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Form 990

Return of Organization Exempt From Income Tax

OMB No 1545-0047

2016

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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
Information about Form 990 and its instructions is at [www.irs.gov/form990](#)

A For the 2016 calendar year, or tax year beginning 01-01-2016 , and ending 12-31-2016

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

C Name of organization
Benaroya Research Institute at Virginia Mason
Doing business as
Number and street (or P O box if mail is not delivered to street address) Room/suite
1201 Ninth Avenue
City or town, state or province, country, and ZIP or foreign postal code
Seattle, WA 981012795
F Name and address of principal officer
Jane Buckner MD
1201 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
91-0653422
E Telephone number
(206) 342-6500
G Gross receipts \$ 80,832,532

I Tax-exempt status ☒ 501(c)(3) ☐ 501(c) () ◀(insert no) ☐ 4947(a)(1) or ☐ 527
J Website: ▶ http //www.benaroyaresearch.org
K Form of organization ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶
L Year of formation 1956
M State of legal domicile WA

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities
To conduct and encourage high quality medical, surgical, and scientific research and research training in disease and problems of medical importance
2 Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets
3 Number of voting members of the governing body (Part VI, line 1a) 3 23
4 Number of independent voting members of the governing body (Part VI, line 1b) 4 18
5 Total number of individuals employed in calendar year 2016 (Part V, line 2a) 5 322
6 Total number of volunteers (estimate if necessary) 6 5
7a Total unrelated business revenue from Part VIII, column (C), line 12 7a 0
b Net unrelated business taxable income from Form 990-T, line 34 7b

Revenue

8 Contributions and grants (Part VIII, line 1h) 59,709,893 71,346,495
9 Program service revenue (Part VIII, line 2g) 7,021,290 8,553,010
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) -107,705 394,767
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 347,680 347,680
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 66,971,158 80,641,952

Expenses

13 Grants and similar amounts paid (Part IX, column (A), lines 1–3) 23,704,570 29,786,250
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) 25,752,883 25,664,449
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) 18,024,768 19,506,635
18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25) 67,482,221 74,957,334
19 Revenue less expenses Subtract line 18 from line 12 -511,063 5,684,618

Net Assets or Fund Balances

20 Total assets (Part X, line 16) Beginning of Current Year End of Year 85,438,161 91,306,270
21 Total liabilities (Part X, line 26) 45,136,173 44,301,004
22 Net assets or fund balances Subtract line 21 from line 20 40,301,988 47,005,266

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
Homer W Lane Jr Executive DirectorCFO
Type or print name and title
2017-10-23
Date

Paid Preparer Use Only

Print/Type preparer's name
Sue Robison
Preparer's signature
Sue Robison
Date
2017-10-23
Check ☐ if self-employed
PTIN
Firm's name ▶ KPMG LLP
Firm's EIN ▶
Firm's address ▶ 1918 8th Avenue Suite 2900
Seattle, WA 98101
Phone no (206) 913-4000

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 (2016)

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

See 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 \$ 37,109,535 including grants of \$ 26,975,773) (Revenue \$)
See Additional Data










4b (Code) (Expenses \$ 7,952,552 including grants of \$ 1,741,940) (Revenue \$)
See Additional Data

4c (Code) (Expenses \$ 6,870,598 including grants of \$ 754,214) (Revenue \$)
See Additional Data

4d Other program services (Describe in Schedule O)
(Expenses \$ 12,479,558 including grants of \$ 314,323) (Revenue \$ 8,553,010)

4e Total program service expenses ► 64,412,243

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 Yes	
c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c	No
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	No
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	No
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	No
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII 	12a Yes	
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	No
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 Yes	
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	No
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17	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

Part IV Checklist of Required Schedules (continued)

	Yes	No
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		No
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
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? <i>If "Yes," complete Schedule I, Parts I and II</i>	Yes	
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>		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>	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>	Yes	
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		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?		No
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	Yes	
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>		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>		No
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>		No
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		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, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		No
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		No
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>		No
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		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>		No
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		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>		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>		No
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>	Yes	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		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>		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>		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>		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	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	136
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
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	322
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	No
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	No
b	If "Yes," enter the name of the foreign country ▶ _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c	
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a	No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c	No
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8	
9a	Did the sponsoring organization make any taxable distributions under section 4966?	9a	
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	
10	Section 501(c)(7) organizations. Enter		
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11	Section 501(c)(12) organizations. Enter		
a	Gross income from members or shareholders	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O	13a	
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b	
c	Enter the amount of reserves on hand	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	No
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	

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	23	
	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	18	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3	No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5	No
6	Did the organization have members or stockholders?	6	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?	7a	Yes
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	Yes
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	8a	Yes
b	Each committee with authority to act on behalf of the governing body?	8b	Yes
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	No

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

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes
b	Describe 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	12a	Yes
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes
13	Did the organization have a written whistleblower policy?	13	Yes
14	Did the organization have a written document retention and destruction policy?	14	Yes
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a	The organization's CEO, Executive Director, or top management official	15a	Yes
b	Other officers or key employees of the organization	15b	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?	16a	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?	16b	

Section C. Disclosure

17 List the States with which a copy of this Form 990 is required to be filed: WA

18 Section 6104 requires an organization to make its Form 1023 (or 1024 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:
 ▶Homer W Lane Jr Executive DirectorC 1201 Ninth Avenue Seattle, WA 981012795 (206) 342-6508

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

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

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[illegible]

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 ▶ 42

Section B. Independent Contractors

(A)	(B)	(C)
Name and business address	Description of services	Compensation
Insight Global LLC PO Box 198226 Atlanta, GA 30384	Consulting	750,789
KPMG LLP 1918 Eighth Ave Suite 2900 Seattle, WA 98101	Auditing Consulting	113,200
Riverbend Design Group LLC 414 Stewart St Suite 215 Seattle, WA 98101	Consulting	133,913

Form 990 (2016)

Part VIII **Statement of Revenue**

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

Contributions, Gifts, Grants
and Other Similar Amounts

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
1a	Federated campaigns . . .	1a			
b	Membership dues . . .	1b			
c	Fundraising events . . .	1c			
d	Related organizations	1d	4,000,000		
e	Government grants (contributions)	1e	53,520,580		
f	All other contributions, gifts, grants, and similar amounts not included above	1f	13,825,915		
g	Noncash contributions included in lines 1a-1f \$ _____	8,038			
h Total.	Add lines 1a-1f	▶	71,346,495		

Program Service Revenue

	Business Code				
2a	Commercial Studies	621500	3,604,248	3,604,248	
b	Collaborative research core services	621500	4,948,762	4,948,762	
c	_____				
d	_____				
e	_____				
f	All other program service revenue				
g Total.	Add lines 2a-2f	▶	8,553,010		

Other Revenue

3	Investment income (including dividends, interest, and other similar amounts)	▶	394,767			394,767
4	Income from investment of tax-exempt bond proceeds	▶				
5	Royalties	▶				
6a	Gross rents	(i) Real (ii) Personal				
		538,260				
b	Less rental expenses	190,580				
c	Rental income or (loss)	347,680				
d	Net rental income or (loss)	▶	347,680			347,680
7a	Gross amount from sales of assets other than inventory	(i) Securities (ii) Other				
b	Less cost or other basis and sales expenses					
c	Gain or (loss)					
d	Net gain or (loss)	▶				
8a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18	a				
b	Less direct expenses	b				
c	Net income or (loss) from fundraising events	▶				
9a	Gross income from gaming activities See Part IV, line 19	a				
b	Less direct expenses	b				
c	Net income or (loss) from gaming activities	▶				
10a	Gross sales of inventory, less returns and allowances	a				
b	Less cost of goods sold	b				
c	Net income or (loss) from sales of inventory	▶				
	Miscellaneous Revenue	Business Code				
11a						
b						
c						
d	All other revenue					
e Total.	Add lines 11a-11d	▶				
12 Total revenue.	See Instructions	▶	80,641,952	8,553,010		742,447

