	For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23. ▶ Attach to Form 990. ▶ Go to www.irs.gov/Form990 for instructions and the latest information.	
Name of the organization Virginia Mason Medical Center		Employer identification number 91-0565539

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

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

[illegible]

Part III Supplemental Information

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

Return Reference	Explanation
Part I Line 1a	Social club dues are provided to two members of the senior leadership team who use the club memberships for business purposes. These payments are treated as non-taxable.
Part I Line 1b	All invoices for payment of social club dues and associated monthly expenses are paid pursuant to the Medical Center Business Expense Policy and Social Club Dues Policy.
Part I Line 4b	The Medical Center has a Supplemental Executive Retirement Plan SERP. The SERP is a 457f nonqualified deferred compensation plan pursuant to which plan benefits are subject to a substantial risk of forfeiture. The plan was approved by the Boards Compensation and Benefits Committee, a committee composed of independent board members to whom the Board delegates the authority to approve compensation and benefits for the Medical Centers most senior executives. The Committee receives advice from an independent compensation consultant to ensure that compensation and benefits, including the SERP, are market competitive and reasonable. Supplemental Executive Retirement Plans such as this are customary for senior executives in the health care industry.
Part I Line 4b	Lucy Glenn, M.D. received a payout of 123,466 from a Supplemental Executive Retirement Plan. Michael Glenn, M.D. received a payout of 112,125 from a Supplemental Executive Retirement Plan. Michael Gluck, M.D. received a payout of 146,250 from a Supplemental Executive Retirement Plan. Gary Kaplan, M.D. received a payout of 235,909 from a Supplemental Executive Retirement Plan. Joyce Lammert, M.D. received a payout of 75,563 from a Supplemental Executive Retirement Plan. Steve Rupp, M.D. received a payout of 104,269 from a Supplemental Executive Retirement Plan. Charleen Tachibana received a payout of 72,750 from a Supplemental Executive Retirement Plan. Suzanne Anderson accrued benefits of 105,188 in a Supplemental Executive Retirement Plan. Katerie Chapman accrued benefits of 66,375 in a Supplemental Executive Retirement Plan. Michael Glenn, M.D. accrued benefits of 112,125 in a Supplemental Executive Retirement Plan. Gary Kaplan, M.D. accrued benefits of 235,909 in a Supplemental Executive Retirement Plan. Joyce Lammert, M.D. accrued benefits for 75,563 in a Supplemental Executive Retirement Plan. Donna Smith, M.D. accrued benefits of 75,938 in a Supplemental Executive Retirement Plan. Charleen Tachibana accrued benefits of 72,750 in a Supplemental Executive Retirement Plan.

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

Schedule K
(Form 990)

Supplemental Information on Tax-Exempt Bonds

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

► Attach to Form 990.

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

OMB No. 1545-0047

2019

Open to Public
Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
Virginia Mason Medical Center

Employer identification number

91-0565539

Part I Bond Issues

(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
						Yes	No	Yes	No	Yes	No
A Washington Health Care Facilities Authority	91-1108929	93978HSS5	08-31-2017	287,837,574	Refund/Redeem bonds		X		X		X

Part II Proceeds

		A		B		C		D	
1	Amount of bonds retired								
2	Amount of bonds legally defeased								
3	Total proceeds of issue	287,841,698							
4	Gross proceeds in reserve funds								
5	Capitalized interest from proceeds								
6	Proceeds in refunding escrows								
7	Issuance costs from proceeds	2,428,792							
8	Credit enhancement from proceeds								
9	Working capital expenditures from proceeds								
10	Capital expenditures from proceeds								
11	Other spent proceeds	285,411,117							
12	Other unspent proceeds	1,789							
13	Year of substantial completion								
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue of tax-exempt bonds (or, if issued prior to 2018, a current refunding issue)?	X							
15	Were the bonds issued as part of an advance refunding issue of taxable bonds (or, if issued prior to 2018, an advance refunding issue)?		X						
16	Has the final allocation of proceeds been made?		X						
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X							

Part III Private Business Use

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

Part III

Private Business Use (Continued)

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

Part IV

Arbitrage

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate? . . .		X						
2	If "No" to line 1, did the following apply?								
a	Rebate not due yet?		X						
b	Exception to rebate?		X						
c	No rebate due?	X							
	If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed								
3	Is the bond issue a variable rate issue?		X						
4a	Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X						
b	Name of provider								
c	Term of hedge								
d	Was the hedge superintegrated?								
e	Was the hedge terminated?								

