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Form 990



Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)
▶ Do not enter social security numbers on this form as it may be made public
▶ Information about Form 990 and its instructions is at [www IRS gov/form990](http://www.irs.gov/form990)

OMB No 1545-0047

2015

Open to Public Inspection

A For the 2015 calendar year, or tax year beginning 01-01-2015 , and ending 12-31-2015

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

C Name of organization
MULTICARE HEALTH SYSTEM

Doing business as

Number and street (or P O box if mail is not delivered to street address) Room/suite
PO BOX 5299

City or town, state or province, country, and ZIP or foreign postal code
TACOMA, WA 984150299

F Name and address of principal officer
ANNA LOOMIS
PO BOX 5299
TACOMA, WA 984150299

D Employer identification number

91-1352172

E Telephone number

(253) 459-8125

G Gross receipts \$ 1,996,326,665

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 ▶

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

J Website: ▶ HTTPS //WWW MULTICARE ORG/

K Form of organization ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶
L Year of formation 1987 **M** State of legal domicile WA

Part I

Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities
MULTICARE HEALTH SYSTEM'S MISSION IS PARTNERING FOR HEALING AND A HEALTHY FUTURE

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** 11
4 Number of independent voting members of the governing body (Part VI, line 1b) **4** 9
5 Total number of individuals employed in calendar year 2015 (Part V, line 2a) **5** 10,652
6 Total number of volunteers (estimate if necessary) **6** 3,301
7a Total unrelated business revenue from Part VIII, column (C), line 12 **7a** 5,792,447
b Net unrelated business taxable income from Form 990-T, line 34 **7b** -232,053

Revenue

8 Contributions and grants (Part VIII, line 1h)
9 Program service revenue (Part VIII, line 2g)
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)
13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)
14 Benefits paid to or for members (Part IX, column (A), line 4)
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)
16a Professional fundraising fees (Part IX, column (A), line 11e)
b Total fundraising expenses (Part IX, column (D), line 25) ▶⁰
17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)
18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)
19 Revenue less expenses Subtract line 18 from line 12

Prior Year

Current Year

Expenses

20 Total assets (Part X, line 16)
21 Total liabilities (Part X, line 26)
22 Net assets or fund balances Subtract line 21 from line 20

Beginning of Current Year

End of Year

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

ANNA LOOMIS CFO

Type or print name and title

2016-11-11

Date

Paid Preparer Use Only

Print/Type preparer's name

Preparer's signature

Date

Firm's name ▶ ERNST & YOUNG US LLP

Firm's EIN ▶ 34-6565596

Firm's address ▶ 560 MISSION STREET SUITE 1600

Phone no (415) 894-8000

SAN FRANCISCO, CA 94105

Check ☐ if self-employed

PTIN P01286320

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(2015)

Part III **Statement of Program Service Accomplishments**

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

1 Briefly describe the organization's mission

MULTICARE HEALTH SYSTEM'S MISSION IS PARTNERING FOR HEALING AND A HEALTHY FUTURE

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

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

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

If "Yes," describe these changes on Schedule O

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

4a (Code) (Expenses \$ 1,208,987,425 including grants of \$ 6,579,495) (Revenue \$ 1,718,549,527)
MULTICARE HEALTH SYSTEM (MHS) OPERATES FIVE COMMUNITY BASED HOSPITALS WITH 1,048 LICENSED ADULT BEDS AND 82 LICENSED PEDIATRIC BEDS DURING 2015 MHS HOSPITALS ADMITTED 45,195 PATIENTS FOR A TOTAL OF 226,637 PATIENT DAYS, PERFORMED 34,811 SURGERIES AND DELIVERED 6,627 BABIES THERE WERE 9,866 NEWBORN DAYS DURING 2015 THEY ALSO PROVIDED CARE FOR 266,379 OUTPATIENT VISITS AND 257,721 EMERGENCY ROOM VISITS, OF WHICH 1,053 WERE TRAUMA PATIENTS





















4b (Code) (Expenses \$ 100,752,452 including grants of \$ 0) (Revenue \$ 102,218,707)
MULTICARE HEALTH SYSTEM OPERATES MULTI-SPECIALTY CLINICS THROUGHOUT PIERCE AND SOUTH KING COUNTIES DURING 2015 THESE CLINICS PROCESSED 395,956 LABORATORY WORKLOAD UNITS, 67,201 IMAGING RELATIVE UNITS, 114,111 ONCOLOGY RELATIVE VALUE UNITS, 132,470 THERAPY VALUE UNITS AND 1,119 PHARMACY WORKLOAD UNITS THEY ALSO PROVIDED CARE FOR 140,495 OUTPATIENT VISITS AND PERFORMED SPECIALIST SURGERIES AS FOLLOWS PEDIATRIC, GENERAL, NEUROLOGIC, VASCULAR, SPINE, ORTHOPEDIC, GENERAL BREAST, PEDIATRIC ORTHOPEDIC, CARDIOTHORACIC, GENERAL BARIATRIC, COLORECTAL, SURGICAL PODIATRY, PEDIATRIC NEUROSURGERY, FOOT ANKLE SURGERY ETC

4c (Code) (Expenses \$ 93,267,800 including grants of \$ 0) (Revenue \$ 57,648,786)
MULTICARE HEALTH SYSTEM OPERATES PRIMARY CARE PHYSICIAN PRACTICES THROUGHOUT PIERCE AND SOUTH KING COUNTIES THESE PRACTICES PROVIDED 530,238 PATIENT VISITS DURING 2015
See Additional Data

4d Other program services (Describe in Schedule O)
(Expenses \$ 67,645,102 including grants of \$ 0) (Revenue \$ 55,337,392)

4e Total program service expenses ▶ 1,470,652,779

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	No
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 Yes	
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 	11e Yes	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 	11f Yes	
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII 	12a	No
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 	12b Yes	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	No
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	No
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	No
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	No
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	No
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17	No
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	No
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19	No
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 	20a Yes	
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 	20b Yes	

Part IV Checklist of Required Schedules *(continued)*

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>	21	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>	22		No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	24a	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		No
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		No
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b		No
26	Did the organization report any amount on Part X, line 5, 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>	26		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>	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a		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>	28b	Yes	
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>	28c	Yes	
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33		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>	34	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Yes	
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b	Yes	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	

Part V

Statements Regarding Other IRS Filings and Tax Compliance

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

			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.	1a	1,084	
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	10,652	
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	Yes	
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	Yes	
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 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	11	
1b	Enter the number of voting members included in line 1a, above, who are independent	9	
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	No
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	No
7b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	No
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	Yes
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	Yes

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
JASON MITCHELL 737 S FAWCETT TACOMA, WA 98402 (253) 459-8331

Part VII

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

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

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

(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			
(1) MATT DAVIS MD DIRECTOR, PHYSICIAN	55.00 0.00	X						452,064	0	41,675
(2) JOHN FOLSOM DIRECTOR	5.00 0.00	X						0	0	0
(3) JOHN HALL TREASURER	5.00 0.00	X		X				0	0	0
(4) SALLY B LEIGHTON SECRETARY	5.00 0.00	X		X				0	0	0
(5) ROB R ROTH MD DIRECTOR	5.00 0.00	X						0	0	0
(6) L DALE SOWELL DIRECTOR	5.00 0.00	X						0	0	0
(7) JANINE TERRANO DIRECTOR	5.00 0.00	X						0	0	0
(8) DEEDRA WALKEY VICE CHAIR	5.00 0.00	X		X				0	0	0
(9) JOHN WIBORG CHAIR	5.00 0.00	X		X				0	0	0
(10) LUKE XITCO DIRECTOR	5.00 0.00	X						0	0	0
(11) ROBERT A YOST DIRECTOR	5.00 0.00	X						0	0	0
(12) WILLIAM ROBERTSON PRESIDENT & CEO	56.00 0.00			X				1,226,947	0	451,481
(13) ANNA LOOMIS CFO	56.00 0.00			X				721,475	0	105,081
(14) FLORENCE CHANG EXECUTIVE VICE PRESIDENT	60.00 0.00				X			914,416	0	122,426

Part VII

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099- MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(15) CLAIRE SPAIN-REMY SRVP, CHIEF PHYSICIAN OFFICER	60 00 0 00				X			664,265	0	101,684
(16) GLENN KASMAN REGIONAL PRESIDENT,EAST REGION	60 00 0 00				X			553,969	0	102,894
(17) SHELLY MULLIN REGIONAL PRESIDENT,WEST REGION	60 00 0 00				X			621,008	0	105,889
(18) LINDA CHEN PRESIDENT MARY BRIDGE PART YEAR	60 00 0 00				X			171,552	0	42,225
(19) CHRISTI MCCARREN SRVP RETAIL HEALTH&COMMUNITY CLINICS	60 00 0 00				X			407,203	0	67,038
(20) SURAJ SINGH PHYSICIAN	50 00 0 00					X		1,494,664	0	40,189
(21) DAVID COONS PHYSICIAN	50 00 0 00					X		1,291,868	0	71,925
(22) FRANCIS KIM PHYSICIAN	50 00 0 00					X		673,261	0	368,834
(23) JOHN HUNG PHYSICIAN	50 00 0 00					X		952,546	0	43,181
(24) DOUGLAS SUTHERLAND PHYSICIAN	50 00 0 00					X		925,097	0	40,875

1b	Sub-Total	▶			
c	Total from continuation sheets to Part VII, Section A	▶			
d	Total (add lines 1b and 1c)	▶	11,070,335	0	1,705,397

2

Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ 1,737

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

Section B. Independent Contractors

1

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

(A) Name and business address	(B) Description of services	(C) Compensation
TACOMA ANESTHESIA ASSOCIATES INC PS 3633 PACIFIC AVE204 TACOMA, WA 98418	MEDICAL	9,042,365
TRAUMA TRUST POBOX 5299 TACOMA, WA 98415	MEDICAL	6,233,365
SOUTH SOUND INPATIENT PHYSICIANS PLLC POBOX 742936 LOS ANGELES, CA 90074	MEDICAL	5,447,140
TACOMA-PIERCE COUNTY BLOOD BANK POBOX 2113 TACOMA, WA 98401	MEDICAL	4,740,916
KAUFMAN HALL & ASSOCIATES 8610 SOLUTION CENTER CHICAGO, IL 60677	SOFTWARE IMPLEMENTATION	4,188,951

2

Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶ 130

Part VIII

Statement of Revenue

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns . . .	1a					
	b	Membership dues	1b					
	c	Fundraising events	1c					
	d	Related organizations . . .	1d	9,895,747				
	e	Government grants (contributions)	1e	23,120,133				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f					
	g	Noncash contributions included in lines 1a-1f \$						
	h	Total. Add lines 1a-1f			33,015,880			
Program Service Revenue	2a	HEALTHCARE SERVICES	Business Code 622110	1,720,124,530	1,715,636,819	4,487,711		
	b	AMBULATORY SRVS & UCC	621493	123,323,840	122,019,104	1,304,736		
	c	OFFICES OF PHYSICIANS	621111	76,456,737	76,456,737			
	d	HOME HEALTH	621610	9,376,425	9,376,425			
	e	OUTPATIENT MENTAL HEAL	621420	7,323,554	7,323,554			
	f	All other program service revenue		2,941,773	2,941,773			
	g	Total. Add lines 2a-2f			1,939,546,859			
	Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		22,646,319			22,646,319
4		Income from investment of tax-exempt bond proceeds . .						
5		Royalties						
6a		(i) Real		(ii) Personal				
		Gross rents	84,364					
		b Less rental expenses	84,364					
		c Rental income or (loss)	0					
d		Net rental income or (loss)			0			
7a		(i) Securities		(ii) Other				
		Gross amount from sales of assets other than inventory						
		b Less cost or other basis and sales expenses	27,290,386					
		c Gain or (loss)	-27,290,386					
d		Net gain or (loss)			-27,290,386		-27,290,386	
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				
			1,033,243					
		b Less cost of goods sold	b	1,402,019				
	c Net income or (loss) from sales of inventory . .		-368,776	-368,776				
Miscellaneous Revenue		Business Code						
11a								
b								
c								
d	All other revenue							
e	Total. Add lines 11a-11d							
12	Total revenue. See Instructions			1,967,549,896	1,933,754,412	5,792,447	-5,012,843	

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.	6,579,495	6,579,495		
2	Grants and other assistance to domestic individuals. See Part IV, line 22.				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.				
4	Benefits paid to or for members.				
5	Compensation of current officers, directors, trustees, and key employees.	5,280,835	4,420,965	859,870	
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).	976,996	976,996		
7	Other salaries and wages.	805,078,135	672,969,616	132,108,519	
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions).	43,353,615	36,294,416	7,059,199	
9	Other employee benefits.	122,626,351	102,659,301	19,967,050	
10	Payroll taxes.	51,291,757	42,480,005	8,811,752	
11	Fees for services (non-employees):				
a	Management.				
b	Legal.	2,517,492	336,335	2,181,157	
c	Accounting.	362,300		362,300	
d	Lobbying.	72,000		72,000	
e	Professional fundraising services. See Part IV, line 17.				
f	Investment management fees.				
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	88,311,597	50,821,491	37,490,106	
12	Advertising and promotion.	2,046,840	433,829	1,613,011	
13	Office expenses.	9,088,126	7,680,321	1,407,805	
14	Information technology.				
15	Royalties.				
16	Occupancy.	30,757,072	25,748,948	5,008,124	
17	Travel.	6,288,805	4,209,083	2,079,722	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials.				
19	Conferences, conventions, and meetings.	84,454	43,880	40,574	
20	Interest.	35,538,788	29,752,065	5,786,723	
21	Payments to affiliates.				
22	Depreciation, depletion, and amortization.	107,085,849	89,649,234	17,436,615	
23	Insurance.	9,802,217	8,206,138	1,596,079	
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	241,492,582	235,502,357	5,990,225	
b	UBI TAX	44,154	44,154		
c	SAFETY NET ASSESMENT	71,263,935	71,263,935		
d	PROVISION FOR BAD DEBTS	44,193,950	44,193,950		
e	All other expenses	75,034,940	36,386,265	38,648,675	
25	Total functional expenses. Add lines 1 through 24e.	1,759,172,285	1,470,652,779	288,519,506	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 Sheet