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.	27,117,157	27,117,157		
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, line 15 and 16.	2,669,093	2,669,093		
4 Benefits paid to or for members.	0			
5 Compensation of current officers, directors, trustees, and key employees.	862,902	426,726	436,176	
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.	18,971,336	14,133,576	4,837,760	
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions).	1,458,076	1,046,994	411,082	
9 Other employee benefits.	3,017,389	2,166,683	850,706	
10 Payroll taxes.	1,354,746	972,797	381,949	
11 Fees for services (non-employees):				
a Management.	0			
b Legal.	14,055		14,055	
c Accounting.	93,500		93,500	
d Lobbying.	0			
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).	3,028,628	2,319,583	709,045	
12 Advertising and promotion.	49,177		49,177	
13 Office expenses.	120,642	24,353	96,289	
14 Information technology.	1,871,865	891,496	980,369	
15 Royalties.	0			
16 Occupancy.	2,683,292	2,331,358	351,934	
17 Travel.	306,847	258,954	47,893	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials.	0			
19 Conferences, conventions, and meetings.	109,201	91,046	18,155	
20 Interest.	822,184	715,300	106,884	
21 Payments to affiliates.	0			
22 Depreciation, depletion, and amortization.	3,479,492	2,775,138	704,354	
23 Insurance.	43,687		43,687	
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 Supplies.	4,063,445	3,931,380	132,065	
b Other Purchased Services.	340,411	169,889	170,522	
c Patient Costs.	1,291,625	1,291,625		
d Research Participants Fee.	429,580	429,580		
e All other expenses.	759,004	649,515	109,489	
25 Total functional expenses. Add lines 1 through 24e.	74,957,334	64,412,243	10,545,091	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		9,334,155	1	10,525,094
	2	Savings and temporary cash investments		6,095	2	2,288,001
	3	Pledges and grants receivable, net		11,688,324	3	12,690,871
	4	Accounts receivable, net		854,913	4	1,620,548
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L			5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L			6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges		454,115	9	349,640
	10a	Land, buildings, and equipment—cost or other basis. Complete Part VI of Schedule D	10a	72,050,010		
	b	Less: accumulated depreciation	10b	42,450,877		
				30,955,262	10c	29,599,133
	11	Investments—publicly traded securities		9,139,241	11	5,312,100
	12	Investments—other securities. See Part IV, line 11		22,130,376	12	28,068,298
	13	Investments—program-related. See Part IV, line 11			13	
	14	Intangible assets			14	
15	Other assets. See Part IV, line 11		875,680	15	852,585	
16	Total assets. Add lines 1 through 15 (must equal line 34)		85,438,161	16	91,306,270	
Liabilities	17	Accounts payable and accrued expenses		12,044,459	17	12,436,607
	18	Grants payable			18	
	19	Deferred revenue		4,410,224	19	4,142,907
	20	Tax-exempt bond liabilities		9,425,000	20	27,721,490
	21	Escrow or custodial account liability. Complete Part IV of Schedule D			21	
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L			22	
	23	Secured mortgages and notes payable to unrelated third parties		19,256,490	23	
	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			25	
	26	Total liabilities. Add lines 17 through 25		45,136,173	26	44,301,004
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.					
	27	Unrestricted net assets		20,378,881	27	20,816,818
	28	Temporarily restricted net assets		8,690,843	28	12,225,413
	29	Permanently restricted net assets		11,232,264	29	13,963,035
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.					
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
33	Total net assets or fund balances		40,301,988	33	47,005,266	
34	Total liabilities and net assets/fund balances		85,438,161	34	91,306,270	

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	80,641,952
2	Total expenses (must equal Part IX, column (A), line 25)	2	74,957,334
3	Revenue less expenses Subtract line 2 from line 1	3	5,684,618
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	40,301,988
5	Net unrealized gains (losses) on investments	5	1,018,660
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	
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	47,005,266

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 checked="" type="checkbox"/> Separate basis <input 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: 16000333
Software Version: 17.2.1.0
EIN: 91-0653422
Name: Benaroya Research Institute at Virginia Mason

Form 990 (2016)

Form 990, Part III, Line 4a:
Immune Tolerance Network Program See Schedule O

Form 990, Part III, Line 4b:

Translational Program See Schedule O

Form 990, Part III, Line 4c:

Diabetes Program See Schedule O

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			
Jane Buckkner MD Ex Officio, President	40 00	X		X				308,899	0	25,872
Carla Greenbaum MD Director	40 00	X						223,629	0	30,979
Joyce Lammert MD PhD Director	1 00	X						0	829,016	98,004
John Corman MD Director	50 00	X						0	572,339	42,318
Gary Kaplan MD Director	1 00	X						0	11,562,939	154,309
Tom Cohen Director	54 00	X						0	0	0
Rebecca Campbell Director	1 00	X						0	0	0
Kristi Pangrazio Director	1 00	X						0	0	0
Margaret Morrow Director, Secretary	4 00									
Margaret Morrow Director, Secretary	1 00	X		X				0	0	0
Frank Dvorak PhD Director, Vice Chair	1 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					
Patricia Markey Director	1 00	X						0	0	0		
Edward Drosdick Director	1 00	X						0	0	0		
David Williams Director, Treasurer	1 00	X		X				0	0	0		
Ditman Johnson Director	1 00	X						0	0	0		
W Michael Gallatin PhD Director	1 00	X						0	0	0		
Jessica Muffett Director	1 00	X						0	0	0		
Carla DewBerry Director, Chair	1 00	X		X				0	0	0		
Ann Sobil Director	1 00	X						0	0	0		
Christopher Wilson MD Director	1 00	X						0	0	0		
Nabil Istafanous Director	1 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			
Ben Reiber Director	1 00	X						0	0	0
Jeffrey Wortley Director	1 00	X						0	0	0
Catherine Zimmerman Director	1 00	X						0	0	0
Homer Lane Jr Executive Director, CFO	40 00			X				322,159	0	32,946
Gerald Nepom MD PhD Former Ex Officio, Program Director, ITN	32 00					X		331,403	0	44,844
William Kwok PhD Research Member	40 00					X		223,404	0	27,072
Steven Ziegler PhD Director of Academic Affairs	40 00					X		214,775	0	20,690
James Lord MD Research Member	40 00					X		205,666	0	21,690
Lynn Rose Director Scientific Administration	40 00					X		187,840	0	24,542

SCHEDULE A
(Form 990 or
990EZ)

Department of the Treasury
Internal Revenue Service

Name of the organization

Benaroya Research Institute at Virginia Mason

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.

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at

www.irs.gov/form990.

OMB No 1545-0047

2016

**Open to Public
Inspection**

Employer identification number

91-0653422

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
Virginia Mason Medical Center, Seattle, WA
- 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 **section 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, 8, or 9 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support							
	Calendar year (or fiscal year beginning in) ►	(a)2012	(b)2013	(c)2014	(d)2015	(e)2016	(f)Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant ")	38,329,362	44,973,133	54,174,085	59,709,893	71,346,495	268,532,968
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	38,329,362	44,973,133	54,174,085	59,709,893	71,346,495	268,532,968
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)						24,906,893
6	Public support. Subtract line 5 from line 4						243,626,075

Section B. Total Support							
Calendar year (or fiscal year beginning in) ►		(a)2012	(b)2013	(c)2014	(d)2015	(e)2016	(f)Total
7	Amounts from line 4	38,329,362	44,973,133	54,174,085	59,709,893	71,346,495	268,532,968
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	560,734	642,011	707,157	430,555	933,027	3,273,484
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.)	4,701,834	6,122,655	6,639,555	7,021,290	8,553,010	33,038,344
11	Total support. Add lines 7 through 10						304,844,796
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 2016 (line 6, column (f) divided by line 11, column (f))	14 79.920 %
15	Public support percentage for 2015 Schedule A, Part II, line 14	15 78.320 %
16a	33 1/3% support test—2016. 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 checked="" type="checkbox"/>	
b	33 1/3% support test—2015. 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—2016. 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—2015. 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)2012	(b)2013	(c)2014	(d)2015	(e)2016	(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)2012	(b)2013	(c)2014	(d)2015	(e)2016	(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** ☐

Section C. Computation of Public Support Percentage

15 Public support percentage for 2016 (line 8, column (f) divided by line 13, column (f))	15	0 %
16 Public support percentage from 2015 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2016 (line 10c, column (f) divided by line 13, column (f))	17	0 %
18 Investment income percentage from 2015 Schedule A, Part III, line 17	18	

19a **33 1/3% support tests—2016.** 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—2015.** 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>		
1		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <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>		
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?		
1		
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
2		
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>		
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>		
2a		
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>		
2b		
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>		
3a		
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>		
3b		

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

- 1** ☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970. **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 2016 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-2016	(iii) Distributable Amount for 2016
1 Distributable amount for 2016 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2016 (reasonable cause required--see instructions)			
3 Excess distributions carryover, if any, to 2016			
a			
b			
c From 2013.			
d From 2014.			
e From 2015.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2016 distributable amount			
i Carryover from 2011 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2016 from Section D, line 7 \$			
a Applied to underdistributions of prior years			
b Applied to 2016 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2016, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2016 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 Excess distributions carryover to 2017. Add lines 3j and 4c			
8 Breakdown of line 7			
a			
b Excess from 2013.			
c Excess from 2014.			
d Excess from 2015.			
e Excess from 2016.			