Part IV Arbitrage (Continued)

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

Part V Procedures To Undertake Corrective Action

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

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

Return Reference	Explanation
Part I Line A	Column C 93978HSD8, 93978HSE6, 93978HSF3, 93978HSG1, 93978HSH9, 93978HSJ5, 93978HSK2, 93978HSL0, 93978HSM8, 93978HSN6, 93978HSP1,

Return Reference	Explanation
Part I Line A	Column C continued 93978HSQ9, and 93978HSR7

Return Reference	Explanation
Part I Line A	<p>Column F The proceeds of the Series 2017 bonds will be used for the purpose of providing part of the funds necessary to 1 refund, on current basis the Authoritys revenue bonds, Series 1997B Bonds, the Series 2007A Bonds, the Series 2007B Bonds, and the Series 2007C Bonds and 2 pay costs of issuance of the bonds. The 1997B bonds were reissued December 1, 2007. The original bond proceeds were used to 1 finance or reimburse the Medical Center for the costs of constructing, remodeling and/or acquiring Health Care Facilities 2 fund the initial deposit to the Reserve Accounts for the Bonds 3 pay the premium for the Insurance Policy and 4 pay certain of the other costs of issuing the Bonds. The Series 2007A Bonds, the Series 2007B Bonds and the Series 2007C Bonds were originally issued December 1, 2007. The original bond proceeds of the reoffered 1997B Bonds together with the proceeds of the Series 2007 bonds were to be used for the purpose of providing part of the funds necessary to 1 refund, on an advanced and current basis, and to redeem the Authoritys revenue bonds, Series 1997A 2 reissue, refund, on a current basis and replace the Series 1997B Bonds as a variable rate obligation 3 reimburse the Medical Center for, or pay, the costs of acquiring, constructing, remodeling, renovating and equipping certain health care facilities 4 pay interest on the Series 2007 Bonds during construction 5 fund the initial deposits into respective debt service reserves for the Series 2007 bonds 6 pay the cost of credit enhancement, if any, and 7 pay issuance costs.</p>

Return Reference	Explanation
Part II Line 3	Difference between Part I, column e and Part II, line 3 is investment earnings.

Return Reference	Explanation
Part II Line 7	Difference between Part II, Line 7 and Form 8038, line 24, is due to lower issuance costs than the estimated cost included in the proceeds.

Schedule L
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions with Interested Persons

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

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
Virginia Mason Medical Center

Employer identification number
91-0565539

Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and section 501(c)(29) organizations only).
Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

1	(a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected?	
				Yes	No

2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958. ▶ \$

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

Part II Loans to and/or From Interested Persons.
Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
			To	From			Yes	No	Yes	No	Yes	No

Total ▶ \$

Part III Grants or Assistance Benefiting Interested Persons.
Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) CHI-VM LLC	Entity more than 35 owned by John Oppenheimer, director	2,704,673	Provision of services		No

Part V Supplemental Information

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

Return Reference	Explanation
Part IV Line 1a	Name of Interested Person CHI-VM LLC
Part IV Line 1b	Relationship Entity more than 35 owned by John Oppenheimer, director
Part IV Line 1c	Amount of Transaction 2,704,673
Part IV Line 1d	Description of Transaction Provision of management and hospitality services to the Medical Center
Part IV Line 1e	Sharing of Revenues No

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury

Name of the organization
Virginia Mason Medical Center

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

► Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2019

Open to Public Inspection

Employer identification number

91-0565539

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part III, Line 1	The Medical Center provides integrated health services through a teaching hospital licensed for 336 beds and multi-speciality group practice of approximately 538 employed physicians, offering both primary and specialized care, through a regional network of neighborhood clinics and ambulatory surgery centers. The Medical Center also operates Bailey-Boushay House, a skilled nursing facility and day health center serving the HIV/AIDS community. The Medical Center patient care services are integrated with and enhanced by education and research activities which include a graduate medical education program providing training to over 130 residents, fellows and medical students each year. In addition, the Medical Center sponsors training programs for pharmacy and a variety of other health services such as nursing, respiratory therapy, physical therapy, speech and language therapy and laboratory technology.