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

				(A)		(B)	
				Beginning of year		End of year	
Assets	1	Cash—non-interest-bearing				1	
	2	Savings and temporary cash investments			106,197,236	2	206,500,250
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net			314,185,164	4	281,129,684
	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			21,410,850	8	20,492,540
	9	Prepaid expenses and deferred charges			13,769,426	9	13,478,514
	10a	Land, buildings, and equipment—cost or other basis. Complete Part VI of Schedule D	10a	2,327,731,313			
	b	Less: accumulated depreciation	10b	1,048,456,411	1,295,842,171	10c	1,279,274,902
	11	Investments—publicly traded securities			1,204,759,545	11	1,233,090,434
	12	Investments—other securities. See Part IV, line 11			172,695,117	12	191,680,483
	13	Investments—program-related. See Part IV, line 11				13	
	14	Intangible assets			8,718,006	14	0
	15	Other assets. See Part IV, line 11			81,272,542	15	170,870,308
16	Total assets. Add lines 1 through 15 (must equal line 34)			3,218,850,057	16	3,396,517,115	
Liabilities	17	Accounts payable and accrued expenses			312,422,692	17	237,610,934
	18	Grants payable				18	
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities			890,030,907	20	1,008,089,087
	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				23	
	24	Unsecured notes and loans payable to unrelated third parties			227,066	24	177,053
	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			248,788,849	25	238,065,751
	26	Total liabilities. Add lines 17 through 25			1,451,469,514	26	1,483,942,825
	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			1,767,380,543	27	1,912,574,290
28		Temporarily restricted net assets				28	
29		Permanently restricted net assets				29	
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			1,767,380,543	33	1,912,574,290
34		Total liabilities and net assets/fund balances			3,218,850,057	34	3,396,517,115

Part XI **Reconciliation of Net Assets**

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,967,549,896
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,759,172,285
3	Revenue less expenses Subtract line 2 from line 1	3	208,377,611
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . .	4	1,767,380,543
5	Net unrealized gains (losses) on investments	5	-102,192,625
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	39,008,761
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	1,912,574,290

Part XII **Financial Statements and Reporting**

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

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

Additional Data

Software ID:

Software Version:

EIN: 91-1352172

Name: MULTICARE HEALTH SYSTEM

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

(Code) (Expenses \$	67,645,102	including grants of \$	0) (Revenue \$	55,337,392)
-------	----------------	------------	------------------------	-----------------	--------------

MULTICARE HEALTH SYSTEM'S OTHER PROGRAMS INCLUDE URGENT CARE CLINICS, BEHAVIORAL HEALTH, HOME HEALTH SERVICES AND HOSPICE, ADULT DAY HEALTH AND PSYCHOLOGY CHILDREN'S THERAPY UNIT DURING 2015 THE CLINICS PROVIDED 201,628 URGENT CARE VISITS AND 42,253 HOME HEALTH VISITS THE HOME HEALTH AND HOSPICE PROGRAMS ADMITTED 3,987 AND 929 PATIENTS, RESPECTIVELY DURING 2015 MULTICARE GOOD SAMARITAN CHILDREN'S THERAPY UNIT (CTU) HELPS INFANTS, CHILDREN AND ADOLESCENTS WHO HAVE SPECIAL NEEDS IN 2015 CTU SERVED 498 PATIENTS MULTICARE BEHAVIORAL HEALTH SERVICES (BHS) OFFERS A FULL RANGE OF SERVICES AND AN INTEGRATED APPROACH TO WELLNESS IN 2015 BHS SERVED 11,810 CLIENTS

SCHEDULE A
(Form 990 or 990EZ)

Public Charity Status and Public Support

OMB No 1545-0047

2015

Open to Public Inspection

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.

Department of the Treasury
Internal Revenue Service

Name of the organization MULTICARE HEALTH SYSTEM	Employer identification number 91-1352172
---	--

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 11, check only one box)

1

☐

A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**

2

☐

A school described in **section 170(b)(1)(A)(ii).**(Attach Schedule E (Form 990 or 990-EZ))

3

☒

A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4

☐

A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state _____

5

☐

An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II)

6

☐

A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7

☐

An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II)

8

☐

A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)

9

☐

An 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)

10

☐

An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**

11

☐

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 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g

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- 9 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

Part II

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

Section A. Public Support						
Calendar year (or fiscal year beginning in) ►	(a)2011	(b)2012	(c)2013	(d)2014	(e)2015	(f)Total
1 Gifts, grants, contributions, and membership fees received (Do not include any unusual grants)						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4						

Section B. Total Support						
Calendar year (or fiscal year beginning in) ►	(a)2011	(b)2012	(c)2013	(d)2014	(e)2015	(f)Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc (see instructions)					12	
13 First five years.If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage						
14 Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f))					14	
15 Public support percentage for 2014 Schedule A, Part II, line 14					15	
16a 33 1/3% support test—2015.If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization						<input type="checkbox"/>
b 33 1/3% support test—2014.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—2015.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—2014.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 9 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)2011	(b)2012	(c)2013	(d)2014	(e)2015	(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)2011	(b)2012	(c)2013	(d)2014	(e)2015	(f)Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ► <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2015 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2014 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2015 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2014 Schedule A, Part III, line 17	18	

19a 33 1/3% support tests—2015. 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—2014. 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 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d 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? 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.	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)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2	
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.	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)? If "Yes," describe in Part VI when and how the organization made the determination.	3b	
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3c	
4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.	4a	
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? 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.	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)? 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.	4c	
5a Did the organization add, substitute, or remove any supported organizations during the tax year? 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).	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 (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI .	6	
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).	7	
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part II of Schedule L (Form 990).	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))? If "Yes," provide detail in Part VI .	9a	
b Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .	9b	
c Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .	9c	
10a Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer b below.	10a	
b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)	10b	
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?	11a	
b A family member of a person described in (a) above?	11b	
c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c	

Part IV

Supporting Organizations (continued)

Section B. Type I Supporting Organizations

	Yes	No
<div>1</div> <div>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></div>		
<div>2</div> <div>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></div>		

Section C. Type II Supporting Organizations

	Yes	No
<div>1</div> <div>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></div>		

Section D. All Type III Supporting Organizations

	Yes	No
<div>1</div> <div>Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?</div>		
<div>2</div> <div>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></div>		
<div>3</div> <div>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></div>		

Section E. Type III Functionally-Integrated Supporting Organizations

<div>1</div> <div>Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)</div> <div><div>a</div><div><input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.</div><div><div>b</div><div><input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.</div><div><div>c</div><div><input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).</div></div></div></div>		
<div>2</div> <div>Activities Test. Answer (a) and (b) below.</div>		
<div>a</div> <div>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></div>		
<div>b</div> <div>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></div>		
<div>3</div> <div>Parent of Supported Organizations. Answer (a) and (b) below.</div>		
<div>a</div> <div>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></div>		
<div>b</div> <div>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></div>		

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	Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions): <input type="checkbox"/>		

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 2015 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-2015	(iii) Distributable Amount for 2015
1 Distributable amount for 2015 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2015 (reasonable cause required--see instructions)			
3 Excess distributions carryover, if any, to 2015			
a			
b			
c			
d From 2013.			
e From 2014.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2015 distributable amount			
i Carryover from 2010 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2015 from Section D, line 7 \$			
a Applied to underdistributions of prior years			
b Applied to 2015 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2015, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2015 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 Excess distributions carryover to 2016. Add lines 3j and 4c			
8 Breakdown of line 7			
a			
b			
c Excess from 2013.			
d From 2014.			
e From 2015.			

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

Return Reference

Explanation

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

2015

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 MULTICARE HEALTH SYSTEM	Employer identification number 91-1352172
---	--

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)														
b	Total lobbying expenditures to influence a legislative body (direct lobbying)														
c	Total lobbying expenditures (add lines 1a and 1b)														
d	Other exempt purpose expenditures														
e	Total exempt purpose expenditures (add lines 1c and 1d)														
f	Lobbying nontaxable amount Enter the amount from the following table in both columns														
<table><tr><th>If the amount on line 1e, column (a) or (b) is:</th><th>The lobbying nontaxable amount is:</th></tr><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></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)														
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?														

☐ Yes

☐ 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)2012	(b)2013	(c)2014	(d)2015	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

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

1

During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of

a

Volunteers?

b

Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?

c

Media advertisements?

d

Mailings to members, legislators, or the public?

e

Publications, or published or broadcast statements?

f

Grants to other organizations for lobbying purposes?

g

Direct contact with legislators, their staffs, government officials, or a legislative body?

h

Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?

i

Other activities?

j

Total. Add lines 1c through 1i.

2a

Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?

b

If "Yes," enter the amount of any tax incurred under section 4912

c

If "Yes," enter the amount of any tax incurred by organization managers under section 4912

d

If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?

(a)

Yes

(b)

No

Amount

No

No

No

No

No

Yes

72,000

No

No

72,000

No

Part III-A

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

1

Were substantially all (90% or more) dues received nondeductible by members?

2

Did the organization make only in-house lobbying expenditures of \$2,000 or less?

3

Did the organization agree to carry over lobbying and political expenditures from the prior year?

Yes

No

1

2

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

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

b

Carryover from last year

c

Total

3

Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues

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?

5

Taxable amount of lobbying and political expenditures (see instructions)

1

2a

2b

2c

3

4

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

PART II-B, LINE 1

LINE 1(G) - PAYMENTS TO LOBBYING FIRMS (INDEPENDENT CONTRACTORS) TO ACT AS OUR LIAISON WITH STATE AND FEDERAL GOVERNMENTS ON HEALTH CARE ISSUES AND THE PORTION OF MEMBERSHIP DUES PAID TO HOSPITAL ASSOCIATIONS WHICH IS USED FOR LEGISLATIVE AND LOBBYING ACTIVITIES

Schedule C (Form 990 or 990EZ) 2015

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
► Attach to Form 990.
Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization
MULTICARE HEALTH SYSTEM

Employer identification number
91-1352172

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

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

1

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

☐ Preservation of land for public use (e g , recreation or education)
☐ Protection of natural habitat
☐ Preservation of open space

☐ Preservation of an historically important land area
☐ Preservation of a certified historic structure

2

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

	Held at the End of the Year
a	Total number of conservation easements
b	Total acreage restricted by conservation easements
c	Number of conservation easements on a certified historic structure included in (a)
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register

3

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

4

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

5

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

☐ Yes ☐ No

6

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

7

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

8

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

☐ Yes ☐ No

9

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

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

1a

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

b

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

(i)

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

(ii)

Assets included in Form 990, Part X
► \$

2

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

a

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

b

Assets included in Form 990, Part X
► \$

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

d

☐ Loan or exchange programs

b

☐ Scholarly research

e

☐ Other

c

☐ Preservation for future generations

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" to Form 990, Part IV, line 10.

	(a)Current year	(b)Prior year	b (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

(ii) related organizations

3a(i)

3a(ii)

3b

Yes

No

b

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

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" to 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)	Accumulated (c)depreciation	(d)Book value
1a Land		52,927,590		52,927,590
b Buildings		1,477,353,270	502,248,502	975,104,768
c Leasehold improvements		70,807,939	43,455,147	27,352,792
d Equipment		671,681,936	502,752,762	168,929,174
e Other		54,960,578		54,960,578
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) ▶				1,279,274,902

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	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12			
a	Net unrealized gains (losses) on investments	2a		
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	
3	Subtract line 2e from line 1		3	
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	

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	
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	
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	

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
PART X, LINE 2	THE CONSOLIDATED AUDITED FINANCIAL STATEMENTS OF MULTICARE HEALTH SYSTEM FOOTNOTE READS "FINANCIAL ACCOUNTING STANDARD BOARD (FASB) ASC TOPIC 740-10, INCOME TAXES CLARIFIES THE ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES RECOGNIZED IN MULTICARE HEALTH SYSTEM'S CONSOLIDATED FINANCIAL STATEMENTS ASC TOPIC 740-10 ALSO PRESCRIBES A RECOGNITION THRESHOLD AND MEASUREMENT STANDARD FOR THE FINANCIAL STATEMENT RECOGNITION AND MEASUREMENT OF AN INCOME TAX POSITION TAKEN OR EXPECTED TO BE TAKEN IN A TAX RETURN. ONLY TAX POSITIONS THAT MEET THE "MORE LIKELY THAN NOT" RECOGNITION THRESHOLD AT THE EFFECTIVE DATE MAY BE RECOGNIZED OR CONTINUE TO BE RECOGNIZED UPON ADOPTION. IN ADDITION, ASC TOPIC 740-10 PROVIDES GUIDANCE ON DERECOGNITION, CLASSIFICATION, INTEREST AND PENALTIES, ACCOUNTING IN INTERIM PERIODS, DISCLOSURE, AND TRANSITION. ASC TOPIC 740-10, RELATING TO ACCOUNTING FOR UNCERTAIN TAX POSITIONS, DID NOT HAVE A SIGNIFICANT IMPACT ON THE CONSOLIDATED FINANCIAL STATEMENTS OF MULTICARE HEALTH SYSTEM. OTHER THAN MEDIS INC., A TAXABLE CORPORATION, ALL OF THE OTHER ENTITIES HAVE OBTAINED DETERMINATION LETTERS FROM THE INTERNAL REVENUE SERVICE THAT THEY ARE EXEMPT FROM FEDERAL INCOME TAXES UNDER SECTION 501 (C)(3) OF THE INTERNAL REVENUE CODE, EXCEPT FOR TAX ON UNRELATED BUSINESS INCOME."