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.
▶Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2016

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 Benaroya Research Institute at Virginia Mason	Employer identification number 91-0653422
---	--

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	
2	Political expenditures	▶ \$
3	Volunteer hours	

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-
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)		163,134												
1b	Total lobbying expenditures to influence a legislative body (direct lobbying)		112,648												
c	Total lobbying expenditures (add lines 1a and 1b)		275,782												
d	Other exempt purpose expenditures	74,957,334	1,503,935,718												
e	Total exempt purpose expenditures (add lines 1c and 1d)	74,957,334	1,504,211,500												
f	Lobbying nontaxable amount Enter the amount from the following table in both columns	1,000,000	1,000,000												
<table border="1"> <thead> <tr> <th>If the amount on line 1e, column (a) or (b) is:</th> <th>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) 2013	(b) 2014	(c) 2015	(d) 2016	(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	122,035	138,835	154,766	275,782	691,418
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	114,035	119,335	108,173	163,134	504,677

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?		No	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		No	
c	Media advertisements?		No	
d	Mailings to members, legislators, or the public?		No	
e	Publications, or published or broadcast statements?		No	
f	Grants to other organizations for lobbying purposes?		No	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?		No	
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i	Other activities?		No	
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)?		No	
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?		No	

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	Benaroya Research Institute at Virginia Mason, EIN 91-0653422, 1201 Ninth Avenue, Seattle, WA 98101 Non-electing member 0 Lobbying Expenditures Excess Lobbying Expenditures 40
II-A A continued	Virginia Mason Health System, EIN 91-1351110, 1100 Ninth Avenue, Seattle, WA 998101 Non-electing member 0 Lobbying Expenditures Excess Lobbying Expenditures 0
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 Medical Center, EIN 91-0565539, 1100 Ninth Avenue, Seattle, WA 98101 Electing member Grassroots Lobbying Expenditures 121,040 Direct Lobbying Expenditures 52,648 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, 2016
II-A A continued	Yakima Valley Memorial Hospital Association, EIN 91-0567263, 2811 Tieton Drive, Yakima, WA 98902 Non-electing member Grassroots Lobbying Expenditures 42,094 Direct Lobbying Expenditures 60,000 Excess Lobbying Expenditures 0

TY 2016 Affiliated Group Schedule

Name:

EIN:

Software ID:

Software Version:

Benaroya Research Institute at Virginia Mason

91-0653422

16000333

17.2.1.0

Affiliated Group Business Name:

Address. Either US or Foreign Type:

EIN:

Electing Organization Checkbox:

Benaroya Research Institute at Virginia Mason

1201 Ninth Avenue
Seattle, WA 98101

91-0653422

☐

Total Grassroots Lobbying:

Total Direct Lobbying:

Total Lobbying Expenditures:

Other Exempt Purpose Expenditures:

Total Exempt Purpose Expenditures:

Lobbying Nontaxable Amount:

Grassroots Nontaxable Amount:

Tot Lobbying Grassroot Minus Non Tx:

Tot Lobby Expend Mns Lobbying Non Tx:

Share Of Excess Lobbying:

0

0

0

74,957,334

74,957,334

49,832

12,458

0

0

0

Affiliated Group Business Name:

Address. Either US or Foreign Type:

EIN:

Electing Organization Checkbox:

Virginia Mason Health System

1100 Ninth Avenue
Seattle, WA 98101

91-1351110

☐

Total Grassroots Lobbying:

Total Direct Lobbying:

Total Lobbying Expenditures:

Other Exempt Purpose Expenditures:

Total Exempt Purpose Expenditures:

Lobbying Nontaxable Amount:

Grassroots Nontaxable Amount:

Tot Lobbying Grassroot Minus Non Tx:

Tot Lobby Expend Mns Lobbying Non Tx:

Share Of Excess Lobbying:

0

0

0

21,623,749

21,623,749

14,375

3,594

0

0

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:	<input checked="" type="checkbox"/>
Total Grassroots Lobbying:	121,040
Total Direct Lobbying:	52,648
Total Lobbying Expenditures:	173,688
Other Exempt Purpose Expenditures:	984,139,233
Total Exempt Purpose Expenditures:	984,312,921
Lobbying Nontaxable Amount:	654,371
Grassroots Nontaxable Amount:	163,593
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:	26-3763856
Electing Organization Checkbox:	<input type="checkbox"/>
Total Grassroots Lobbying:	0
Total Direct Lobbying:	0
Total Lobbying Expenditures:	0
Other Exempt Purpose Expenditures:	7,100,623
Total Exempt Purpose Expenditures:	7,100,623
Lobbying Nontaxable Amount:	4,720
Grassroots Nontaxable Amount:	1,180
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
Yakima, WA 98902

EIN: 91-0567263

Electing Organization Checkbox: ☐

Total Grassroots Lobbying: 42,094

Total Direct Lobbying: 60,000

Total Lobbying Expenditures: 102,094

Other Exempt Purpose Expenditures: 416,114,779

Total Exempt Purpose Expenditures: 416,216,873

Lobbying Nontaxable Amount: 276,701

Grassroots Nontaxable Amount: 69,175

**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:	1201 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:	74,957,334
Total Exempt Purpose Expenditures:	74,957,334
Lobbying Nontaxable Amount:	49,832
Grassroots Nontaxable Amount:	12,458
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 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:	21,623,749
Total Exempt Purpose Expenditures:	21,623,749
Lobbying Nontaxable Amount:	14,375
Grassroots Nontaxable Amount:	3,594
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 Medical Center
Address. Either US or Foreign Type:	1100 Ninth Avenue Seattle, WA 98101
EIN:	91-0565539
Electing Organization Checkbox:	<input checked="" type="checkbox"/>
Total Grassroots Lobbying:	121,040
Total Direct Lobbying:	52,648
Total Lobbying Expenditures:	173,688
Other Exempt Purpose Expenditures:	984,139,233
Total Exempt Purpose Expenditures:	984,312,921
Lobbying Nontaxable Amount:	654,371
Grassroots Nontaxable Amount:	163,593
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:	26-3763856
Electing Organization Checkbox:	<input type="checkbox"/>
Total Grassroots Lobbying:	0
Total Direct Lobbying:	0
Total Lobbying Expenditures:	0
Other Exempt Purpose Expenditures:	7,100,623
Total Exempt Purpose Expenditures:	7,100,623
Lobbying Nontaxable Amount:	4,720
Grassroots Nontaxable Amount:	1,180
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 Memonal Hospital Association
Address. Either US or Foreign Type:	2811 Tieton Drive Yakima, WA 98902
EIN:	91-0567263
Electing Organization Checkbox:	<input type="checkbox"/>
Total Grassroots Lobbying:	42,094
Total Direct Lobbying:	60,000
Total Lobbying Expenditures:	102,094
Other Exempt Purpose Expenditures:	416,114,779
Total Exempt Purpose Expenditures:	416,216,873
Lobbying Nontaxable Amount:	276,701
Grassroots Nontaxable Amount:	69,175
Tot Lobbying Grassroot Minus Non Tx:	0
Tot Lobby Expend Mns Lobbying Non Tx:	0
Share Of Excess Lobbying:	0