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part III, Line 4a	<p>The Medical Center is committed to subsidizing certain health services due to the demonstrated need for these services in the community. Since 1992, the Medical Center has addressed the treatment of HIV/AIDS by operating Bailey-Boushay House Bailey-Boushay, a 35-bed skilled nursing facility. The first facility in the nation built specifically for the care of people living with AIDS, Bailey-Boushay now also serves other individuals who need intensive nursing care, many of whom are Medicaid recipients. In addition to the care provided to its residential population, Bailey-Boushay provides day health services to 384 clients annually, allowing them to live independently with HIV/AIDS. In November 2018, Bailey-Boushay opened the first HIV Homeless Shelter which services 50 clients. In 2019, Bailey-Boushay began the Rental Assistance Program, which helps to provide housing to individuals who are low-income, diagnosed with HIV/AIDS, and require assistance in maintaining or acquiring appropriate affordable permanent housing, with currently 51 units occupied. The Medical Center also offers emergency services 24 hours a day, 7 days a week. The department is staffed by board-certified emergency physicians, physician assistants and certified emergency nurses. The Medical Center is committed to providing necessary medical services regardless of a patients ability to pay and without discrimination as to race, color, creed, national origin, religion, sex, sexual orientation, disability, age, source of income, or any other class protected by federal or Washington state law, or who have an emergency medical condition. The Medical Center is a participating hospital in the Washington State Medicaid Contracting Program. Charity care is provided according to a patients gross family incomes at or below 300 of the Federal poverty guidelines adjusted to family size. Full or partial charity care may be provided to patients with gross family incomes exceeding 300 of the federal poverty level when circumstances indicate that full payment may cause financial hardship so as to significantly harm the patient or patients family. Patients without health insurance are eligible for a thirty-five percent 35 discount on medically necessary services under the Medical centers Discounts for Uninsured Patients Policy. Charity care was provided at a cost of 10,762,232 during the year, along with 30,306,474 of Medicaid contractual allowances. Charity care does not include bad debts which is the amount the Medical Center is not paid by patients deemed able to pay their bills.</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part III, Line 4b	<p>The Medical Centers graduate medical education program maintains education affiliation agreements with community clinics under which the Medical Centers residents provide care to patients at clinics serving low-income and uninsured patients. The Medical Center has an affiliation with Eastgate Public Health Clinic operated by Seattle King County Public Health to provide a resident clinic 4-days a week under the supervision of Medical Center physicians. This affiliation has expanded access to health care for King County residents and enhanced the educational opportunities of internal medicine residents. The Clinical Nursing Education CNE program offered 24 CNE events in 2019 to 746 attendees. In addition, CNE joined with Continuing Medical Education to offer 13 classes where 450 RNs, and ARNPs were offered CNE contact hours. Participants include nurses the primary audience - RNs and LPNs and advanced practice registered nurses CNS, CNL, ARNP, as well as patient care technicians, nursing students, nurse technicians, respiratory therapists, social workers, educators, dietitians, specialized technicians e.g. GI Techs, Donation Techs, Radiation-Oncology Techs, medical assistants, medical technologists, administrative assistants, chaplains, bereavement coordinators and physicians. The Medical Center also serves as an internship site for students in a variety of allied health programs such as nursing, pharmacy, respiratory therapy, physical therapy, occupational therapy, social work, sleep disorders, medical insurance, speech and language therapy, radiology and laboratory technology. Successful relationships have been built with vocational training programs for medical assistants as well. The Medical Center provides strong support for continuing medical education CME. The Medical Centers CME program is accredited by the Accreditation Council for Continuing Medical Education ACCME and was last reaccredited in 2016, receiving Accreditation with Commendation. In 2019, the CME department sponsored 24 courses either full-, half-, or multi-day totaling 294.50 hours of instruction. These activities were attended by 1,120 participants, including 415 physicians. Since 2013, our program has been approved by the American Board of Medical Specialties Portfolio Program, permitting Virginia Mason to endorse and award AMA PRA Category 1 Credit for quality improvement projects for physician Maintenance of Certification MOC Part IV credit. In 2019, 18 physicians participated in performance improvement CME projects. During 2019, 43 one-hour Grand Rounds presentations were presented at the Medical Center, with the live audience averaging 106 attendees weekly. The Grand Rounds series is presented from the auditorium and is simultaneously broadcast via videoconference to the organizations 12 satellite locations and to 8 off-site health care systems in Washington, Alaska, California and Wisconsin. The CME department supports 24 additional Regularly Scheduled Series including</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part III, Line 4b	13 different Cancer Care tumor boards, Clinical Cardiovascular, Imaging, Competencies and Incidents, Vascular Surgery, GI Radiology, GI Pathology and Therapeutics, and Schwartz rounds. During the year, 702.75 hours of instruction were offered through these 24 series. Cumulative participation hours tracked for all series total 9,011, of which 6,795 were physician participants.