Part XIII **Supplemental Information** *(continued)*

Return Reference	Explanation

SCHEDULE H
(Form 990)

Department of the
Treasury
Internal Revenue
Service

Hospitals

► Complete if the organization answered "Yes" on Form 990, Part IV, question 20.

► Attach to Form 990.

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

OMB No 1545-0047

2015

Open to Public
Inspection

Name of the organization MULTICARE HEALTH SYSTEM	Employer identification number 91-1352172
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Part I Financial Assistance and Certain Other Community Benefits at Cost

		Yes	No	
1a	Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a	1a	Yes	
b	If "Yes," was it a written policy?	1b	Yes	
2	If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year <input type="checkbox"/> Applied uniformly to all hospital facilities <input type="checkbox"/> Applied uniformly to most hospital facilities <input type="checkbox"/> Generally tailored to individual hospital facilities			
3	Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year			
a	Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing <i>free</i> care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for <i>free</i> care <input type="checkbox"/> 100% <input type="checkbox"/> 150% <input type="checkbox"/> 200% <input type="checkbox"/> Other <u>30000 0000000000 %</u>	3a	Yes	
b	Did the organization use FPG as a factor in determining eligibility for providing <i>discounted</i> care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care <input type="checkbox"/> 200% <input type="checkbox"/> 250% <input type="checkbox"/> 300% <input type="checkbox"/> 350% <input type="checkbox"/> 400% <input type="checkbox"/> Other <u>50000 0000000000 %</u>	3b	Yes	
c	If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used for determining eligibility for free or discounted care. Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care			
4	Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?	4	Yes	
5a	Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	5a	Yes	
b	If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	5b		No
c	If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?	5c		
6a	Did the organization prepare a community benefit report during the tax year?	6a	Yes	
b	If "Yes," did the organization make it available to the public?	6b	Yes	
Complete the following table using the worksheets provided in the Schedule H instructions. Do not submit these worksheets with the Schedule H.				

7 Financial Assistance and Certain Other Community Benefits at Cost						
Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheet 1)			19,601,141	0	19,601,141	1 140 %
b Medicaid (from Worksheet 3, column a)			513,181,000	385,855,000	127,326,000	7 420 %
c Costs of other means-tested government programs (from Worksheet 3, column b)			0	0		
d Total Financial Assistance and Means-Tested Government Programs			532,782,141	385,855,000	146,927,141	8 560 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)	19	19,316	2,910,813	45,354	2,865,459	0 170 %
f Health professions education (from Worksheet 5)	7	60	8,732,252	736,978	7,995,274	0 470 %
g Subsidized health services (from Worksheet 6)	30	55,889	57,128,416	29,979,335	27,149,081	1 580 %
h Research (from Worksheet 7)	3	124	947,925	166,237	781,688	0 050 %
i Cash and in-kind contributions for community benefit (from Worksheet 8)	3	2,028	1,688,548		1,688,548	0 100 %
j Total. Other Benefits	62	77,417	71,407,954	30,927,904	40,480,050	2 370 %
k Total. Add lines 7d and 7j	62	77,417	604,190,095	416,782,904	187,407,191	10 930 %

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

Part III Bad Debt, Medicare, & Collection Practices

1	Did the organization report bad debt expense in accordance with Healthcare Management Association Statement No. 15?	1	Yes	
2	Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount	2	10,509,000	
3	Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy. Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit	3	969,000	
4	Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements			
Section B. Medicare				
5	Enter total revenue received from Medicare (including DSH and IME)	5	258,347,000	
6	Enter Medicare allowable costs of care relating to payments on line 5	6	311,062,000	
7	Subtract line 6 from line 5. This is the surplus (or shortfall)	7	-52,715,000	
8	Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used: <input type="checkbox"/> Cost accounting system <input type="checkbox"/> Cost to charge ratio <input type="checkbox"/> Other			
Section C. Collection Practices				
9a	Did the organization have a written debt collection policy during the tax year?	9a	Yes	
b	If "Yes," did the organization's collection policy that applied to the largest number of its patients during the tax year contain provisions on the collection practices to be followed for patients who are known to qualify for financial assistance? Describe in Part VI	9b	Yes	

(owned 10% or more by officers, directors, trustees, key employees, and physicians—see instructions)

(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership %	(e) Physicians' profit % or stock ownership %
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				

Part V Facility Information

Section A. Hospital Facilities

(list in order of size from largest to smallest—see instructions)
How many hospital facilities did the organization operate during the tax year?
5

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

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

Part V

Facility Information (continued)

Section B. Facility Policies and Practices

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

FACILITY REPORTING GROUP - A

Name of hospital facility or letter of facility reporting group

Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A):

		Yes	No	
Community Health Needs Assessment				
1	Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?	1	No	
2	Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C	2	No	
3	During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12 If "Yes," indicate what the CHNA report describes (check all that apply) a <input type="checkbox"/> A definition of the community served by the hospital facility b <input type="checkbox"/> Demographics of the community c <input type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community d <input type="checkbox"/> How data was obtained e <input type="checkbox"/> The significant health needs of the community f <input type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups g <input type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs h <input type="checkbox"/> The process for consulting with persons representing the community's interests i <input type="checkbox"/> Information gaps that limit the hospital facility's ability to assess the community's health needs j <input type="checkbox"/> Other (describe in Section C) 4 Indicate the tax year the hospital facility last conducted a CHNA 20 <u>13</u> 5 In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	3	Yes	
6a	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	6a	Yes	
6b	Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C	6b	Yes	
7	Did the hospital facility make its CHNA report widely available to the public? If "Yes," indicate how the CHNA report was made widely available (check all that apply) HTTP //WWW MULTICARE ORG/COMMUNITY-HEALTH-NEEDS- a <input type="checkbox"/> Hospital facility's website (list url) <u>ASSESSMENT/</u> b <input type="checkbox"/> Other website (list url) _____ c <input type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility d <input type="checkbox"/> Other (describe in Section C)	7	Yes	
8	Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11	8	Yes	
9	Indicate the tax year the hospital facility last adopted an implementation strategy 20 <u>13</u>			
10	Is the hospital facility's most recently adopted implementation strategy posted on a website? HTTP //WWW MULTICARE ORG/COMMUNITY-HEALTH-NEEDS- a If "Yes" (list url) <u>ASSESSMENT/</u> b If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	10	Yes	
10b		10b		No
11	Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed			
12a	Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?	12a		No
12b	If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	12b		
	If "Yes" on line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$ _____			

Part V

Facility Information (continued)

FACILITY REPORTING GROUP - A

Name of hospital facility or letter of facility reporting group			Yes	No
19	Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP? If "Yes," check all actions in which the hospital facility or a third party engaged	19		No
a	<input type="checkbox"/> Reporting to credit agency(ies)			
b	<input type="checkbox"/> Selling an individual's debt to another party			
c	<input type="checkbox"/> Actions that require a legal or judicial process			
d	<input type="checkbox"/> Other similar actions (describe in Section C)			
20	Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19 (check all that apply)			
a	<input type="checkbox"/> Notified individuals of the financial assistance policy on admission			
b	<input type="checkbox"/> Notified individuals of the financial assistance policy prior to discharge			
c	<input type="checkbox"/> Notified individuals of the financial assistance policy in communications with the individuals regarding the individuals' bills			
d	<input type="checkbox"/> Documented its determination of whether individuals were eligible for financial assistance under the hospital facility's financial assistance policy			
e	<input type="checkbox"/> Other (describe in Section C)			
f	<input type="checkbox"/> None of these efforts were made			
Policy Relating to Emergency Medical Care				
21	Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy? If "No," indicate why	21	Yes	
a	<input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions			
b	<input type="checkbox"/> The hospital facility's policy was not in writing			
c	<input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)			
d	<input type="checkbox"/> Other (describe in Section C)			
Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)				
22	Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care			
a	<input type="checkbox"/> The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged			
b	<input type="checkbox"/> The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged			
c	<input type="checkbox"/> The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged			
d	<input type="checkbox"/> Other (describe in Section C)			
23	During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care? If "Yes," explain in Section C	23		No
24	During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual? If "Yes," explain in Section C	24		No

Part V **Facility Information** *(continued)*

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

Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16i, 18d, 19d, 20e, 21c, 21d, 22d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

Form and Line Reference	Explanation

Part V **Facility Information** *(continued)*

Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

(list in order of size, from largest to smallest)

How many non-hospital health care facilities did the organization operate during the tax year? **38**

Name and address	Type of Facility (describe)
1 See Additional Data Table	
2	
3	
4	
5	
6	
7	
8	
9	
10	

Part VI **Supplemental Information**

Provide the following information

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

Form and Line Reference	Explanation
PART I, LINE 3C	MULTICARE HEALTH SYSTEM DOES USE A PRESUMPTIVE CHARITY PROCESS USING A THRESHOLD AND HOLDBACK TEST TO DETERMINE ELIGIBILITY

Form and Line Reference	Explanation
PART I, LINE 7	THE AMOUNTS ARE CALCULATED BASED ON A COST-TO-CHARGE RATIO WHICH WAS CALCULATED BASED ON WORKSHEET 2 OF THE SCHEDULE H INSTRUCTIONS

Form and Line Reference	Explanation
PART I, LINE 7, COLUMN (F)	THE BAD DEBT EXPENSE INCLUDED ON FORM 990, PART IX, LINE 25, COLUMN (A), BUT SUBTRACTED FOR PURPOSES OF CALCULATING THE PERCENTAGE IN THIS COLUMN IS \$ 44,193,950

Form and Line Reference	Explanation
PART II, COMMUNITY BUILDING ACTIVITIES	<p>MULTICARE HEALTH SYSTEM PARTICIPATES IN A WIDE VARIETY OF COMMUNITY BUILDING ACTIVITIES WHICH PROMOTE THE HEALTH OF THE COMMUNITIES WE SERVE THESE INCLUDE -TACOMA TRAUMA TRUST IS A COLLABORATION OF MULTICARE, FRANCISCAN HEALTH SYSTEM AND MADIGAN ARMY MEDICAL CENTER TO PROVIDE TRAUMA CARE TO THE SOUTH PUGET SOUND REGION,-FALLS PREVENTION PROGRAM FOR THE ELDERLY,-SEXUAL ASSAULT PREVENTION PROGRAM AND THE FORENSIC NURSE EXAMINER PROGRAM, PROVIDING CARE TO ADULT VICTIMS OF SEXUAL ASSAULT,-BEHAVIORAL HEALTH CRISIS INTERVENTION PROGRAM,-MARY BRIDGE CENTER FOR CHILDHOOD SAFETY AND THE MARY BRIDGE CHILDREN'S ADVOCACY CENTER, -BRIDGES A CENTER FOR GRIEVING CHILDREN,-HOME HEALTH, HOSPICE AND PALLIATIVE CARE SERVICES,-GRIEF AND LOSS SERVICES,-FAMILY CAMP ERIN FOR CHILDREN SUFFERING LOSSES OF FAMILY MEMBERS,-CANCER CAMP FOR CHILDREN WITH CANCER,-WOMEN, INFANT AND CHILDREN (WIC) PROGRAM,-SAFE KIDS,-SAFE SHORES,-CENTER FOR HEALTHY LIVING NUTRITION AND FITNESS EDUCATION, WEIGHT MANAGEMENT, TOBACCO CESSATION AND COMMUNITY HEALTH IMPROVEMENT PROGRAMS,-PUGET SOUND ASTHMA COALITION,-DIABETES SERVICES,-CONSULTING NURSE TELEPHONE SERVICE,-CHRONIC DISEASE MANAGEMENT SUPPORT GROUPS,-WORKFORCE DEVELOPMENT PARTNERSHIPS WITH THE PIERCE COUNTY WORKFORCE DEVELOPMENT COUNCIL AND THE PIERCE COUNTY HEALTH CAREERS COUNCIL TO PREPARE PEOPLE FOR HEALTH CARE CAREERS,-PARTNERSHIPS WITH AREA COLLEGE NURSING PROGRAMS AND A NURSE RESIDENCY PROGRAM,-FREE SPORTS PHYSICALS FOR THE STUDENTS AT FIRST CREEK MIDDLE SCHOOL AND LINCOLN HIGH SCHOOL,- READY, SET, GO! 5-2-1-0, A COMMUNITY-WIDE PUBLIC-PRIVATE PARTNERSHIP INITIATIVE TO PROMOTE HEALTHY LIFESTYLES FOR CHILDREN, YOUTH AND FAMILIES,-SIBLING SUPPORT PROJECT TO BENEFIT SIBLINGS OF CHILDREN WITH SPECIAL HEALTHCARE NEEDS,-SCHOLARSHIPS FOR PARENT EDUCATION,-ASSISTIVE TECHNOLOGY PROGRAM- PROVIDING ADAPTATIONS TO THE ENVIRONMENT TO IMPROVE INDEPENDENCE,-"HOST SITE FOR PARENTS NIGHT OUT" FOR PARENTS WITH CHILDREN WITH SPECIAL NEEDS,-SIGN LANGUAGE CLASSES THROUGH PIERCE COUNTY LIBRARY</p>