efile GRAPHIC print - DO NOT PROCESS		As Filed Data -		DLN: 93493316004257	
<div>SCHEDULE D (Form 990)</div> <div>Department of the Treasury Internal Revenue Service</div>		<div>Supplemental Financial Statements</div> <div>► 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.</div> <div>Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.</div>			<div>OMB No 1545-0047</div> <div>2016</div> <div>Open to Public Inspection</div>
Name of the organization Benaroya Research Institute at Virginia Mason				Employer identification number 91-0653422	
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?				<input type="checkbox"/> Yes <input type="checkbox"/> 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?				<input type="checkbox"/> Yes <input type="checkbox"/> 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) <input type="checkbox"/> Preservation of land for public use (e g , recreation or education) <input type="checkbox"/> Preservation of an historically important land area <input type="checkbox"/> Protection of natural habitat <input type="checkbox"/> Preservation of a certified historic structure <input type="checkbox"/> 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				
a	Total number of conservation easements	Held at the End of the Year			
b	Total acreage restricted by conservation easements	2a			
c	Number of conservation easements on a certified historic structure included in (a)	2b			
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2c			
		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?				<input type="checkbox"/> Yes <input type="checkbox"/> 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)?				<input type="checkbox"/> Yes <input type="checkbox"/> 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) 2016	

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					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2

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

a

Board designated or quasi-endowment

b

Permanent endowment

c

Temporarily restricted endowment

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

3a(i)

Yes

No

(ii) related organizations

3a(ii)

Yes

b

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

3b

Yes

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		756,906		756,906
b Buildings		49,143,699	24,861,836	24,281,863
c Leasehold improvements		196,862	196,862	
d Equipment		21,697,346	17,392,179	4,305,167
e Other		255,197		255,197
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c))				29,599,133

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) Interest in Net Assets of Virginia Mason Health System	28,068,298	F
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 12) ▶	28,068,298	

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)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 15) ▶	

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		
Federal income taxes		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 25) ▶		

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	81,660,612
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains (losses) on investments	2a	1,018,660
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII)	2d	
e	Add lines 2a through 2d	2e	1,018,660
3	Subtract line 2e from line 1	3	80,641,952
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII)	4b	
c	Add lines 4a and 4b	4c	
5	Total revenue Add lines 3 and 4c . (This must equal Form 990, Part I, line 12)	5	80,641,952

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	74,957,334
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII)	2d	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	74,957,334
4	Amounts included on Form 990, Part IX, line 25, but not on line 1 :		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII)	4b	
c	Add lines 4a and 4b	4c	
5	Total expenses Add lines 3 and 4c . (This must equal Form 990, Part I, line 18)	5	74,957,334

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	
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Part XIII	Supplemental Information <i>(continued)</i>
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Return Reference	Explanation
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**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. ► See separate instructions.

► Information about Schedule F (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2016

**Open to Public
Inspection**

Name of the organization

Benaroya Research Institute at Virginia Mason

Employer identification number

91-0653422

Part I **General Information on Activities Outside the United States.** Complete if the organization answered "Yes" to 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 region	(d) Activities conducted in region (by type) (e g , 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 region	(f) Total expenditures for and investments in region
See Add'l Data					
3a Sub-total					33,262
b Total from continuation sheets to Part I					
c Totals (add lines 3a and 3b)					33,262

Part II **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" to 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.

[illegible]

- | | | | |
|---|--|---|-------|
| 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" to Form 990, Part IV, line 16.
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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)* ☐ 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)* ☐ 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).

Return Reference	Explanation
Part I Line 2	Subrecipient Monitoring Policy - medical research sub awards - BRI has formal policies and procedures to assure full compliance with applicable policies and laws governing federal grants The Subrecipient Monitoring Policy provides assurance that subrecipients comply with federal grant regulations This policy sets the criteria to establish eligibility of subrecipients to provide annual audited financial reports and the annual OMB single audit report that identify compliance with federal laws and regulations The reports are analyzed with emphasis on auditors assessment of subrecipient internal controls and a standardized risk assessment is presented to management on each subrecipient A Management Letter is issued to each subrecipient showing any findings on their OMB single audit report, and measurements are set for increased monitoring when an elevated level of risk is established Management has communicated with an educated administrative staff regarding implementation of this policy The Director of Grants and Contracts is responsible for monitoring subrecipient adherence to financial regulations The principal investigator is responsible for overseeing the satisfactory performance of the sub-award to ensure that goals are achieved If there are unusual or unforeseen items, these will be investigated

Return Reference	Explanation
Part I Line 3f	The expenditures were actual expenses incurred in the region based on individual expense reports and tracking of expenditures by grant or department on the accrual basis of accounting

Return Reference	Explanation
Part II Line 1	The expenditures were expenses incurred in the region based on award goals on the accrual basis of accounting

Additional Data

Software ID: 16000333

Software Version: 17.2.1.0

EIN: 91-0653422

Name: Benaroya Research Institute at Virginia Mason

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
East Asia and the Pacific			Conferences	Medical Research	5,066
Europe Including Iceland and Greenland			Conferences	Medical Research	27,913
South America			Conferences	Medical Research	283

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(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 non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		Europe Including Iceland and Greenland	Medical Research	48,125	Wire Transfer			
		Europe Including Iceland and Greenland	Medical Research	547,049	Wire Transfer			

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(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 non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		Europe Including Iceland and Greenland	Medical Research	853,701	Wire Transfer			
		Europe Including Iceland and Greenland	Medical Research	60,534	Wire Transfer			

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(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 non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		Europe Including Iceland and Greenland	Medical Research	47,312	Wire Transfer			
		Europe Including Iceland and Greenland	Medical Research	11,744	Wire Transfer			

Form 990 Schedule F Part II - Grants or Entities Outside The United States								
(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 non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		Europe Including Iceland and Greenland	Medical Research	191,203	Wire Transfer			
		North America	Medical Research	29,292	Wire Transfer			

Form 990 Schedule F Part II - Grants or Entities Outside The United States								
(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 non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		North America	Medical Research	488,253	Wire Transfer			
		North America	Medical Research	138,963	Wire Transfer			

Form 990 Schedule F Part II - Grants or Entities Outside The United States								
(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 non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		North America	Medical Research	79,571	Wire Transfer			
		North America	Medical Research	99,896	Wire Transfer			

Form 990 Schedule F Part II - Grants or Entities Outside The United States								
(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 non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		North America	Medical Research	73,450	Wire Transfer			

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DLN: 93493316004257

Schedule I
(Form 990)

OMB No 1545-0047

2016

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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.

▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization
Benaroya Research Institute at Virginia Mason

Employer identification number
91-0653422

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 non-cash assistance	(h) Purpose of grant or assistance
See Additional Data Table							
(1)							
(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 64

3 Enter total number of other organizations listed in the line 1 table 6

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 non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash 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	Subrecipient Monitoring Policy - medical research sub awards - BRI has formal policies and procedures to assure full compliance with applicable policies and laws governing federal grants. The Subrecipient Monitoring Policy provides assurance that subrecipients comply with federal grant regulations. This policy sets the criteria to establish eligibility of subrecipients to provide annual audited financial reports and the annual OMB single audit report that identify compliance with federal laws and regulations. The reports are analyzed with emphasis on auditors assessment of subrecipient internal controls and a standardized risk assessment is presented to management on each subrecipient. A Management Letter is issued to each subrecipient showing any findings on their OMB single audit report, and measurements are set for increased monitoring when an elevated level of risk is established. Management has communicated with an educated administrative staff regarding implementation of this policy.
Part I Line 2 continued	The Director of Grants and Contracts is responsible for monitoring subrecipient adherence to financial regulations. The principal investigator is responsible for overseeing the satisfactory performance of the sub-award to ensure that goals are achieved. If there are unusual or unforeseen items, these will be investigated.