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part III, Line 4b continued	Approximately 9 of our investigators have faculty appointments at the University of Washington, including 7 at the professorship level. The Medical Center also maintains a medical library to support its education and research activities.

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part III, Line 4d	<p>The Medical Center provides funds and in-kind services to community organizations which are consistent with the Medical Centers charitable purpose. A list of community donations is included on Schedule I. The following is a description of selected recipients and is not all inclusive. 1 The Medical Center supported Go Red for Women Heart Awareness and the Annual HeartWalk which benefited the American Heart Association AHA in 2019. AHAs mission is to be a relentless force for a world of longer, healthier lives. 2 The Medical Center was a sponsor of the JDRF Gala to benefit the Juvenile Diabetes Research Foundation JDRF in 2019. The JDRFs mission is to accelerate life-changing breakthroughs to cure, prevent and treat Type 1 diabetes T1D and its implications. 3 The Medical Center was a sponsor of National Multiple Sclerosis Society Dinner of Champions, and Annual Walk in 2019. The vision of National Multiple Sclerosis Society is a world free of Multiple Sclerosis MS. 4 The mission of Northwest Kidney Centers is to promote optimal health, quality of life and independence of people with kidney disease through patient care, education and research. The Medical Center provided support to Northwest Kidney Centers in 2019 through sponsorship of the Discovery Gala, which raised funds for charity care, diabetes support services, and kidney disease research. 5 The mission of the Woodland Park Zoo is to ensure that every child and adult has access to welcoming, extraordinary zoo experiences that build empathy and drive collective action for a sustainable future for wildlife and people. In 2019, the Medical Center was a sponsor of WildNights for families and children and the Jungle Party gala. 6 The Medical Center was a sponsor of the Jewish Family Services JFS 2019 Luncheon. The mission of JFS is to help people achieve greater well-being, health and stability.</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section A, Line 1a	<p>The governing body delegates to an Executive Committee comprised of the Chairman, Vice Chairman, Secretary and Treasurer the authority of the Board of Directors in the management of the corporation to act only in time sensitive or emergency situations as determined by the Executive Committee, such authority to be exercised in time periods between regularly scheduled meetings of the Board of Directors. All members of the Executive Committee are members of the governing body of the corporation. The Executive Committee does not have the authority to amend, alter or repeal the Bylaws, elect, appoint or remove any member of the Executive Committee or any director or officer of the corporation amend the articles of incorporation adopt a plan of merger or adopt a plan of consolidation with another corporation authorize the sale, lease or exchange of all or substantially all of the property and assets of the corporation not in the ordinary course of business authorize the voluntary dissolution of the corporation or revoke proceedings therefore adopt a plan for the distribution of the assets of the corporation amend, alter or repeal any resolution of the Board which by its terms provides that it shall not be amended, altered or repealed by the Executive Committee or terminate the Chief Executive Officer. The Executive Committee also periodically evaluates the effectiveness of Virginia Mason Medical Centers VMMC systems for resolving internal conflicts. The Board also delegates to the Executive Committee the authority of the Board to make all appointments and reappointments to the Medical Staff of the hospital.</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section A, Line 6, 7	<p>Virginia Mason Health System VMHS is the sole corporate member of the Medical Center. VMHS as the sole member has the following approval rights</p> <ol style="list-style-type: none">1 election and approval of Directors and Officers of the Board of Directors2 approval of the appointment of the Chief Executive Officer3 removal of Directors and Officers of the Board of Directors4 approval of all long-range plans proposed by the Board of Directors5 approval of the annual capital and operating budgets proposed by the Board of Directors6 approval of the borrowing of funds where the amount is in excess of Ten Million dollars7 approval of the sale, lease, exchange, mortgage, pledge or disposal of all or substantially all of the property and assets8 approval of all amendments to the Articles of Incorporation or Bylaws and all other rights and powers as specified in the Washington Nonprofit Corporation Act.