Form and Line Reference	Explanation
PART III, LINE 4	<p>1 FOOTNOTES THE FOOTNOTE ON PAGE 12 OF THE AUDITED FINANCIAL STATEMENTS DESCRIBES THE PROVISION FOR BAD DEBT AND THE ALLOWANCE FOR DOUBTFUL ACCOUNTS 2 PART III, SECTION A, LINE 2, COSTING METHODOLOGY THE RATIO OF PATIENT CARE COST TO CHARGES IS APPLIED TO THE BAD DEBT ATTRIBUTABLE TO PATIENT ACCOUNTS TO CALCULATE THE ESTIMATED COST OF BAD DEBT ATTRIBUTABLE TO PATIENT ACCOUNTS THAT IS REPORTED ON LINE 2 DISCOUNTS AND PAYMENTS ON PATIENT ACCOUNTS ARE RECORDED AS AN ADJUSTMENT TO REVENUE, NOT BAD DEBT EXPENSE 3-4 PART III, SECTION A, LINE 3, RATIONALE FOR BAD DEBT AMOUNT ATTRIBUTABLE TO COMMUNITY BENEFIT IT IS OUR BELIEF THAT \$969,000 OF BAD DEBT SHOULD BE INCLUDED AS COMMUNITY BENEFIT AS A NOT-FOR-PROFIT, PATIENT CARE IS PROVIDED TO ALL, REGARDLESS OF THE ABILITY TO PAY FOR THAT CARE MAKING QUALITY PATIENT CARE AVAILABLE TO ALL IN OUR COMMUNITY, REGARDLESS OF THEIR ECONOMIC MEANS, QUALIFIES BAD DEBTS AS A COMMUNITY BENEFIT AS PART OF OUR COMMUNITY NEEDS ASSESSMENT, WE STUDIED THE INCOME CHARACTERISTICS OF THE UNINSURED POPULATION IN OUR COMMUNITY AS PART OF THIS STUDY, WE ALSO LOOKED AT WHAT PORTION OF UNINSURED INDIVIDUALS IN THE HOSPITAL'S SERVICE AREA WOULD BE ELIGIBLE FOR THE HOSPITAL'S FINANCIAL ASSISTANCE POLICY WE APPLIED THIS PERCENTAGE TO OUR TOTAL AMOUNT OF BAD DEBT EXPENSE RECORDED TO ESTIMATE THE PORTION OF SELF-PAY BAD DEBT THAT WAS REASONABLY ATTRIBUTABLE TO INDIVIDUALS ELIGIBLE FOR THE HOSPITAL'S FINANCIAL ASSISTANCE POLICY BUT NOT PREVIOUSLY RECORDED AS SUCH WE SUBTRACTED THE ACTUAL AMOUNT OF FINANCIAL ASSISTANCE RECORDED FROM THIS CALCULATED FIGURE THE RESULT IS OUR ESTIMATE OF THE AMOUNT THAT SHOULD BE CONSIDERED COMMUNITY BENEFIT COST AND IS ENTERED ON PART III, LINE 3</p>

Form and Line Reference	Explanation
PART III, LINE 8	<p>COSTING METHODOLOGY THE SOURCE USED TO CALCULATE THE MEDICARE ALLOWABLE COSTS FOR TACOMA GENERAL, ALLENMORE, GOOD SAMARITAN AND AUBURN HOSPITALS WAS THE 2015 MEDICARE COST REPORT SINCE MARY BRIDGE CHILDREN'S HOSPITAL FILES A LOW MEDICARE UTILIZATION COST REPORT, THE PROVIDER STATISTICAL AND REIMBURSEMENT SYSTEM REPORT (PS&R) WAS USED THE COST TO CHARGE RATIO, AS CALCULATED FROM THE INCOME STATEMENT, WAS APPLIED TO THE PS&R GROSS MEDICARE CHARGES TO CALCULATE THE MEDICARE ALLOWABLE COSTS REPORTED ON LINE 6 MARY BRIDGE COSTS REPRESENT LESS THAN 0.1% OF THE TOTAL MEDICARE SHORTFALL TREATED AS COMMUNITY BENEFIT THE HOSPITAL BELIEVES THAT ALL OF THE \$52.7 MILLION SHORTFALL SHOULD BE CONSIDERED AS COMMUNITY BENEFIT THE IRS COMMUNITY BENEFIT STANDARD INCLUDES THE PROVISION OF CARE TO THE ELDERLY AND MEDICARE PATIENTS MEDICARE SHORTFALLS MUST BE ABSORBED BY THE HOSPITAL IN ORDER TO CONTINUE TREATING THE ELDERLY IN OUR COMMUNITY THIS YEAR, MEDICARE ACCOUNTED FOR 30.80% OF HOSPITAL REVENUES THE HOSPITAL PROVIDES CARE REGARDLESS OF THIS SHORTFALL AND THEREBY RELIEVES THE FEDERAL GOVERNMENT OF THE BURDEN OF PAYING THE FULL COST FOR MEDICARE BENEFICIARIES</p>

Form and Line Reference	Explanation
PART III, LINE 9B	"MULTICARE'S DEBT COLLECTION POLICY STATES THAT "MHS WILL ALSO CLEARLY COMMUNICATE TO PATIENTS AND APPLICABLE PARTIES THE VARIOUS ASSISTANCE PROGRAMS MHS OFFERS BASED ON THE SITE OF SERVICE " IF THE PATIENT FOLLOWS THROUGH WITH THE APPLICABLE ASSISTANCE APPOINTMENTS, I E , MEETING WITH MEDICAID OR COUNTY AGENCIES TO COMPLETE THE NECESSARY APPLICATION PROCESS, MULTICARE WILL NOT SEND THE ACCOUNT TO A BAD DEBT COLLECTION AGENCY THERE ARE CIRCUMSTANCES WHERE A PATIENT DOES NOT RESPOND TO MULTICARE'S BILLING STATEMENTS AND IS SENT TO COLLECTIONS AT THIS POINT, WHEN THEY ARE IN COLLECTIONS, IF THEY REQUEST FINANCIAL ASSISTANCE AND MEET CRITERIA UNDER THE FINANCIAL ASSISTANCE POLICY'S FEDERAL POVERTY GUIDELINES (FPG), GARNISHMENT OF WAGES WILL NOT BE PURSUED

Form and Line Reference	Explanation
PART VI, LINE 2	MULTICARE WORKS COLLABORATIVELY WITH REGIONAL AGENCIES AND ORGANIZATIONS TO IDENTIFY THE HEALTH CARE NEEDS OF THE COMMUNITIES WE SERVE AND TO DEVELOP PROGRAMS AND SERVICES TO MEET THOSE NEEDS. COMMUNITY PARTNERS INCLUDE THE TACOMA-PIERCE COUNTY HEALTH DEPARTMENT, THE PIERCE COUNTY MEDICAL SOCIETY, THE UNITED WAY OF PIERCE COUNTY, YMCA OF PIERCE AND KITSAP COUNTIES, THE CITY OF TACOMA, THE TACOMA PUBLIC SCHOOL DISTRICT, AND MANY OTHERS. WE UTILIZE THE DATA FROM OUR COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA), THE HEALTH DEPARTMENT'S COMMUNITY HEALTH ASSESSMENT (CHA), AS WELL AS FEDERAL AND STATE-LEVEL DATA TO DETERMINE THE MOST PRESSING HEALTH CARE NEEDS FOR OUR SERVICE AREAS. FOR MORE DETAILED INFORMATION, SEE PART V, SECTION C. SUPPLEMENTAL INFORMATION FOR PART V, SECTION B WE PROVIDE FINANCIAL SUPPORT FOR THE COUNTY'S SAFETY NET PROVIDER AND THE COMMUNITY HEALTH CARE CLINIC NETWORK. IN ADDITION, MULTICARE FUNDED AND OPERATED THE COMMUNITY MEDICAL CARE CLINIC FOR CHILDREN AT MARY BRIDGE CHILDREN'S HOSPITAL AND HEALTH CENTER AND THE TACOMA FAMILY MEDICINE CLINIC AND EAST PIERCE FAMILY PRACTICE RESIDENCY PROGRAM WHICH PROVIDES A RANGE OF PRIMARY CARE AND OB/GYN MEDICAL SERVICES TO LOW-INCOME INDIVIDUALS AND FAMILIES. FOR THE EAST PIERCE COUNTY COMMUNITY, GOOD SAMARITAN HOSPITAL OPERATES THE CARE TRANSITIONS PROGRAM TO ASSIST IN THE TRANSITION OF CHRONICALLY ILL PATIENTS BACK TO THE COMMUNITY AFTER THEIR HOSPITAL STAY. PATIENTS HAVE 24 HOURS A DAY ACCESS TO MYCHART, AN ELECTRONIC PATIENT HEALTH RECORD SYSTEM, WHERE THEY CAN VIEW THEIR MEDICAL RECORDS, TEST RESULTS, UPCOMING APPOINTMENTS, ETC. THEY ARE ALSO ABLE TO COMMUNICATE DIRECTLY WITH THEIR HEALTH CARE PROVIDER AND MAKE AN APPOINTMENT WITH A PROVIDER AT A CLINIC LOCATED CLOSE TO THEIR HOME. COMMUNITY-BASED MULTICARE SERVICES INCLUDE NUTRITION CONSULTATION, WEIGHT MANAGEMENT, SPORTS NUTRITION, COMMUNITY OUTREACH, QUITSMART TOBACCO CESSATION PROGRAM, MOBILE IMMUNIZATION CLINICS, ADULT DAY HEALTH, PARENT PARTNERSHIP PROGRAMS FOR FAMILIES AT RISK, WIC, MOBILE MENTAL HEALTH OUTREACH SERVICES, PERINATAL OUTREACH SERVICES, SUPPORT GROUP FOR LGBTQ YOUTH, SENIOR WELLNESS AND CORPORATE WELLNESS PROGRAMS. MULTICARE EMPLOYEES PARTICIPATE IN A WIDE VARIETY OF VOLUNTEER PROGRAMS IN THE COMMUNITY, INCLUDING THE AMERICAN RED CROSS, THE PIERCE COUNTY DIABETES COALITION, UNITED WAY, AMERICAN HEART ASSOCIATION, MARCH OF DIMES, COMMUNITIES IN SCHOOLS, HABITAT FOR HUMANITY, SAFE STREETS COALITION, THE YWCA, WHICH OPERATES A DOMESTIC VIOLENCE SHELTER FOR WOMEN AND CHILDREN, THE AMERICAN CANCER SOCIETY, AND MANY OTHER ORGANIZATIONS. MULTICARE VALUES CULTURAL DIVERSITY. WE DELIVER EQUITABLE CARE TO ALL PATIENTS, REGARDLESS OF ETHNICITY, RACE, DISABILITY, OR SOCIOECONOMIC STATUS. BECAUSE LANGUAGE CAN SERVE AS A BARRIER FOR SOME PEOPLE TO ACCESS HEALTH CARE SERVICES, WE PROVIDE INTERPRETERS FOR A LARGE NUMBER OF FOREIGN LANGUAGES, AS WELL AS A TELECOMMUNICATIONS DEVICE TO HELP HEARING IMPAIRED PATIENTS. IN ADDITION, MANY PATIENT MATERIALS ARE AVAILABLE IN MULTIPLE LANGUAGES. WE CONTINUALLY ASSESS LANGUAGE AND COMMUNICATION NEEDS. FREE HEALTH SCREENINGS AND RESOURCES AND YOUTH SPORTS PHYSICALS ARE PROVIDED IN THE COMMUNITY, TARGETING LOW-INCOME, UNDERSERVED POPULATIONS.

Form and Line Reference	Explanation
PART VI, LINE 3	<p>FINANCIAL ASSISTANCE INFORMATION IS PROVIDED IN A VARIETY OF WAYS FINANCIAL AID INFORMATION IS POSTED ON THE MULTICARE ORG EXTERNAL WEBSITE PRE-SERVICE CENTER STAFF STARTS CONVERSATIONS WITH PATIENTS ABOUT THEIR POTENTIAL FINANCIAL RESPONSIBILITY AND SHARE PAYMENT OPTIONS INCLUDING FINANCIAL ASSISTANCE INFORMATION WITH THE PATIENT DURING THIS INITIAL PHONE CALL AT THE TIME OF REGISTRATION (WHETHER PRE-REGISTERED OR NOT), PATIENTS ARE NOTIFIED ABOUT THEIR INSURANCE COVERAGE AND FINANCIAL LIABILITIES FINANCIAL COUNSELORS ARE AVAILABLE IF A NEED IS IDENTIFIED IF A PATIENT DOES NOT HAVE INSURANCE, MULTICARE WORKS WITH PATIENTS TO VERIFY POTENTIAL STATE/FEDERAL ELIGIBILITY OR ROUTE THEM TO FINANCIAL AID IF APPROPRIATE FINANCIAL AID APPLICATIONS ARE HANDED OUT AT ALL SERVICE LOCATIONS UPON REQUEST OR WHEN A NEED IS IDENTIFIED BY STAFF PATIENTS ARE ALSO GIVEN AN INFORMATIONAL BILLING HANDOUT AT REGISTRATION/ADMISSION WITH INFORMATION TO CONTACT FINANCIAL COUNSELORS IF THEY MAY HAVE DIFFICULTY PAYING THEIR HOSPITAL BILL</p>