Additional Data

Software ID: 16000333
Software Version: 17.2.1.0
EIN: 91-0653422
Name: Benaroya Research Institute at Virginia Mason

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
Ann&Robert H Lurie Children's Hospital of Chicago 225 East Chicago Ave No 205 Chicago, IL 606112991	36-2170833	501c3	24,908				Medical Research
Arizona State University Office for Research and Sponsored P Tempe, AZ 852876011	86-0196696	Arizona	36,721				Medical Research

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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Arkansas Children's Hospital Research Institute One Childrens Way Financial Service Little Rock, AR 722023591	71-0694931	501c3	70,483				Medical Research
Asthma Inc 9725 3rd Ave NE Suite 500 Seattle, WA 98115	23-7219813	501c3	442,875				Medical Research

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Baylor Research Institute 3301 Live Oak Suite 501 Dallas, TX 75204	75-1921898	501c3	45,742				Medical Research
Baylor College of Medicine 7200 Cambridge St 9th Floor Houston, TX 77030	74-1613878	501c3	13,547				Medical Research

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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Brigham And Women's Hospital Bank of America NA POBox 3887 Boston, MA 022413887	04-2312909	501c3	249,272				Medical Research
Case Western Reserve University 10900 Euclid Avenue Nord Hall Suite Cleveland, OH 441067037	34-1018992	501c3	33,617				Medical Research

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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Columbia University Trustees of PO Box 29789 General Post Office New York, NY 100879789	13-5598093	501c3	378,068				Medical Research
Dana-Farber Cancer Institute Inc 450 Brookline Ave 431C Boston, MA 02215	04-2263040	501c3	223,659				Medical Research

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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Denver Nephrologists PC 130 Rampart Way Suite 300B Denver, CO 80230	84-0591433		15,602				Medical Research
Dermatology Research Assoc Inc 301 Carriage Place Manhattan Beach, CA 90266	27-3947370		96,549				Medical Research

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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Duke University PO Box 602651 Accounts Receivable L Charlotte, NC 282602651	56-0532129	501c3	441,237				Medical Research
Emory University 1599 Clifton Road NE 4th floor Atlanta, GA 30322	58-0566256	501c3	337,707				Medical Research

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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Feinstein Institute for Medical Research 350 Community Drive Manhasset, NY 11030	11-2673595	501c3	63,424				Medical Research
Fred Hutchinson Cancer Research Center 1100 Fairview Ave N J6-330 PO Box 1 Seattle, WA 981091024	23-7156071	501c3	32,609				Medical Research

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
Hospital for Special Surgery 535 East 70th Street New York, NY 10021	13-1624135	501c3	29,423				Medical Research
Icahn School of Medicine at Mount Sinai One Gustave L Levy Place Box 3500 O New York, NY 100296574	13-6171197	501c3	228,337				Medical Research

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
Indiana University 400 E 7th St Poplars Room 501 Bloomington, IN 47405	35-6001673	501c3	100,375				Medical Research
Johns Hopkins University Central Lockbox c/o B of A 12529 Co Chicago, IL 60693	52-0595110	501c3	1,637,275				Medical Research

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
Jonathan Corren MD Inc 10780 Santa Monica Blvd 280 Allergy Los Angeles, CA 90025	46-2346264		334,001				Medical Research
Joslin Diabetes Center One Joslin Place Boston, MA 022155306	04-2203836	501c3	78,804				Medical Research

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
Lahey Clinic Inc 41 Mall Rd Attn Office of Research Burlington, MA 01805	04-2704683	501c3	26,418				Medical Research
La Jolla Institute for Allergy & Immunology 9420 Athena Circle La Jolla, CA 92037	33-0328688	501c3	77,979				Medical Research

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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Massachusetts General Hospital 55 Fruit Street Research Management Boston, MA 02114	04-2697983	501c3	5,435,581				Medical Research
Medical College of Wisconsin Accounts Receivable PO Box 26509 Milwaukee, WI 532260509	39-0806261	501c3	69,333				Medical Research

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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Medical University of South Carolina 19 Hagood Avenue Ste 604 MSC 808 Charleston, SC 29425	57-6000722	South Carolina	59,703				Medical Research
National Jewish Health 1400 Jackson Street M213 Denver, CO 80206	74-2044647	501c3	141,079				Medical Research

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
New York University-School of Medicine PO Box 415026 Bank of America Boston, MA 022415026	13-5562308	501c3	259,762				Medical Research
Northwestern University 750 N Lake Shore Drive Chicago, IL 60611	36-2167817	501c3	694,031				Medical Research

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
Ohio State University Office of Sponsored Programs 1960 K Columbus, OH 43210	31-6025986	501c3	29,096				Medical Research
Oklahoma Medical Research Foundation 825 NE 13th Street Oklahoma City, OK 73104	73-0580274	501c3	159,942				Medical Research

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
Polyclinic Madison Center 904 7th Ave 6th Floo Seattle, WA 98104	91-0369070		19,760				Medical Research
Rockefeller University 1230 York Ave Financial Post Award New York, NY 100656307	13-1624158	501c3	181,417				Medical Research

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
Rogosin Institute 505 East 70th Street 2nd Floor New York, NY 100214872	13-3184198	501c3	17,639				Medical Research
Rutgers the State University of New Jersey Office of Research and Sponsored Pr New Brunswick, NJ 089018559	22-6001086	501c3	491,506				Medical Research

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
Sanford Research 2301 E 60th St N Attn Clinical Rese Sioux Falls, SD 57104	46-0450378	501c3	76,491				Medical Research
Seattle Childrens Hospital PO Box 24728 Seattle, WA 981240728	91-0564748	501c3	137,110				Medical Research

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
Stanford University PO Box 44253 San Francisco, CA 941444253	94-1156365	501c3	833,372				Medical Research
State University of Iowa 105 Jessup Hall Iowa City, IA 52242	42-6004813	Iowa	10,892				Medical Research

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
St Jude Children's Research Hospital Inc PO Box 1000 Dept 949 Memphis, TN 381480949	62-0646012	501c3	223,994				Medical Research
Swedish Health Services - Swedish Physicians LLC Swedish MC - Research Center PO Box Seattle, WA 981249845	91-1942315		15,100				Medical Research

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Tulane University 1430 Tulane Ave Dermatology 8036 At New Orleans, LA 70112	72-0423889	501c3	82,816				Medical Research
University of Miami PO Box 025405 Location 3 Miami, FL 331025405	59-0624458	501c3	7,724				Medical Research

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
University of Washington Box 94224 Seattle, WA 981246524	91-6001537	501c3	582,216				Medical Research
University of Michigan Box 223131 Pittsburgh, PA 152512131	38-6006309	501c3	90,525				Medical Research

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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University of Utah Utah Diabetes Center 615 Arapeen D Salt Lake City, UT 84108	87-6000525	501c3	64,322				Medical Research
Univ of Minnesota Regents 450 McNamara Alumni Center 200 Oak Minneapolis, MN 554552070	41-6007513	Minnesota	61,814				Medical Research

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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Univ of Texas SW Med Ctr Grants Management PO Box 841753 Dallas, TX 752841753	75-6002868	Texas	66,724				Medical Research
University of Colorado-Denver PO Box 910238 Denver, CO 802910238	84-6000555	501c3	1,947,529				Medical Research

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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University of Chicago Section Of Endocrinology 5841 S Mar Chicago, IL 60637	36-2177139	501c3	267,199				Medical Research
University of California The Regents of Accounting Office CGA Box 0897 San Francisco, CA 941430897	94-6002123	501c3	13,586				Medical Research

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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University of Pittsburgh 200 Lothrop St E1140 Biomedical Sci Pittsburgh, PA 15213	25-0965591	501c3	424,490				Medical Research
University of Oklahoma Dept of ORL PO Box 26901 WP-1290 Oklahoma City, OK 731269818	73-1377584	501c3	109,130				Medical Research

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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University of Pennsylvania PO Box 785541 Philadelphia, PA 171785541	23-1352685	501c3	174,137				Medical Research
University of Florida Board of Trustees PO Box 113001 Gainesville, FL 32611	59-6002052	501c3	33,041				Medical Research

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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University of Nebraska Medical Center 985045 Nebraska Medical Center Omaha, NE 681985045	47-0049123	501c3	36,607				Medical Research
University of Maryland Baltimore Sponsored Projects Acctng 220 Arch Baltimore, MD 212011508	52-6002033	Maryland	18,713				Medical Research