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section B, Line 11b	<p>The Audit and Compliance Committee ACC, a committee composed of independent community members of the Medical Center Board of Directors is responsible for oversight of the annual VMMC Form 990 and 990-T preparation process including 1 selection, engagement, and performance of an independent tax preparer 2 review of the annual draft Form 990 and 990-T tax returns, and 3 recommending the final Form 990 and 990-T tax returns for review to the VMMC Board of Directors. At the ACC September meeting, management provided the ACC with an initial draft of the Form 990 and the tax return reviewer presented an overview of the Form 990 preparation process. Following the September meeting, the ACC Chair updates the Medical Center Board on the Form 990 preparation. In October, a revised draft of the Form 990 is provided to the ACC Chair for further review and comment. The final Form 990 is reviewed and provided to the Board for review of the final Form 990 prior to filing. The final Form 990 and 990-T tax returns are provided to each member of the Board of Directors via electronic delivery by posting on a secure website which allows online viewing of Board documents.</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section B, Line 12c	<p>The Governance Committee of the Board has accountability for oversight of the process for disclosure, evaluation and management of conflicts of interest involving any member of the Board, executive leadership or key employees Covered Person. Pursuant to the Conflicts of Interest Policy, an annual conflict of interest questionnaire is distributed to all Covered Persons. In addition, a Covered Person has an on-going duty to disclose the existence of a conflict of interest at any time an actual or potential conflict arises. Each Covered Person is required upon appointment and annually thereafter to attest to a statement that affirms that such person has 1 received a copy of the Conflicts of Interest Policy 2 has read and understands the Policy 3 has agreed to comply with the Policy and 4 understands that the Medical Center is a charitable organization and that in order to maintain its federal tax exemption must engage primarily in activities that accomplish its tax-exempt purposes. Written disclosures are reviewed by the Governance Committee to determine if an actual or potential conflict of interest exists and if so, how it should be managed. The Covered Person is informed in writing regarding the determination the Conflict of Interest Management Plan. No Covered Person with an actual or potential conflict of interest shall engage in an activity on the Medical Centers behalf related to the disclosed actual or potential Conflict of Interest unless such activity is permitted by the Conflict of Interest Management Plan or until the Covered Person has undertaken all steps set forth in the Management Plan to manage, reduce or eliminate the conflict. All Covered Persons have a duty to disclose the existence of any actual or potential conflict of interest with respect to meeting agenda items. The Conflicts of Interest Policy requires that copies of the Conflict of Interest Questionnaire completed annually by each Covered Person and any Conflict of Interest Management Plan be maintained. In addition, the minutes of the Board and all committees with board-delegated powers shall document the disclosure and resolution of any actual or potential conflict of interest disclosed at such meeting.</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section B, Line 15	<p>The VMHS Compensation and Benefits Board Committee, a committee composed solely of independent directors of VMHS none of whom have a conflict of interest, is accountable for setting reasonable total compensation packages for each Medical Center executive, including the CEO, officers and key employees Executives consistent with the Medical Centers philosophy and principles. The Board develops and approves annual goals and performance criteria which are used in determining merit increases and variable compensation opportunities for the Medical Center Executives. The Committee assesses performance against these goals. The Committee selects and engages a qualified independent compensation consultant to review and analyze the total compensation and benefits packages to the Executives. The Committee as part of its analysis obtains from the compensation consultant appropriate comparability data including total compensation paid by similarly situated for-profit and non-profit health care organizations for positions that are functionally comparable to each of the Executives. With respect to those Executives below the level of Chair/Chief Executive Officer, the Committee requests that the Chair/Chief Executive Officer work with the compensation consultant to formulate a compensation recommendation for each such Executive, consistent with VMHSs compensation philosophy and principles. Consistent with VMHSs compensation philosophy and principles, the Committee approves total compensation packages for each of the Executives based on information presented to the Committee, reasonableness and the best interests of the Medical Center. The Committees decisions regarding compensation for each Executive are documented in written resolutions and minutes of the Committee. The Committee promptly reports its action to the Board whose reports are reflected in the Boards minutes. The Executives that were reviewed in 2019 were Chief Executive Officer, President, Chief Financial Officer, Senior Vice Presidents, Vice Presidents, Physician Chiefs, Clinic Medical Director, Hospital Medical Director, and Chief Medical Officer.</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section C, Line 19	The organizations Articles, Bylaws, Conflict of Interest Policy, and Financial Statements are made available upon request.