Form and Line Reference	Explanation
PART VI, LINE 4	<p>MULTICARE HEALTH SYSTEM'S PRIMARY SERVICE AREA IS DEFINED AS PIERCE COUNTY, WHICH INCLUDES THE CITIES OF TACOMA, PUYALLUP, UNIVERSITY PLACE, LAKEWOOD, PARKLAND, AND GIG HARBOR. THERE ARE SEVEN HOSPITALS IN THE PIERCE COUNTY SERVICE AREA, FOUR OF THEM ARE MULTICARE HOSPITALS. SECONDARY SERVICE AREA IS DEFINED AS SOUTH KING COUNTY AND INCLUDES THE CITIES OF FEDERAL WAY, AUBURN, ENUMCLAW, COVINGTON, AND KENT. THERE ARE FOUR HOSPITALS IN THE SOUTH KING SERVICE AREA, ONE IS A MULTICARE HOSPITAL. THE PRIMARY MULTICARE SERVICE AREA IS A MIX OF BOTH URBAN AND SUBURBAN COMMUNITIES. THE POPULATION OF PIERCE COUNTY IS APPROXIMATELY 820,000 (819,701 TO BE EXACT) INDIVIDUALS. A MAJOR MILITARY INSTALLATION -JOINT BASE LEWIS MCCORD- IS LOCATED IN PIERCE COUNTY, AND AS A RESULT, MULTICARE PROVIDES HEALTH CARE SERVICES TO A LARGE NUMBER OF ACTIVE AND RETIRED MILITARY PERSONNEL. THE MEDIAN AGE IN PIERCE COUNTY IS 38.5 YEARS OLD. 72% OF THE POPULATION IN PIERCE COUNTY IS OVER THE AGE OF 21. APPROXIMATELY 73% OF PIERCE COUNTY'S POPULATION IS CAUCASIAN, 7% IS AFRICAN-AMERICAN, 6% IS ASIAN, 1% IS NATIVE-AMERICAN, 1% IS PACIFIC ISLANDER, AND 11% IS SOME OTHER RACE OR TWO OR MORE RACES. OUT OF THIS POPULATION, 10% ARE OF HISPANIC ORIGIN. THE MEDIAN HOUSEHOLD INCOME FOR THE PRIMARY SERVICE AREA IS \$55,970, AND FOR THE SECONDARY SERVICE AREA IT IS \$64,734. BASED ON 2015 STATISTICS FROM THE WASHINGTON STATE OFFICE OF THE INSURANCE COMMISSIONER, APPROXIMATELY 68,453 INDIVIDUALS IN PIERCE COUNTY ARE UNINSURED, WHICH EQUATES TO 8.3% OF THE COUNTY'S POPULATION. OVER 10 PERCENT OF INDIVIDUALS IN MULTICARE'S SERVICE AREAS ARE LIVING BELOW THE POVERTY LEVEL. MULTICARE HEALTH SYSTEM EMPLOYS THE LARGEST NUMBER OF PRIMARY AND SPECIALTY PROVIDERS IN THE REGION, OPERATES 1,130 BEDS, SEVERAL OUTPATIENT SURGICAL SITES AND OTHER URGENT CARE, PRIMARY CARE AND MULTISPECIALTY CLINICS. MULTICARE HEALTH SYSTEM PROVIDES SERVICES DESIGNED TO MEET THE SPECIFIC HEALTHCARE REQUIREMENTS OF THE POPULATION, WITH A COMPREHENSIVE ARRAY OF INPATIENT AND OUTPATIENT PROGRAMS MADE AVAILABLE IN CONJUNCTION WITH THE RESOURCES OF OTHER COMMUNITY HEALTH PROVIDERS.</p>

Form and Line Reference	Explanation
PART VI, LINE 5	<p>MULTICARE HEALTH SYSTEM IS GOVERNED BY A BOARD OF DIRECTORS WHOSE MEMBERS ARE REPRESENTATIVE OF THE COMMUNITY, HOSPITAL AND MEDICAL STAFF LEADERSHIP CONSISTENT WITH THE IRS "COMMUNITY BENEFIT STANDARD" A MAJORITY OF THE BOARD OF DIRECTORS ARE NEITHER EMPLOYEES, CONTRACTORS NOR FAMILY MEMBERS OF THE ORGANIZATION. MULTICARE HEALTH SYSTEM HAS AN OPEN MEDICAL STAFF, EXTENDING STAFF PRIVILEGES TO ALL QUALIFIED PHYSICIANS FOR ALL AREAS AND DEPARTMENTS OF ITS FACILITY. AS A NOT-FOR-PROFIT ORGANIZATION, SURPLUS FUNDS GENERATED BY HOSPITAL OPERATIONS ARE RE-INVESTED BY THE ORGANIZATION TO FUND CAPITAL IMPROVEMENTS AND ACQUIRE STATE OF THE ART MEDICAL EQUIPMENT WITH THE INTENT OF CONTINUALLY IMPROVING PATIENT CARE. ON AN ANNUAL BASIS, STAFF FROM NUMEROUS DEPARTMENTS AT THE MEDICAL CENTER CONDUCT COMMUNITY BENEFIT PROGRAMS AND SERVICES TO CONTINUOUSLY PROVIDE HEALTH EDUCATION, PROMOTION AND WELLNESS SERVICES TO IMPROVE THE HEALTH STATUS OF THE COMMUNITY. MULTICARE HEALTH SYSTEM PARTICIPATES IN A WIDE VARIETY OF HEALTH PROMOTION ACTIVITIES WHICH PROMOTE THE HEALTH OF THE COMMUNITIES WE SERVE. THESE INCLUDE -TACOMA TRAUMA TRUST IS A COLLABORATION OF MULTICARE, FRANCISCAN HEALTH SYSTEM AND MADIGAN ARMY MEDICAL CENTER TO PROVIDE ADULT TRAUMA CARE TO THE SOUTH PUGET SOUND REGION, -FALLS PREVENTION PROGRAM FOR THE ELDERLY, -SEXUAL ASSAULT PREVENTION PROGRAM AND THE FORENSIC NURSE EXAMINER PROGRAM, PROVIDING CARE TO ADULT VICTIMS OF SEXUAL ASSAULT, -BEHAVIORAL HEALTH CRISIS INTERVENTION PROGRAM, -MARY BRIDGE CENTER FOR CHILDHOOD SAFETY AND THE MARY BRIDGE CHILDREN'S ADVOCACY CENTER, -BRIDGES A CENTER FOR GRIEVING CHILDREN, -HOME HEALTH, HOSPICE AND PALLIATIVE CARE SERVICES, -GRIEF AND LOSS SERVICES, -FAMILY CAMPERIN FOR CHILDREN SUFFERING LOSSES OF FAMILY MEMBERS, -CANCER CAMP FOR CHILDREN WITH CANCER, -WOMEN, INFANT AND CHILDREN (WIC) PROGRAM, -SAFE KIDS, -SAFE SHORES, -CENTER FOR HEALTHY LIVING NUTRITION AND FITNESS EDUCATION, WEIGHT MANAGEMENT, TOBACCO CESSATION AND COMMUNITY HEALTH IMPROVEMENT PROGRAMS, -PUGET SOUND ASTHMA COALITION, -DIABETES SERVICES, -CONSULTING NURSE TELEPHONE SERVICE, -CHRONIC DISEASE MANAGEMENT SUPPORT GROUPS, -WORKFORCE DEVELOPMENT PARTNERSHIPS WITH THE PIERCE COUNTY WORKFORCE DEVELOPMENT COUNCIL AND THE PIERCE COUNTY HEALTH CAREERS COUNCIL TO PREPARE PEOPLE FOR HEALTH CARE CAREERS, -PARTNERSHIPS WITH AREA COLLEGE NURSING PROGRAMS AND A NURSE RESIDENCY PROGRAM, -NURSE CAMP, A WEEK-LONG PROGRAM FOR 10TH AND 11TH GRADERS SEEKING TO EXPLORE NURSING AND THE ALLIED HEALTH PROFESSIONS, -FREE SPORTS PHYSICALS FOR THE STUDENTS AT FIRST CREEK MIDDLE SCHOOL, BAKER MIDDLE SCHOOL, AND LINCOLN HIGH SCHOOL, -READY, SET, GO! 5-2-1-0, A COMMUNITY-WIDE PUBLIC-PRIVATE PARTNERSHIP INITIATIVE TO PROMOTE HEALTHY LIFESTYLES FOR CHILDREN, YOUTH AND FAMILIES, -SIBLING SUPPORT PROJECT TO BENEFIT SIBLINGS OF CHILDREN WITH SPECIAL HEALTHCARE NEEDS, -SCHOLARSHIPS FOR PARENT EDUCATION, -ASSISTIVE TECHNOLOGY PROGRAM- PROVIDING ADAPTATIONS TO THE ENVIRONMENT TO IMPROVE INDEPENDENCE, -"HOST SITE FOR PARENTS NIGHT OUT" FOR PARENTS WITH CHILDREN WITH SPECIAL NEEDS, -SIGN LANGUAGE CLASSES THROUGH PIERCE COUNTY LIBRARY -PROJECT ACCESS AND PROJECT NW- HELPS LOW-INCOME PATIENTS CONNECT WITH PRIMARY CARE AND SPECIALTY PROVIDERS TO IMPROVE HEALTH OUTCOMES AND REDUCE INAPPROPRIATE EMERGENCY ROOM USE. PROJECT ACCESS ALSO PROVIDES PREMIUM ASSISTANCE FOR INDIVIDUALS ON THE HEALTH EXCHANGE. THE HOSPITALS OF THE AFFILIATED GROUP UTILIZE FUNDS TO MAINTAIN ACCESS TO PATIENT SERVICES AND TO EXPAND ACCESS POINTS OF CARE TO PATIENTS THROUGHOUT THE COMMUNITY INCLUDING, BUT NOT LIMITED TO THE FOLLOWING -EDUCATIONAL PROGRAMS PROVIDE CLASSES AND INFORMATION ON TOBACCO CESSATION, HEALTHY AGING, CHILDBIRTH, INFANT CARE, HEALTH AND WELLNESS, NUTRITION AND MORE, -FREE MAMMOGRAMS TO QUALIFYING INDIVIDUALS, FREE OR LOW COST SCREENINGS AT A VARIETY OF HEALTH FAIRS HELD THROUGHOUT THE YEAR, LOW COST IMMUNIZATIONS IN THE COMMUNITY, -EXPANSION OF THE EMERGENCY DEPARTMENTS TO ACCOMMODATE AN INCREASE IN EMERGENCY DEPARTMENT PATIENTS, -SENIOR MEMBERSHIP AFFINITY PROGRAM, -CANCER TRIALS AND RESEARCH, -MULTICARE INSTITUTE FOR RESEARCH & INNOVATION-CARE MANAGEMENT, POWER OF ATTORNEY, NOTARY SERVICE CHARITY MEDICATIONS, -CHILDREN'S THERAPY UNIT, ASSISTIVE TECHNOLOGY PROGRAM "THE SMILE FACTORY" SIBSHOPS, ARK ANGELS, -COMMUNITY EDUCATION TRANSFUSION FREE MEDICAL & SURGICAL PROGRAM, COMMUNITIES IN SCHOOLS, MULTICARE GOOD SAMARITAN READERS, FAMILY BIRTH CENTER LACTATION SUPPORT SERVICES, TEEN PARENT RESOURCE CENTER, MOM AND BABY SUPPORT CLASS, FAMILY BIRTH CENTER CLASSES, -MOBILE HEALTH SERVICES, PALLIATIVE CARE, PHYSICAL MEDICINE & REHABILITATION, VOLUNTEER SERVICES -IN 2015, MULTICARE LAUNCHED A COMMUNITY GRANTS PROGRAM. MULTICARE COMMUNITY PARTNERSHIP FUND OVER \$485,000 WAS AWARDED TO COMMUNITY ORGANIZATIONS IN PIERCE, KING, AND KITSAP COUNTIES WHOSE MISSIONS ARE AIMED AT IMPROVING THE LIVES OF RESIDENTS. ORGANIZATIONS AWARDED GRANTS INCLUDE AUBURN YOUTH RESOURCES BACKPACKS 4 KIDS/OUR SAVIOR</p>

Form and Line Reference	Explanation
PART VI, LINE 5	LUTHERAN CHURCHBOYS AND GIRLS CLUB OF SOUTH PUGET SOUND CATHOLIC COMMUNITY SERVICES COMMUNITIES IN SCHOOLS OF TACOMA, PENINSULA, AND PUYALLUP CHILDREN'S MUSEUM OF TACOMA CHRIST COMMUNITY FREE CLINIC COVINGTON DOMESTIC VIOLENCE TASK FORCE CRYSTAL JUDSON FAMILY JUSTICE CENTER/ FAMILY JUSTICE CENTER FOUNDATION EAST PIERCE FIRE AND RESCUE EMERGENCY FOOD NETWORK FIRST TEE OF SOUTH PUGET SOUND FOUNDATION OF TACOMA STUDENTS FRANKLIN PIERCE SCHOOL DISTRICT GREATER LAKES MENTAL HEALTHCARE HILLTOP ARTISTS JENKINS CREEK PTA KEY PENINSULA FREE CLINIC LINDQUIST DENTAL CLINIC FOR CHILDREN LUTHERAN COMMUNITY SERVICES NORTHWEST MEDICAL TEAMS INTERNATIONAL MOUNTAIN VIEW COMMUNITY CENTER MUSEUM OF GLASS THE MUSTARD SEED PROJECT OF KEY PENINSULA NORTH WEST INFANT SURVIVAL AND SIDS ALLIANCE CNW FURNITURE BANK PACIFIC LUTHERAN UNIVERSITY SCHOOL OF NURSING PIERCE COUNTY AIDS FOUNDATION PIERCE COUNTY LIBRARY FOUNDATION RALLYPOINT/6 INC RE BUILDING TOGETHER SOUTH SOUND SAFE STREET SOUTH KITSAP HELPLINES SOUTH KITSAP SOCCER CLUB ST LEO FOOD CONNECTION STEP BY STEP TACOMA ART MUSEUM TACOMA COMMUNITY HOUSE TACOMA URBAN LEAGUE T EARS FOUNDATION TRINITY NEIGHBORHOOD HEALTH CLINIC VINE MAPLE PLACE YWCA PIERCE COUNTY