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University of North Carolina at Chapel Hill PO Box 402420 Bank of America Lockb Atlanta, GA 303842420	56-6001393	501c3	694,818				Medical Research
University of Texas MD Anderson Cancer Ctr PO Box 4390 Grants Contract Acctng Houston, TX 772104390	74-6001118	501c3	11,923				Medical Research

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University of Wisconsin Madison Board of Regents 600 Highland Ave F8/138 CSC Madison, WI 53792	39-6006492	501c3	389,888				Medical Research
University of California San Francisco Controllers Office Contract Grants San Francisco, CA 941430897	94-6036493	501c3	7,304,374				Medical Research

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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University of Alabama at Birmingham 1720 2nd Ave South AB 990 Birmingham, AL 35294	63-6005396	Alabama	24,499				Medical Research
University of North Carolina at Greensboro 2511 MHRA Building PO Box 26170 Greensboro, NC 274026170	56-6001468	501c3	58,271				Medical Research

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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University of California Los Angeles 11000 Kinross Ave Ste 211 Los Angeles, CA 90095	95-6006143	501c3	93,170				Medical Research
Vital Prospects Clinical Research Institute PC 7307 S Yale Ave Suite 200 Tulsa, OK 74136	26-1814411		24,194				Medical Research

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Wake Forest University Health Sciences Medical Center Boulevard WinstonSalem, NC 27157	22-3849199	501c3	35,009				Medical Research
Western Michigan University School of Medicine PO Box 50391 Kalamazoo, MI 490050391	45-4135256	501c3	7,758				Medical Research

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Winthrop University Hospital Dept of Finance 700 Hicksville Road Bethpage, NY 11714	11-1633486	501c3	33,147				Medical Research
Yale University Grant and Contract Financial Admini New Haven, CT 065081873	08-0648973	501c3	583,741				Medical Research

Schedule J
(Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
▶ Attach to Form 990.

▶ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization Benaroya Research Institute at Virginia Mason	Employer identification number 91-0653422
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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. <div><div><input type="checkbox"/> First-class or charter travel</div><div><input type="checkbox"/> Travel for companions</div><div><input type="checkbox"/> Tax idemnification and gross-up payments</div><div><input type="checkbox"/> Discretionary spending account</div><div><input type="checkbox"/> Housing allowance or residence for personal use</div><div><input type="checkbox"/> Payments for business use of personal residence</div><div><input type="checkbox"/> Health or social club dues or initiation fees</div><div><input type="checkbox"/> Personal services (e g , maid, chauffeur, chef)</div></div>		
b If any of the boxes in 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	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 in line 1a?	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. <div><div><input type="checkbox"/> Compensation committee</div><div><input type="checkbox"/> Independent compensation consultant</div><div><input type="checkbox"/> Form 990 of other organizations</div><div><input type="checkbox"/> Written employment contract</div><div><input type="checkbox"/> Compensation survey or study</div><div><input type="checkbox"/> Approval by the board or compensation committee</div></div>		
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?		No
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?	Yes	
c Participate in, or receive payment from, an equity-based compensation arrangement?		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?		No
b Any related organization? If "Yes," on line 5a or 5b, describe in Part III		No
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?		No
b Any related organization? If "Yes," on line 6a or 6b, describe in Part III		No
7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III		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		No
9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?		

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

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

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

(A) Name and Title	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column(B) reported as deferred on prior Form 990
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
See Additional Data Table							

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 3	Benaroya Research Institute at Virginia Mason BRI delegates to Virginia Mason Health Systems its parent and sole member Board Compensation and Benefits Committee, a committee composed of independent Health System Board members to whom the BRI Board has delegated the authority to approve all compensation and benefits for the executive leaders of BRI. To ensure that such benefit plans are market competitive and reasonable, the Committee receives support and advice, including appropriate market comparability data from an independent compensation consultant with expertise in the health care industry and access to relevant market data. See Schedule O for additional disclosure.
Part I Line 4b	The Virginia Mason Medical Center has a Supplemental Executive Retirement Plan (SERP) in which certain BRI Executives participate. The SERP is a 457(f) nonqualified deferred compensation plan pursuant to which plan benefits are subject to a substantial risk of forfeiture, entered into in connection with certain senior executives joining the Medical Center. The plan was approved by the Board's Compensation and Benefits Committee, a committee composed of independent board members to whom the Board delegates the authority to approve compensation and benefits to the Medical Center's 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	Gary Kaplan, M.D., received a payment of 10,031,813 from a Supplemental Executive Retirement Plan. Joyce Lammert, M.D., received a 234,438 payout from a Supplemental Executive Retirement Plan. Gary Kaplan, M.D., accrued benefits in a Supplemental Executive Retirement Plan of 96,280. Joyce Lammert, M.D., accrued benefits in a Supplemental Executive Retirement Plan of 63,000.

Additional Data

Software ID: 16000333

Software Version: 17.2.1.0

EIN: 91-0653422

Name: Benaroya Research Institute at Virginia Mason

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1Jane Buckkner MD Ex Officio, President	(i)	308,999			24,000	1,872	334,871	
	(ii)					-	-	
1Carla Greenbaum MD Director	(i)	223,629			24,000	6,979	254,608	
	(ii)					-	-	
2Joyce Lammert MD PhD Director	(i)							
	(ii)	453,400	120,892	254,724	86,450	-	-	126,000
3John Corman MD Director	(i)							
	(ii)	553,925		18,414	19,643	-	-	
4Gary Kaplan MD Director	(i)							
	(ii)	1,066,494	441,298	10,055,147	111,126	-	-	8,352,547
5Homer Lane Jr Executive Director, CFO	(i)	254,665	67,494		24,000	8,946	355,105	
	(ii)					-	-	
6Gerald Nepom MD PhD Former Ex Officio, Program Director, ITN	(i)	228,626	102,777		42,000	2,844	376,247	
	(ii)					-	-	
7William Kwok PhD Research Member	(i)	222,839	565		24,000	3,072	250,476	
	(ii)					-	-	
8Steven Ziegler PhD Director of Academic Affairs	(i)	214,211	565		16,334	4,356	235,466	
	(ii)					-	-	
9James Lord MD Research Member	(i)	205,666			17,634	4,056	227,356	
	(ii)					-	-	
10Lynn Rose Director Scientific Administration	(i)	187,275	565		19,148	5,394	212,382	
	(ii)					-	-	

Schedule K
(Form 990)

Department of the Treasury
Internal Revenue Service
Name of the organization
Benaroya Research Institute at Virginia Mason

Supplemental Information on Tax Exempt Bonds

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.
▶ Attach to Form 990.
▶ Information about Schedule K (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2016

Open to Public Inspection

Employer identification number
91-0653422

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 WA Econ Devel Fin Auth-2012 Series B	91-1493002		06-01-2012	10,390,000	See Part VI		X	X			X
B WA Econ Devel Fin Auth-Series 2016	91-1493002		06-01-2016	18,631,490	See Part VI		X	X			X

Part II		Proceeds							
		A		B		C		D	
1	Amount of bonds retired	1,300,000							
2	Amount of bonds legally defeased								
3	Total proceeds of issue	10,390,348		18,631,490					
4	Gross proceeds in reserve funds								
5	Capitalized interest from proceeds								
6	Proceeds in refunding escrows								
7	Issuance costs from proceeds								
8	Credit enhancement from proceeds								
9	Working capital expenditures from proceeds								
10	Capital expenditures from proceeds	2,550,348							
11	Other spent proceeds	7,840,000		18,631,490					
12	Other unspent proceeds								
13	Year of substantial completion	2013							
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue?	X		X					
15	Were the bonds issued as part of an advance refunding issue?		X		X				
16	Has the final allocation of proceeds been made?	X		X					
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X					

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

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		X				
b If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?								
c Are there any research agreements that may result in private business use of bond-financed property?	X		X					
d If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?	X		X					
4 Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶	1 180 %		1 180 %					
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	1 180 %		1 180 %					
7 Does the bond issue meet the private security or payment test? . . .		X		X				
8a Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		X		X				
b If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of . .								
c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?								
9 Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?	X							

Part IV Arbitrage

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate? . . .		X		X				
2 If "No" to line 1, did the following apply?								
a Rebate not due yet?	X		X					
b Exception to rebate?								
c No rebate due?								
If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed								
3 Is the bond issue a variable rate issue?		X		X				
4a Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X		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		X				
b Name of provider								
c Term of GIC								
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6 Were any gross proceeds invested beyond an available temporary period?		X		X				
7 Has the organization established written procedures to monitor the requirements of section 148?	X		X					

Part V Procedures To Undertake Corrective Action

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

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

Return Reference	Explanation
Part I Line A Column F	Purposes to currently refund WEDFA Series 2006C bonds issued 11/15/2006, and to fund research facility improvements

Return Reference	Explanation
Part I Line B Column F	Purposes to currently refund WEDFA Series 2012A taxable bonds issued 06/01/2012 No tax-exempt private activity bonds are being refunded

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

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Name of the organization
Benaroya Research Institute at Virginia Mason

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.

► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at
www.irs.gov/form990.

OMB No 1545-0047

2016

**Open to Public
Inspection**

Employer identification number

91-0653422

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part III, Line 1	Benaroya Research Institute at Virginia Mason BRI is a world-renowned medical research institute whose work has resulted in major advances in our understanding of autoimmune and immune-mediated diseases BRI is affiliated with the Virginia Mason Health System, which provides governance oversight and development support through the Virginia Mason Foundation In 2016, BRI researchers generated 90 scientific publications that were published in prestigious research journals and delivered 94 presentations at domestic and international research conferences One in 15 Americans suffers from an autoimmune disease and many suffer from more than one These diseases include type 1 diabetes, multiple sclerosis, Crohns disease and rheumatoid arthritis to name a few Even more Americans, one out of every four, suffer from other immune-mediated diseases, allergy and asthma Because these diseases are connected by common destructive pathways, research on one or two immune system diseases has far reaching implications for the whole spectrum of immune-mediated disease As a world leader in scientific innovation, BRI's discoveries are having significant impact on people living with these diseases today-by improving the ability to predict disease risk, prevent onset of disease, decrease disease progression and make treatments safer and better

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part III, Line 4	One of the unique qualities of BRI is the close integration of three types of medical research - laboratory research, translational research and clinical research - to improve peoples lives. Our scientists can address both the basic science issues and clinical applications, which is the best way to design studies with the highest potential for success. For BRI, discovery starts in the laboratory. 2016 advancements in translational, immunology, clinical research and other areas are highlighted below.

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part III, Line 4a	<p>Funding for the Immune Tolerance Network ITN was awarded to BRIs Dr Jerry Nepom in 2014 from the National Institute of Allergy and Infectious Disease NIAID of the National Institutes of Health NIH The 7-year award, totaling 27 million annually supports the ITN, a research consortium established in 1999 with a primary focus on the development of new tolerogenic approaches for the treatment and prevention of disease in three clinical areas asthma and allergic diseases autoimmune diseases and immune-mediated rejection of transplanted solid organs, tissues and cells As the Prime recipient of this grant, BRI is responsible for the overall management of the grant from NIAID including oversight of all aspects of the Networks infrastructure The major activities in 2016 were diverse, but continued to center on preserving the ITNs cohesive project focused environment and its framework which has proven so successful in the management of a large cooperative agreement grant Key outcomes in 2016 include the following</p> <p>1 Cross Network Integration A top priority in this reporting period was to continue the successful ITN infrastructure which is spread across three main operational sites This required careful planning and collaboration as the ITNs major centers of operations are geographically diverse, located in Seattle, San Francisco and Bethesda Few changes were made to the existing network integration as the current model continues to successfully support the overall ITN program Establishing new relationships and vital connections within the research community continued to be an ITN goal</p> <p>2 Operations and Clinical Trial Support The ITN program team at BRI issued 161 subawards in 2016 in support of 20 active ITN clinical trials and numerous supporting ITN mechanistic trials</p> <p>3 Supplemental Funding / Partnerships ITN central administration continued to focus on identifying additional opportunities for supplemental funding and/or funding partnerships a Supplemental Funding Opportunities The ITN Program Team at BRI submitted one supplemental funding request in 2016 This request was awarded, bringing in an additional 4.9M in funding to the ITN BRI</p> <p>b Partnerships The ITN continued its relationship with pharmaceutical partners for partial funding for two ITN studies with NIAID as the clinical sponsor</p> <p>4 Publication Activity In 2016, 25 ITN publications were published in prestigious research journals and were presented at domestic and international research conferences These publications represented ITN research in all therapeutic focus areas Type 1 Diabetes, Transplant, Autoimmune disease and Allergy and Asthma</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part III, Line 4b	<p>Translational research is a scientific approach that allows research observations made at the bench to be quickly tested in patients, at the bedside and brought back to the bench a gain in an expedient and systematic way. This research is translating new methods that improve our ability to predict disease risk, prevent onset of disease, decrease disease progression and make treatments safer and better. The research emphasis of the BRI Translational Research Program is the area of autoimmune and immune-mediated diseases. BRI scientists and physician collaborators work together to study blood and serum samples along with medical and demographic data collected from people with autoimmune and immune-mediated diseases. These include multiple sclerosis, type 1 diabetes, lupus, rheumatoid arthritis, inflammatory bowel disease, allergy and asthma. BRI maintains an extensive biorepository with samples dating back to 2000, including seven disease categories and a biorepository of healthy people for comparison purposes. Advancements in 2016 include the following:</p> <ol style="list-style-type: none">1 Connecting Cancer to Immunotherapy Research - In addition to autoimmune disease research, BRI scientists are actively investigating new cancer immunotherapies as a means of understanding the underlying causes of autoimmunity. Many cancer patients treated with specific immune-therapeutics have been observed to develop autoimmune syndromes, many of them long-lasting. This research is being conducted in partnership with Virginia Mason Medical Center. A major component of this research is the development of a robust tissue repository that includes tumor samples, blood samples and demographic data from patients with a variety of cancer types including pancreatic, colorectal, lung and breast tumors.2 Translational Research Symposium - The annual Clinical and Translational Research Symposium, sponsored by the Wilske Center for Translational Research, took place at Virginia Mason Medical Center. The event connected researchers and clinicians by highlighting the range of clinical and translational research being conducted at BRI. Of the more than 60 research abstracts submitted, the Wilske committee selected the top eight abstracts for oral presentation.3 Gene Editing - BRI and Seattle Childrens Research Institute (SCRI) are collaborating on a preclinical study pioneering the use of gene editing techniques in efforts to control type 1 diabetes. To attack this complex problem, BRI is combining its regulatory T cell expertise with SCRIs gene editing expertise.4 Studying Rheumatoid Arthritis (RA) - BRI continues its research into studying how RA starts and progresses, and have found the disease begins years before clinical signs and symptoms are apparent. The goal is to understand the disease so it can be prevented before it even starts. Research into monitoring disease activity during therapy and predicting patient drug responses are also underway.5 Understanding Antigen-Specific T Cells - Using single-cell

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part III, Line 4b	RNA sequencing, researchers are investigating T cell receptors and genes expressed by anti gen-specific T cells This could pave the way to monitor, treat and prevent diseases like type 1 diabetes

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part III, Line 4c	BRI is dedicated to seeking ways to eliminate type 1 diabetes, while at the same time looking for therapies to prevent, reverse and intervene in the disease at all stages. BRI is an international leader in type 1 diabetes research and has investigated it for more than 30 years, starting with identification of a genetic marker for the disease. BRI continues to lead the Type 1 Diabetes TrialNet, a National Institutes of Health-funded clinical trial network for type 1 diabetes prevention and early treatment. BRI also serves as the TrialNet Hub that includes 23 clinical centers working in cooperation with more than 200 screening and clinical research sites throughout the U.S. and six other countries.