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part XI, Line 9	Additional Pension Adjustment 2,802,731.

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
Virginia Mason Medical Center

Employer identification number
91-0565539

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) 1000 Madison LLC 1100 Ninth Avenue Seattle, WA 98101 20-4018216	Real Estate	WA	2,053,636	27,221,333	VMMC
(2) 1005 Spring Street LLC 1100 Ninth Avenue Seattle, WA 98101 20-4816736	Real Estate	WA	2,072,479	4,965,885	VMMC
(3) Health Resource Services LLC 1100 Olive Way Seattle, WA 98101 26-2800994	Group Purchasing	WA	13,735,353	38,828,739	VMMC
(4) Puget Sound High Value Network LLC 1100 Ninth Avenue Seattle, WA 98101 47-2840780	Medical Network	WA		-4,168	VMMC
(5) NetworxHealth LLC 1100 Olive Way Seattle, WA 98101 82-5288717	Healthcare Staffing	WA	1,020,908	197,050	VMMC

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) Virginia Mason Health System 1100 Ninth Avenue Seattle, WA 98101 91-1351110	Fundraising	WA	501c3	7	N/A		No
(2) Virginia Mason Institute 1100 Ninth Avenue Seattle, WA 98101 26-3763656	Education	WA	501c3	10	VMMC	Yes	
(3) Benaroya Research Institute at Virginia Mason 1201 Ninth Avenue Seattle, WA 98101 91-0653422	Research	WA	501c3	4	VMHS		No
(4) Yakima Valley memorial Hospital Association 2811 Tieton Drive Yakima, WA 98902 91-0567263	Health Care	WA	501c3	3	VMHS		No

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end- of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) National Purchasing Partners LLC 1100 Olive Way Seattle, WA 98101 20-3470995	Group Purchasing	WA	N/A	Unrelated	15,567,994	4,041,412		No	15,548,495	Yes		50.000 %
(2) Emerald City Obstetrics Alliance LLC 1100 Ninth Avenue Seattle, WA 98101 32-0594147	Governance Oversight	WA	N/A	Related	-75,215	772,464		No			No	50.000 %

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section 512(b) (13) controlled entity?	
								Yes	No
(1) Center for Integrative Medicine at Virginia Mason 1100 Ninth Avenue Seattle, WA 98101 83-1583223	Integrative Medicine Services	WA	VMMC	C Corp	293,702	176,880	100.000 %	Yes	

Part V

Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

1

During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

a

Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity

b

Gift, grant, or capital contribution to related organization(s)

c

Gift, grant, or capital contribution from related organization(s)

d

Loans or loan guarantees to or for related organization(s)

e

Loans or loan guarantees by related organization(s)

f

Dividends from related organization(s)

g

Sale of assets to related organization(s)

h

Purchase of assets from related organization(s)

i

Exchange of assets with related organization(s)

j

Lease of facilities, equipment, or other assets to related organization(s)

k

Lease of facilities, equipment, or other assets from related organization(s)

l

Performance of services or membership or fundraising solicitations for related organization(s)

m

Performance of services or membership or fundraising solicitations by related organization(s)

n

Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)

o

Sharing of paid employees with related organization(s)

p

Reimbursement paid to related organization(s) for expenses

q

Reimbursement paid by related organization(s) for expenses

r

Other transfer of cash or property to related organization(s)

s

Other transfer of cash or property from related organization(s)

Yes

No

1a

No

1b

Yes

1c

Yes

1d

No

1e

No

1f

No

1g

No

1h

No

1i

No

1j

Yes

1k

Yes

1l

No

1m

No

1n

No

1o

Yes

1p

Yes

1q

Yes

1r

No

1s

No

2

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved

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

[illegible]

Part VII

Supplemental Information

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

Return Reference	Explanation