Form and Line Reference	Explanation
PART VI, LINE 6	<p>MULTICARE HEALTH SYSTEM ("MULTICARE") IS A WASHINGTON NOT-FOR-PROFIT CORPORATION, AND ORGANIZED AS A TAX-EXEMPT ENTITY UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE OF 1986. MULTICARE HAS FOUR AFFILIATED FOUNDATIONS: MARY BRIDGE CHILDREN'S FOUNDATION, MULTICARE HEALTH FOUNDATION, GOOD SAMARITAN FOUNDATION AND SOUTH KING HEALTH FOUNDATION, ALL WASHINGTON NONPROFIT CORPORATIONS. MULTICARE HEALTH SYSTEM HAS FIVE ACUTE-CARE HOSPITALS INCLUDING LEVEL II ADULT AND PEDIATRIC TRAUMA CENTERS, THE REGION'S ONLY LEVEL IV NEONATAL INTENSIVE CARE UNIT, THE REGION'S ONLY LEVEL I TRAUMA REHABILITATION CENTER, AN INTERNATIONALLY RENOWNED THERAPY UNIT FOR CHILDREN WITH SPECIAL NEEDS, AND SOUTHWEST WASHINGTON'S ONLY CHILDREN'S HOSPITAL. MULTICARE'S FIVE HOSPITALS SERVE INDIVIDUALS OF ALL AGES. MARY BRIDGE CHILDREN'S HOSPITAL AND HEALTH NETWORK SERVES THE PEDIATRIC NEEDS OF THE COMMUNITY, TACOMA GENERAL HOSPITAL, GOOD SAMARITAN HOSPITAL, AUBURN HOSPITAL AND ALLENMORE HOSPITAL HAVE SPECIALTY SERVICES THAT FOCUS ON ADULT POPULATIONS AND ALLENMORE HOSPITAL HAS SPECIALTY HEALTHCARE SERVICES. MULTICARE CONTINUALLY REINVESTS IN THE COMMUNITIES WE SERVE TO IMPROVE ACCESS TO HEALTHCARE.</p>

Form and Line Reference	Explanation
PART VI, LINE 7, REPORTS FILED WITH STATES	WA

Schedule H (Form 990) 2015

Additional Data

Software ID:
Software Version:
EIN: 91-1352172
Name: MULTICARE HEALTH SYSTEM

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

Section A. Hospital Facilities

(list in order of size from largest to smallest—see instructions)
How many hospital facilities did the organization operate during the tax year?
5

Name, address, primary website address, and state license number

		Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER—24 hours	ER—other	Other (Describe)	Facility reporting group
1	MULTICARE TACOMA GENERAL HOSPITAL (TG) 315 MARTIN LUTHER KING JR WAY TACOMA, WA 98405 WWW.MULTICARE.ORG/TACOMA-GENERAL-HOSPI 00000176	X	X		X		X	X			A
2	MULTICARE GOOD SAMARITAN HOSPITAL (GOOD SAM) 401 15TH AVE SE PUYALLUP, WA 98372 WWW.MULTICARE.ORG/GOOD-SAMARITAN-HOSPI 00000081	X	X		X			X			A
3	MULTICARE AUBURN MEDICAL CENTER (AUBURN) 202 NORTH DIVISION STREET AUBURN, WA 98001 WWW.MULTICARE.ORG/AUBURN-MEDICAL-CENTE 60311052	X	X					X			A
4	MULTICARE ALLENMORE HOSPITAL (ALLENMORE) 1901 SOUTH UNION TACOMA, WA 98411 WWW.MULTICARE.ORG/ALLENMORE-HOSPITAL/ 00000176	X	X					X			A
5	MARY BRIDGE CHILDREN'S HOSPITAL (MARY BRIDGE) 315 MARTIN LUTHER KING JR WAY TACOMA, WA 98405 WWW.MULTICARE.ORG/MARY-BRIDGE-HOSPITAL 00000175	X	X	X	X			X			A

Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

(list in order of size, from largest to smallest)

How many non-hospital health care facilities did the organization operate during the tax year?

Name and address	Type of Facility (describe)
1 1 - COVINGTON AMBULATORY SURGERY CENTER &UCC 17700 SE 272ND STREET COVINGTON,WA 98042	OP SURGERY, RX, LAB, URGENT CARE
1 2 - AUBURN LAB 735 12TH STREET SE AUBURN,WA 98002	LAB TESTING
2 3 - KENT LAB 222 STATE AVE NORTH KENT,WA 98031	LAB TESTING
3 4 - CEDAR MEDICAL LAB 1901 SOUTH CEDAR STREET SUITE B5 TACOMA,WA 98405	LAB TESTING
4 5 - GIG HARBOR MEDICAL PARK & UCC 4545 POINT FOSDICK DRIVE GIG HARBOR,WA 98335	OP SURG,RX,LAB,ONCOLOGY,URGENT CARE
5 6 - AUBURN IMAGING & URGENT CARE CENTER 202 CROSS STREET SE AUBURN,WA 98001	IMAGING, URGENT CARE
6 7 - AUBURN VASCULAR LAB 202 N DIVISION ST SUITE 300-301 AUBURN,WA 98001	VASCULAR LAB
7 8 - TACOMA FAMILY MEDICINE 521 MARTIN LUTHER KING JR WAY TACOMA,WA 98405	OP PHYSICIAN CLINIC
8 9 - OBSTETRICS ACCESS CLINIC 522 MARTIN LUTHER KING JR WAY TACOMA,WA 98405	OP PHYSICIAN CLINIC
9 10 - MULTICARE OBGYN ASSOCIATES 523 MARTIN LUTHER KING JR WAY TACOMA,WA 98405	OP PHYSICIAN CLINIC
10 11 - PODIATRY CLINIC 524 MARTIN LUTHER KING JR WAY TACOMA,WA 98405	OP PHYSICIAN CLINIC
11 12 - MATERNAL FETAL MEDICINE 524 MARTIN LUTHER KING JR WAY TACOMA,WA 98405	OP PHYSICIAN CLINIC
12 13 - SILVERDALE CLINIC 1780 NW MYRTLE RD SUITE G220 SILVERDALE,WA 98383	OP PHYSICIAN CLINIC
13 14 - OLYMPIA CLINIC 200 LILLY ROAD NE BUILDING C OLYMPIA,WA 98506	OP PHYSICIAN CLINIC
14 15 - PUYALLUP CLINIC 1803 SOUTH MERIDIAN SUITE B PUYALLUP,WA 98371	OP PHYSICIAN CLINIC

Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

(list in order of size, from largest to smallest)

How many non-hospital health care facilities did the organization operate during the tax year?

Name and address	Type of Facility (describe)
16 16 - CHILDREN'S THERAPY UNIT 402 15TH AVE SE PUYALLUP, WA 98372	OUTPATIENT CHILDREN'S THERAPY UNIT
1 17 - HEALTH RESOURCE CENTER 2622 S MERIDIAN PUYALLUP, WA 98372	OP PHYSICIAN CLINIC
2 18 - CARDIAC REHABILITATION CENTER 16515 MERIDIAN E SUITE 200B PUYALLUP, WA 98372	CARDIAC REHABILITATION
3 19 - PET-CT CLINIC 400 15TH AVE SE PUYALLUP, WA 98372	IMAGING TESTING FACILITY
4 20 - MULTICARE REGIONAL CANCER CENTER AUBURN 121 N DIVISION ST STE 100 AUBURN, WA 98001	OP PHYSICIAN CLINIC
5 21 - MARY BRIDGE WOMAN'S & CHILDREN'S CLINIC 3504 12TH AVE NW OLYMPIA, WA 98506	OP PHYSICIAN CLINIC
6 22 - MULTICARE ORTHO&SPORTS MEDICINE MOUNTAIN 1550 S UNION AVE STE 210 TACOMA, WA 98405	OP SURG,RX,LAB, CHIRO
7 23 - WESTGATE MULTICARE CLINIC & URGENT CARE 2209 N PEARL ST STE 100 TACOMA, WA 98406	OP SURG,RX,LAB, CHIRO
8 24 - MULTICARE FEDERAL WAY URGENT CARE 1413 S 348TH ST BLDG L FEDERAL WAY, WA 98003	URGENT CARE CLINIC
9 25 - MULTICARE KENT UCC & HEALTHWORKS 222 STATE AVE N KENT, WA 98030	URGENT CARE CLINIC AND OCC MEDICINE
10 26 - MULTICARE LAKEWOOD UCC & HEALTHWORKS 5700 100TH ST SW LAKEWOOD, WA 98499	URGENT CARE CLINIC AND OCC MEDICINE
11 27 - MULTICARE SPANAWAY URGENT CARE 225 176TH ST S SPANAWAY, WA 98387	URGENT CARE CLINIC
12 28 - MULTICARE UNIVERSITY PLACE URGENT CARE 4310 BRIDGEPORT WAY W UNIVERSITY PLACE, WA 98466	URGENT CARE CLINIC
13 29 - MARY BRIDGE PEDIATRIC UC-GIG HARBOR 4545 PT FOSDICK DR NW GIG HARBOR, WA 98335	URGENT CARE CLINIC
14 30 - MARY BRIDGE PEDIATRIC UC-OLYMPIA 3504 12TH AVENUE NE OLYMPIA, WA 98506	URGENT CARE CLINIC

Form 990 Schedule H, Part V Section D. Other Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

(list in order of size, from largest to smallest)

How many non-hospital health care facilities did the organization operate during the tax year?

Name and address	Type of Facility (describe)
31 31 - MULTICARE MAPLE VALLEY CLINIC 24080 SE KENT KANGLEY ROAD MAPLE VALLEY, WA 98038	OP PHYSICIAN CLINIC
1 32 - MULTICARE EATONVILLE FAMILY PRACTICE 118 WASHINGTON AVE N EATONVILLE, WA 98328	OP PHYSICIAN CLINIC
2 33 - MULTICARE ORTHOPEDIC SPINE AND HAND 1450 5TH ST SE STE 4200 PUYALLUP, WA 98372	OP SURG,RX,LAB, CHIRO
3 34 - MULTICARE ORTHOPEDICS & SPORTS AUBURN 121 N DIVISION ST STE 310 AUBURN, WA 98001	OP SURG,RX,LAB, CHIRO
4 35 - MULTICARE HEALTHWORKS KENT 6719 S 211TH AT STE 102 KENT, WA 98032	OCCUPATIONAL MEDICINE CLINIC
5 36 - MULTICARE HEALTHWORKS FIFE 502 54TH AVE E FIFE, WA 98424	OCCUPATIONAL MEDICINE CLINIC
6 37 - MULTICARE HEALTHWORKS TACOMA 3124 S 19TH ST TACOMA, WA 98405	OCCUPATIONAL MEDICINE CLINIC
7 38 - MULTICARE GOOD SAMARITAN CANCER CENTER 1519 4TH ST SE PUYALLUP, WA 98371	OP SURG,RX,LAB,ONCOLOGY,URGENT CARE

2015

91-1352172

Schedule I (Form 990) 2015

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

Part IV

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

Return Reference	Explanation
PART I, LINE 2	THE MULTICARE COMMUNITY PARTNERSHIP FUND PROVIDES FUNDING TO NOT-FOR-PROFIT COMMUNITY ORGANIZATIONS IN PIERCE, KING, THURSTON AND KITSAP COUNTIES THAT ADVANCE INITIATIVES, PROGRAMS, AND PROJECTS THAT IMPROVE THE HEALTH OF THE COMMUNITY, INCLUDING THROUGH PARTNERSHIP WITH ORGANIZATIONS THAT AFFECT THE SOCIAL DETERMINANTS OF HEALTH AFTER THE APPLICANTS ARE VALIDATED AS 501(C)(3) ORGANIZATIONS AND PROVIDED THE FUNDS, MULTICARE HEALTH SYSTEM THEN SEES THE BENEFITS OF THOSE ORGANIZATIONS IN THE COMMUNITY RESEARCH IS CONDUCTED TO ENSURE THE INTEGRITY AND ETHICS OF EACH OF THE ORGANIZATIONS

Additional Data

Software ID:
Software Version:
EIN: 91-1352172
Name: MULTICARE HEALTH SYSTEM

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
MARY BRIDGE CHILDREN'S FOUNDATION PO BOX 5299 TACOMA, WA 98415	94-3030039	501(C)(3)	3,011,989	0			ASSISTANCE FOR OPERATING EXPENSES
MULTICARE HEALTH FOUNDATION PO BOX 5299 TACOMA, WA 98415	91-1514257	501(C)(3)	1,478,804	0			ASSISTANCE FOR OPERATING EXPENSES
GOOD SAMARITAN FOUNDATION PO BOX 5299 TACOMA, WA 98415	91-2004312	501(C)(3)	1,257,904	0			ASSISTANCE FOR OPERATING EXPENSES

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
MULTICARE SOUTH KING HEALTH FOUNDATION PO BOX 5299 TACOMA,WA 98415	46-5636491	501(C)(3)	267,275	0			ASSISTANCE FOR OPERATING EXPENSES
FOUNDATION OF TACOMA STUDENTS 901 BROADWAY STE 400 TACOMA,WA 98402	27-3029219	501(C)(3)	50,000	0			CONTRIBUTION FROM THE MULTICARE COMMUNITY PARTNERSHIP FUND GENERAL SUPPORT TO FACILITATE THE DEVELOPMENT OF A FORMAL COMMUNITY HEALTH WORKER NETWORK IN PIERCE COUNTY
NORTHWEST LEADERSHIP FOUNDATION 1119 PACIFIC AVE STE 800 TACOMA,WA 98402	91-1462508	501(C)(3)	50,000				CONTRIBUTION FROM THE MULTICARE COMMUNITY PARTNERSHIP FUND SUPPORT THE HEALTH DEMONSTRATION PROJECT WITH LEADERS IN WOMEN'S HEALTH AND THE CAROL MILGARD BREAST CENTER