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part III, Line 4d	<p>1 Clinical Research Program Benaroya Research Institute oversees all clinical research at Virginia Mason Medical Center which uniquely combines the expertise of a world-renowned medical research institute with the remarkable care of a healthcare quality leader. The BRI Clinical Research Program supports Virginia Mason Medical Center clinical investigators in studies across a wide variety of diseases and conditions, such as cardiology and cancer. Each year the Clinical Research Program staff enrolls more than 1500 study participants in Virginia Mason Medical Center trials. This program involves approximately 170 research investigators, oversees 440 active studies and has 135 studies currently open to enrollment.</p> <p>2 Immunology Research Program a Leadership of Asthma and Allergic Diseases Cooperative Research Center - BRI received a five-year grant from the National Institute of Allergy and Infectious Diseases to study the immune systems responses to allergens in the lungs. Investigators at BRI, University of Washington Medicine and Seattle Childrens Research Institute will collaborate to gain insights into the lung epithelium. Dr. Steve Ziegler will lead the project along with eight other principal investigators from the other two institutions.</p> <p>b Understanding cell communication in the gut by studying special rare cells which organize communications, to understand how they can cause inflammatory bowel disease.</p> <p>c Developing new experimental models to understand how the oral drug fingolimod works in multiple sclerosis at a molecular level and how it is modulating different cells of the immune system. Does the drug work differently in different people and on different immune cells? Eventually this information will help clinicians to match the right drug to the right person at the right time.</p> <p>d Lung in a Dish - In collaboration with Seattle Childrens Research Institute SCRI scientists at BRI have created a modeling system of the human lung in a laboratory dish to study asthma, allergies and respiratory diseases in children. They hope to understand mechanisms that drive childhood asthma, which will lead to novel therapies for this common condition.</p> <p>e Critical Discovery in Peanut Allergy - Scientists at BRI recently discovered a critical pathway in peanut allergy that may extend to other food allergies. The pathway is triggered by Interleukin 33 IL-33, a protein that helps drive the immune response that promotes allergic reactions to a substance, such as peanuts, that in most people is generally harmless.</p> <p>f Discovering a Biomarker to Fight Allergies - Scientists are pioneering new allergy research using a rare type of immune cell, called TH2A, identified at BRI that is associated with all allergic diseases.</p> <p>g T Cell Response to Different Challenge - Researchers are working to pinpoint how T cells tailor their response to different challenges, since its becoming clear that T cells play a role not just in fighting infections, but in things as diverse as Alzhs</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part III, Line 4d	<p>Alzheimers disease, obesity, and wound repair h Studying the P13-Kinase Enzyme-Scientists are now taking a closer look at how P13-kinase pathways activate T cells and influence how they develop as well as what happens when this process malfunctions. The P13-kinase work is part of their effort to generate insights that could eventually lead to improved therapies for both fighting cancer and stopping autoimmune diseases.</p> <p>3 Matrix Biology Research Program a The Pathogenic Nature of the Extracellular Matrix in Rheumatoid Arthritis - Scientists are working to discover whether the extracellular matrix and two of its components, hyaluronan and versican, are remodeled differently in the joint synovium of rheumatoid arthritis patients compared to that of osteoarthritis patients and whether these differences lead to a more pervasive and heightened form of inflammation in RA as compared to OA synovium.</p> <p>b Mechanisms of Inflammation in Viral-triggered Asthma - Working with immunologists and physician-scientists at Seattle Childrens Research Institute, matrix biologists are investigating mechanisms responsible for airway extracellular matrix dysregulation in asthma, and the resulting increased adhesion and activation of leukocytes.</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 four officers of the Board and the Chairs of each standing Board Committee, the authority of the Board of Directors in the management of the corporation as may be deemed by the Executive Committee to be appropriate, to be exercised in time periods between regularly scheduled meetings of the Board of Directors provided that the Executive Committee has the authority to act only in time sensitive or emergency situations. The Director and the Executive Director of the corporation serve as ex officio members of the Executive Committee without voting rights. The Executive Committee does not have the authority to amend, alter or repeal the bylaws elect, appoint or remove any member of such 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 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 or amend, alter or repeal any resolution of the Board which by its terms provides that it shall not be amended, altered or repealed by such Executive Committee. The Executive Committee also serves as the planning committee for the Board of Directors and oversees any compliance issues raised by the Board of Directors.</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section A, Line 6, 7	Virginia Mason Health System VMHS is the sole corporate member of Benaroya Research Institute at Virginia Mason BRI VMHS as the sole voting member has the following approval rights a election or appointment of Directors and Officers of the Board of Directors b removal of Directors and Officers of the Board of Directors including any executive officer of the corporation c approval of all long-range and short-range plans proposed by the Board of Directors d approval of the annual capital and operating budgets proposed by the Board of Directors e approval of the borrowing of funds where the amount borrowed is in excess of Five Hundred Thousand Dollars 500,000 f approval of the sale, lease, exchange, mortgage, pledge or disposal of all or substantially all of the property and assets g approval of all amendments to or repeal of the Agreement Association or the Bylaws of the corporation h 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 VMHS Audit and Compliance Committee ACC, a committee composed of independent community members has been delegated responsibility for oversight of the annual Form 990 preparation process including a selection, engagement, and review of the performance of the independent tax preparer b review of the annual draft Form 990 tax return, and c recommendation of the final Form 990 tax return for review to the BRI Board of Directors. Annually, at the September meeting, management and the tax preparer provides the ACC with an initial draft of the Form 990 and present an overview of the Form 990 preparation process. The final draft Form 990 is reviewed and approved by the ACC in November followed by a Board review of the final Form 990 prior to filing. The final Form 990 tax return is provided to each member of the Board of Directors via electronic delivery.</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section B, Line 12c	<p>The VMHS Governance Committee has been delegated accountability for oversight of the process for disclosure, evaluation and management of conflict of interest involving any member of the BRI Board of Directors, executive leadership or key employees</p> <p>Covered Person Pursuant to the Conflict 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 a received a copy of the Conflict of Interest Policy b has read and understands the Policy c has agreed to comply with the Policy and d understands that BRI is a charitable organization and that in order to maintain its federal tax exemption must engage 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 BRI's 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 Conflict of Interest Policy requires that copies of the Conflict of Interest Questionnaire be completed annually by each covered Person and any Conflict of Interest Management Plan be maintained</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 none of whom have a conflict of interest, is accountable for setting reasonable total compensation packages for each executive, officer and key employee of BRI Executives consistent with BRI's compensation philosophy and principles. The Committee approves annual goals and performance criteria which are used in determining merit increases and variable compensation opportunities. 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 of the Executives. The Committee as part of its analysis obtains from the compensation consultant appropriate comparability data including total compensation paid by similarly situated organizations for positions that are functionally comparable to each of the Executives. The Committee will consider the significant terms of the agreement with each Executive including the total compensation to be paid and the employee's duties and responsibilities. Consistent with the 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 interest of BRI. The Committee's decisions regarding compensation for each Executive are documented in written resolutions and minutes of the Committee. The Committee promptly reports its actions to the VMHS board which reports are reflected in the Board's minutes. The individual positions who were reviewed in 2016 were the Board Director, Carla Greenbaum, BRI Director, and Executive Director and Chief Financial 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

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. ► Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2016

Open to Public Inspection

Name of the organization
Benaroya Research Institute at Virginia Mason

Employer identification number
91-0653422

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

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 Sysstem (VMHS) 1100 Ninth Ave Seattle, WA 98101 91-1351110	Fundraising	WA	Sec 501c3	7	NA	Yes	
(2)Virginia Mason Medical Center 1100 Ninth Ave Seattle, WA 98101 91-0565539	Health Care	WA	Sec 501c3	3	VMHS		No
(3)Virginia Mason Institute 1100 Ninth Ave Seattle, WA 98101 26-3763656	Education/Research	WA	Sec 501c3	9	VMMC		No
(4)Yakima Valley Memorial Hospital Association 2811 Tieton Drive Yakima, WA 98902 91-0567263	Health Care	WA	Sec 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	

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

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

1a

No

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

1b

No

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

1c

Yes

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

1d

No

e Loans or loan guarantees by related organization(s)

1e

No

f Dividends from related organization(s)

1f

No

g Sale of assets to related organization(s)

1g

No

h Purchase of assets from related organization(s)

1h

No

i Exchange of assets with related organization(s)

1i

No

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

1j

Yes

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

1k

Yes

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

1l

No

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

1m

No

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

1n

Yes

o Sharing of paid employees with related organization(s)

1o

No

p Reimbursement paid to related organization(s) for expenses

1p

Yes

q Reimbursement paid by related organization(s) for expenses

1q

Yes

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

1r

No

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

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

Schedule R (Form 990) 2016

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
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