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FIRST 5 FUNDAMENTALS 1501 PACIFIC AVE SE STE 203 TACOMA, WA 98402	80-0209462	501(C)(3)	49,523				CONTRIBUTION FROM THE MULTICARE COMMUNITY PARTNERSHIP FUND SUPPORT EXISTING INFRASTRUCTURE
MEDICAL TEAMS INTERNATIONAL PO BOX 500 PORTLAND, OR 97207	98-0878944	501(C)(3)	30,000				CONTRIBUTION FROM THE MULTICARE COMMUNITY PARTNERSHIP FUND GENERAL SUPPORT TO PROVIDING FREE DENTAL CARE TO LOW INCOME PEOPLE
BOYS AND GIRLS CLUB OF SOUTH PUGET SOUND 3875 S 66TH ST STE 101 TACOMA, WA 98409	91-0759832	501(C)(3)	25,000				CONTRIBUTION FROM THE MULTICARE COMMUNITY PARTNERSHIP FUND FUND THE FAMILY SUPPORT CENTER

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LINDQUIST DENTAL CLINIC FOR CHILDREN 130 131ST ST S TACOMA, WA 98444	91-0615378	501(C)(3)	25,000				CONTRIBUTION FROM THE MULTICARE COMMUNITY PARTNERSHIP FUND SUPPORT THE UNCOMPENSATED CARE SCHOLARSHIP FUND
VINE MAPLE PLACE PO BOX 1092 MAPLE VALLEY, WA 98308	91-2082308	501(C)(3)	25,000				CONTRIBUTION FROM THE MULTICARE COMMUNITY PARTNERSHIP FUND CONTRIBUTION TO PROVIDE SAFE HOUSING AND INTEGRATED SERVICES FOR THE CHILDREN AND THEIR FAMILIES TO HEAL FROM PAST TRAUMA
RALLYPOINT6 INC 9881 BRIDGEPORT WAY W LAKEWOOD, WA 98499	45-3484547	501(C)(3)	20,000				CONTRIBUTION FROM THE MULTICARE COMMUNITY PARTNERSHIP FUND SUPPORT THE VETERAN LEADER CORPS/AMERICORPS PROGRAM

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
MOUNTAINVIEW COMMUNITY CENTER 3607 122ND AVE E STE A EDGEWOOD, WA 98372	26-4177066	501(C)(3)	16,000				CONTRIBUTION FROM THE MULTICARE COMMUNITY PARTNERSHIP FUND GENERAL SUPPORT FOR SERVING LOW INCOME FAMILIES AND VULNERABLE SENIORS
AUBURN YOUTH RESOURCES 1000 AUBURN WAY S AUBURN, WA 98002	91-0903084	501(C)(3)	15,000				CONTRIBUTION FROM THE MULTICARE COMMUNITY PARTNERSHIP FUND FUNDING FOR COMPLETION OF THE GROUP THERAPY/CONFERENCE ROOM
STEP BY STEP 3303 8TH AVE SE PUYALLUP, WA 98372	91-1871945	501(C)(3)	15,000				CONTRIBUTION FROM THE MULTICARE COMMUNITY PARTNERSHIP FUND SUPPORT THE PURCHASING OF LAND

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
ECONOMIC DEVELOPMENT BOARD FOR TACOMA-PIERCE COUNTY PO BOX 1555 TACOMA,WA 98401	91-1040355	501(C)(3)	15,000				CONTRIBUTION FROM THE MULTICARE COMMUNITY PARTNERSHIP FUND GENERAL SUPPORT
CATHOLIC COMMUNITY SERVICES OF WESTERN WA 1323 S YAKIMA AVE TACOMA,WA 98405	91-1585652	501(C)(3)	10,000				CONTRIBUTION FROM THE MULTICARE COMMUNITY PARTNERSHIP FUND GENERAL SUPPORT
EAST PIERCE FIRE AND RESCUE FOUNDATION PO BOX 8291 BONNEY LAKE,WA 98391	45-5460951	501(C)(3)	10,000				CONTRIBUTION FROM THE MULTICARE COMMUNITY PARTNERSHIP FUND SUPPORT THE SENTIMENTAL JOURNEY PROGRAM

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
EMERGENCY FOOD NETWORK 3318 92ND ST S LAKEWOOD, WA 98499	94-3131776	501(C)(3)	10,000				CONTRIBUTION FROM THE MULTICARE COMMUNITY PARTNERSHIP FUND GENERAL SUPPORT
FRANKLIN SCHOOL FOUNDATION 315 129TH ST S TACOMA, WA 98444	23-7353720	501(C)(3)	10,000				CONTRIBUTION FROM THE MULTICARE COMMUNITY PARTNERSHIP FUND SUPPORT THE PURCHASING OF THE FURNISHINGS AND EQUIPMENT
HILLTOP ARTISTS PO BOX 6829 TACOMA, WA 98417	91-1667476	501(C)(3)	10,000				CONTRIBUTION FROM THE MULTICARE COMMUNITY PARTNERSHIP FUND GENERAL SUPPORT TO OPERATING FUNDS FOR NINE TUITION-FREE PROGRAMS

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
LUTHERAN COMMUNITY SERVICES NORTH WEST 223 N YAKIMA AVE TACOMA, WA 98403	93-0386860	501(C)(3)	10,000				CONTRIBUTION FROM THE MULTICARE COMMUNITY PARTNERSHIP FUND FUND A PART TIME POSITION TO RECRUIT AND HELP TRAIN MORE SENIOR VOLUNTEERS
PCAF (PIERCE COUNTY AIDS FOUNDATION) 3009 S 40TH ST TACOMA, WA 98409	91-1385245	501(C)(3)	10,000				CONTRIBUTION FROM THE MULTICARE COMMUNITY PARTNERSHIP FUND GENERAL SUPPORT
PIERCE COUNTY LIBRARY FOUNDATION 3005 112TH ST E TACOMA, WA 98446	51-0180293	501(C)(3)	10,000				CONTRIBUTION FROM THE MULTICARE COMMUNITY PARTNERSHIP FUND GENERAL SUPPORT TO EXPAND CURRENT PROGRAMS

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
SAFE STREETS 622 TACOMA AVE S TACOMA, WA 98402	91-1704402	501(C)(3)	10,000				CONTRIBUTION FROM THE MULTICARE COMMUNITY PARTNERSHIP FUND GENERAL SUPPORT
ST LEO FOOD CONNECTION 710 S 13TH ST TACOMA, WA 98405	94-3064453	501(C)(3)	10,000				CONTRIBUTION FROM THE MULTICARE COMMUNITY PARTNERSHIP FUND SUPPORT THE RENOVATION OF A NEW FACILITY AND THE PURCHASE OF EQUIPMENT
TACOMA URBAN LEAGUE 2550 S YAKIMA AVE TACOMA, WA 98405	91-0826302	501(C)(3)	10,000				CONTRIBUTION FROM THE MULTICARE COMMUNITY PARTNERSHIP FUND GENERAL SUPPORT FOR OPERATIONS AND SUPPORT FOR A NEW INSTRUCTOR POSITION

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE TEARS FOUNDATION 11102 SUNRISE BLVD E PUYALLUP,WA 98374	45-0500497	501(C)(3)	10,000				CONTRIBUTION FROM THE MULTICARE COMMUNITY PARTNERSHIP FUND GENERAL SUPPORT
TACOMA COMMUNITY HOUSE 1314 S L STREET TACOMA,WA 98405	91-0570872	501(C)(3)	7,500				CONTRIBUTION FROM THE MULTICARE COMMUNITY PARTNERSHIP FUND SUPPORT THE CLIENT ADVOCACY PROGRAM
BACKPACKS 4 KIDSO UR SAVIOR LUTHERAN CHURCH 4519 112TH ST E TACOMA,WA 98446	91-0850441	501(C)(3)	5,000				CONTRIBUTION FROM THE MULTICARE COMMUNITY PARTNERSHIP FUND GENERAL SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHILDREN'S MUSEUM OF TACOMA 1501 PACIFIC AVE STE 202 TACOMA,WA 98402	94-3036465	501(C)(3)	5,000				CONTRIBUTION FROM THE MULTICARE COMMUNITY PARTNERSHIP FUND GENERAL SUPPORT FOR INSTRUCTION AND TRAVEL CLASSES
CHRIST COMMUNITY FREE CLINIC 1 A STREET NW PO BOX 908 AUBURN,WA 98071	20-3849881	501(C)(3)	5,000				CONTRIBUTION FROM THE MULTICARE COMMUNITY PARTNERSHIP FUND GENERAL SUPPORT
COMMUNITIES IN SCHOOLS OF PENINSULA PO BOX 684 VAUGHN,WA 98394	91-2024847	501(C)(3)	5,000				CONTRIBUTION FROM THE MULTICARE COMMUNITY PARTNERSHIP FUND SUPPORT RURAL DEVELOPMENT

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
COMMUNITIES IN SCHOOLS OF PUYALLUP 302 SECOND ST SE PUYALLUP,WA 98372	26-0028759	501(C)(3)	5,000				CONTRIBUTION FROM THE MULTICARE COMMUNITY PARTNERSHIP FUND GENERAL SUPPORT
COMMUNITIES IN SCHOOLS OF TACOMA 708 S G ST TACOMA,WA 98405	91-2138848	501(C)(3)	5,000				CONTRIBUTION FROM THE MULTICARE COMMUNITY PARTNERSHIP FUND GENERAL SUPPORT
GREATER LAKES MENTAL HEALTHCARE 9330 59TH AVE SW LAKEWOOD,WA 98499	91-6064184	501(C)(3)	5,000				CONTRIBUTION FROM THE MULTICARE COMMUNITY PARTNERSHIP FUND GENERAL SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
JENKINS CREEK PTA 26915 186TH AVE SE COVINGTON, WA 98402	91-1381363	501(C)(3)	5,000				CONTRIBUTION FROM THE MULTICARE COMMUNITY PARTNERSHIP FUND SUPPORT TO ENHANCE CURRENT PLAYGROUND
MUSEUM OF GLASS 1801 DOCK ST TACOMA, WA 98402	91-1669422	501(C)(3)	5,000				CONTRIBUTION FROM THE MULTICARE COMMUNITY PARTNERSHIP FUND FUNDING FOR ART CLASSES
NORTHWEST INFANT SURVIVAL AND SIDS ALLIANCE 4649 SUNNYSIDE AVE N STE 350 SEATTLE, WA 98103	91-1567341	501(C)(3)	5,000				CONTRIBUTION FROM THE MULTICARE COMMUNITY PARTNERSHIP FUND GENERAL SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NW FURNITURE BANK PO BOX 307 WAUNA,WA 98395	22-3939593	501(C)(3)	5,000				CONTRIBUTION FROM THE MULTICARE COMMUNITY PARTNERSHIP FUND SUPPORT RURAL DEVELOPMENT
PACIFIC LUTHERAN UNIVERSITY SCHOOL OF NURSING 12180 PARK AVE S TACOMA,WA 98447	91-0565571	501(C)(3)	5,000				CONTRIBUTION FROM THE MULTICARE COMMUNITY PARTNERSHIP FUND GENERAL SUPPORT
REBUILDING TOGETHER SOUTH SOUND 712 54TH AVE E TACOMA,WA 98424	91-2147601	501(C)(3)	5,000				CONTRIBUTION FROM THE MULTICARE COMMUNITY PARTNERSHIP FUND GENERAL SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SOUTH KITSAP HELPLINE 1012 MITCHELL AVE PORT ORCHARD, WA 98366	91-1117868	501(C)(3)	5,000				CONTRIBUTION FROM THE MULTICARE COMMUNITY PARTNERSHIP FUND SUPPORT THE SOUTH KITSAP HELPLINEZZZ PROGRAM
TACOMA ART MUSEUM 1701 PACIFIC AVE TACOMA, WA 98402	91-0697444	501(C)(3)	5,000				CONTRIBUTION FROM THE MULTICARE COMMUNITY PARTNERSHIP FUND SUPPORT SPECIFIC ART AIDS PROGRAMS
THE FIRST TEE OF SOUTH PUGET SOUND 7108 LAKEWOOD DR W TACOMA, WA 98467	45-1781054	501(C)(3)	5,000				CONTRIBUTION FROM THE MULTICARE COMMUNITY PARTNERSHIP FUND GENERAL SUPPORT FOR VARIOUS SCHOLARSHIPS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE MUSTARD SEED PROJECT OF KEY PENINSULA PO BOX 182 VAUGHN, WA 98394	61-1537566	501(C)(3)	5,000				CONTRIBUTION FROM THE MULTICARE COMMUNITY PARTNERSHIP FUND SUPPORT FOR HEALTH IMPROVEMENT ACTIVITIES AND ECONOMIC WELL-BEING

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
MULTICARE HEALTH SYSTEM

Employer identification number
91-1352172

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 checked="" type="checkbox"/> Housing allowance or residence for personal use</div><div><input type="checkbox"/> Travel for companions</div><div><input type="checkbox"/> Payments for business use of personal residence</div><div><input type="checkbox"/> Tax indemnification and gross-up payments</div><div><input type="checkbox"/> Health or social club dues or initiation fees</div><div><input checked="" type="checkbox"/> Discretionary spending account</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	1b Yes	
2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?	2 Yes	
3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. <div><div><input checked="" type="checkbox"/> Compensation committee</div><div><input checked="" type="checkbox"/> Written employment contract</div><div><input checked="" type="checkbox"/> Independent compensation consultant</div><div><input checked="" type="checkbox"/> Compensation survey or study</div><div><input type="checkbox"/> Form 990 of other organizations</div><div><input checked="" 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?	4a Yes	
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b Yes	
c Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.	4c	No
Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.		
5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: a The organization?	5a	No
b Any related organization? If "Yes," on line 5a or 5b, describe in Part III.	5b	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?	6a	No
b Any related organization? If "Yes," on line 6a or 6b, describe in Part III.	6b	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.	7 Yes	
8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.	8	No
9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9	

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 1A	LINE 1A - THE EXECUTIVE BENEFIT ALLOWANCE IS A DISCRETIONARY SPENDING ACCOUNT AND THERE ARE NO RESTRICTIONS AS TO HOW THE FUNDS ARE TO BE SPENT. ALL VICE-PRESIDENTS, SR VICE-PRESIDENTS AND OFFICERS, A TOTAL OF 8 REPORTED PEOPLE, RECEIVED EXECUTIVE BENEFIT ALLOWANCE IN 2015. THE PHYSICIANS ARE OFFERED A SIMILAR BENEFIT ALLOWANCE BUT THE AMOUNT IS CAPPED AT \$15,815. IN 2015 5 REPORTED PHYSICIANS WERE PAID BENEFIT ALLOWANCE. THEY CAN CHOOSE TO AUGMENT THEIR BENEFITS OR RECEIVE IT AS COMPENSATION PART OF TAXABLE WAGES. LINE 1A - HOUSING ALLOWANCE WAS PAID TO GLENN KASMAN IN THE AMOUNT OF \$35,200 FOR 2015. THE AMOUNT WAS PART OF TAXABLE WAGES AND REPORTED ON HIS W-2.
PART I, LINES 4A-B	LINE 4B - THE FOLLOWING REPORTED PEOPLE PARTICIPATED IN A 457(F) DEFERRED COMPENSATION PLAN AND RECEIVED A PAYOUT IN 2015: FRANCIS KIM \$314,000, DAVIS COONS \$12,000, SHELLY MULLIN \$24,795, GLENN KASMAN \$16,968, CHRISTI MCCAREN \$17,315, ANNA LOOMIS \$9,077. IRC SECTION 457(F) PLANS ALLOW PARTICIPANTS TO CHOOSE FROM A NUMBER OF DIFFERENT TYPES OF BENEFITS WITH A DEFAULT SELECTION INTO A 457(F) PLAN. THE PLAN COVERS EMPLOYEES WHO ARE PRIMARILY A SELECT GROUP OF MANAGEMENT OR HIGHLY COMPENSATED EMPLOYEES. THIS TYPE OF ARRANGEMENT CONTAINS A RISK OF FORFEITURE AND SOME OF THE ACCOUNTS USE A NON-COMPETE CLAUSE. THE ACCOUNTS CONTAIN A 5-YEAR CLIFF VESTING SCHEDULE AND ONCE THAT IS BEING MET, THE PARTICIPANT RECEIVES 50% OF THE ACCOUNT WITH A 100% VESTING UPON AGE 62 AND 5 YEARS OF PRIOR EMPLOYMENT. THE PAYMENTS WERE TAXED AND INCLUDED IN COLUMN B,(III) SCHEDULE J, SUPPLEMENTAL INFORMATION. WILLIAM G. ROBERTSON, PRESIDENT AND CEO, EARNED SUPPLEMENTAL EXECUTIVE RETIREMENT PLAN (SERP) INCOME IN THE AMOUNT OF \$391,972 WHICH IS REFLECTED IN COLUMN C. THE SERP PLAN HAS DEFERRALS INTO THE 457(F) CAA DEFERRED COMPENSATION PLAN. MR. ROBERTSON RECEIVED NO PAYOUTS FROM THE PLAN DURING THE YEAR AND THE PLAN IS SUBJECT TO SUBSTANTIAL RISK OF FORFEITURE.
PART I, LINE 7	THE SENIOR VICE PRESIDENTS AND THE CEO ARE ELIGIBLE FOR AN INCENTIVE COMPENSATION PLAN WHERE DISCRETION IS EXERCISED BY OTHER PERSONS. FOR THE CEO, THE ADJUSTMENT IS AT THE DISCRETION OF THE COMPENSATION COMMITTEE OF THE BOARD. FOR SR VICE PRESIDENTS, IT IS AT THE DISCRETION OF THE CEO. TARGETS IN QUALITY OF CARE, PATIENT SAFETY, CUSTOMER SERVICE, PEOPLE AND PERFORMANCE ALONG WITH A SYSTEM-WIDE OPERATING MARGIN GOAL MUST BE MET IN ORDER FOR THE INCENTIVE COMPENSATION PLAN PAYMENTS TO BE MADE. THE INCENTIVE COMPENSATION PLAN IS THEN CALCULATED AND PAID BASED ON INDIVIDUAL/TEAM CONTRIBUTIONS TO THE ACHIEVEMENT OF ORGANIZATION OBJECTIVES, OR OTHER IMPORTANT RESULTS, AND/OR ACCOMPLISHMENTS.
FORM 990, PART VII AND SCHEDULE J, PART III- SUPPLEMENTAL	THE REPORTABLE COMPENSATION FOR THE OFFICERS OF THE CORPORATION AND KEY EMPLOYEES IS BASED ON THE TOTAL AMOUNT PAID DURING THE YEAR FOR MANAGEMENT AND LEADERSHIP OF MULTICARE HEALTH SYSTEM ENTITIES (91-1352172, 91-1514257, 94-3030039, 91-2004312 AND 46-5636491), INCLUDING CURRENT YEAR PAYMENTS OF AMOUNTS REPORTED IN PRIOR YEARS AS CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS AND DEFERRED COMPENSATION PLANS, TOGETHER WITH INVESTMENT EARNINGS FROM THOSE PRIOR YEAR CONTRIBUTIONS. AS A RESULT, CERTAIN AMOUNTS HAVE BEEN REPORTED TWICE, BOTH IN PRIOR YEARS WHEN EARNED OR ACCRUED, AND AGAIN IN THE CURRENT YEAR WHEN PAID. THE AMOUNTS UNDER OTHER COMPENSATION INCLUDE DEFERRED COMPENSATION, AND THE VALUE OF MEDICAL, DENTAL, LIFE, DISABILITY INSURANCE, AND PENSION BENEFITS. COMPENSATION ON THIS TAX RETURN INCLUDES AMOUNTS THAT ARE NOT VESTED, ARE SUBJECT TO SUBSTANTIAL RISK OF FORFEITURE AND MAY NOT BE PAID OUT IN THE FUTURE. THE PROCESS FOR DETERMINING EXECUTIVE COMPENSATION AT MULTICARE HEALTH SYSTEM (I) COMPLIES WITH IRS GUIDELINES FOR TAX-EXEMPT ORGANIZATIONS, (II) IS DETERMINED BY A SEPARATE COMMITTEE OF THE BOARD OF DIRECTORS WHOSE MEMBERS ARE ALL INDEPENDENT, DO NOT HAVE A CONFLICT OF INTEREST, AND ARE NON-PAID, AND (III) IS ANNUALLY EVALUATED IN THE CONTEXT OF COMPENSATION DATA GATHERED BY INDEPENDENT EXTERNAL CONSULTANTS FROM A PEER GROUP COMPRISED OF SIMILAR HIGH PERFORMING HEALTHCARE INSTITUTIONS, PRIMARILY INTEGRATED HEALTHCARE ORGANIZATIONS. COMPENSATION PAID IS DETERMINED TO BE REASONABLE AND NECESSARY BY THE COMPENSATION COMMITTEE OF THE BOARD OF DIRECTORS AND THE INDEPENDENT EXTERNAL CONSULTANT. IN ADDITION, A SIGNIFICANT PORTION OF COMPENSATION IS AT RISK AND BASED ON ACHIEVEMENT OF GOALS SET BY THE BOARD OF DIRECTORS AT THE START OF EACH YEAR IN AREAS SUCH AS PATIENT SAFETY, QUALITY, WORKFORCE DEVELOPMENT, FINANCE AND OTHER MISSION-RELATED AREAS. THE BOARD PLACES A HIGH PRIORITY ON THE NEED TO RECRUIT AND RETAIN A STRONG LEADERSHIP TEAM AND TO CREATE A HIGHLY MOTIVATED AND ENGAGED WORKFORCE TO DRIVE SUPERIOR ORGANIZATIONAL PERFORMANCE IN ORDER TO ACHIEVE TOP TIER INTEGRATED CARE DELIVERY SYSTEM STATUS. THE COMPENSATION COMMITTEE ROUTINELY REVIEWS BENEFITS AND RETIREMENT PROGRAMS TO ENSURE THE PLANS ARE MARKET-BASED AND OTHERWISE CONSISTENT WITH IRS GUIDELINES. THE OFFICERS OF MULTICARE HEALTH SYSTEM, 91-1352172, ALSO FULFILL OFFICER AND EXECUTIVE FUNCTIONS FOR ITS RELATED ENTITIES. COMPENSATION DISCLOSED IS REPORTED TO THE RELATED ENTITIES TAX RETURNS IN ACCORDANCE WITH IRS REGULATIONS, BUT IS NOT CHARGED TO THE SUBSIDIARY OR AFFILIATE. AN OFFICER LISTED DEVOTES AN AVERAGE OF 60 HOURS PER WEEK TO PERFORM HIS OR HER RESPONSIBILITIES.

Additional Data

Software ID:

Software Version:

EIN: 91-1352172

Name: MULTICARE HEALTH SYSTEM

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				
1MATT DAVIS MD DIRECTOR, PHYSICIAN	(i)	400,769	33,199	18,096	13,516	28,159	493,739	0
	(ii)	0	0	0	0	0	0	0
1WILLIAM ROBERTSON PRESIDENT & CEO	(i)	964,645	217,156	45,146	402,572	48,909	1,678,428	0
	(ii)	0	0	0	0	0	0	0
2ANNA LOOMISCFO	(i)	502,669	163,988	54,818	84,100	20,981	826,556	9,077
	(ii)	0	0	0	0	0	0	0
3FLORENCE CHANG EXECUTIVE VICE PRESIDENT	(i)	597,507	253,493	63,416	98,777	23,649	1,036,842	0
	(ii)	0	0	0	0	0	0	0
4CLAIRE SPAIN-REMY SRVP, CHIEF PHYSICIAN OFFICER	(i)	437,321	180,238	46,706	73,636	28,048	765,949	0
	(ii)	0	0	0	0	0	0	0
5GLENN KASMAN REGIONAL PRESIDENT,EAST REGION	(i)	374,177	87,053	92,739	73,071	29,823	656,863	16,968
	(ii)	0	0	0	0	0	0	0
6SHELLY MULLIN REGIONAL PRESIDENT,WEST REGION	(i)	394,700	161,153	65,155	84,526	21,363	726,897	24,795
	(ii)	0	0	0	0	0	0	0
7LINDA CHEN PRESIDENT MARY BRIDGE PART YEAR	(i)	155,099	0	16,453	16,052	26,173	213,777	0
	(ii)	0	0	0	0	0	0	0
8CHRISTI MCCARREN SRVP RETAIL HEALTH&COMMUNITY CLINICS	(i)	293,102	76,817	37,284	54,283	12,755	474,241	17,315
	(ii)	0	0	0	0	0	0	0
9SURAJ SINGHPHYSICIAN	(i)	1,432,601	45,118	16,945	12,813	27,376	1,534,853	0
	(ii)	0	0	0	0	0	0	0
10DAVID COONSPHYSICIAN	(i)	1,200,103	46,275	45,490	44,066	27,859	1,363,793	12,000
	(ii)	0	0	0	0	0	0	0
11FRANCIS KIMPHYSICIAN	(i)	642,431	29,430	1,400	340,082	28,752	1,042,095	314,000
	(ii)	0	0	0	0	0	0	0
12JOHN HUNGPHYSICIAN	(i)	893,028	42,303	17,215	15,341	27,840	995,727	0
	(ii)	0	0	0	0	0	0	0
13DOUGLAS SUTHERLAND PHYSICIAN	(i)	872,555	35,597	16,945	14,094	26,781	965,972	0
	(ii)	0	0	0	0	0	0	0

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Schedule K (Form 990)		Supplemental Information on Tax Exempt Bonds				OMB No 1545-0047	
						2015	
		► 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 .					
Department of the Treasury		Name of the organization MULTICARE HEALTH SYSTEM				Employer identification number	
Internal Revenue Service						91-1352172	

Part I Bond Issues											
(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
						Yes	No	Yes	No	Yes	No
A WASHINGTON HEALTH CARE FACILITIES SERIES 2007 ABC	91-1108929	93978EE73	02-15-2007	210,365,000	CONSTR & EQUIPMENT TG EMERGENCY DEPT ,STEAM PLANT,GIG HARBOR MEDICAL PARK		X		X		X
B WASHINGTON HEALTH CARE FACILITIES SERIES 2007 D	91-1108929	93978EF23	02-15-2007	105,635,000	CONSTR & EQUIPMENT TG EMERGENCY DEPT ,STEAM PLANT,GIG HARBOR MEDICAL PARK		X		X		X
C WASHINGTON HEALTH CARE FACILITIES SERIES 2007 AB	91-1108929	93978EQ54	05-15-2008	158,492,602	CONSTR & EQUIPMENT TG EMERGENCY DEPT ,STEAM PLANT,GIG HARBOR MEDICAL PARK		X		X		X
D WASHINGTON HEALTH CARE FACILITIES SERIES 2009 AB	91-1108929	93978E3U4	05-01-2009	100,000,000	CONSTRUCTION OF THE GOOD SAMARITAN TOWER		X		X		X

Part II		Proceeds							
		A		B		C		D	
1	Amount of bonds retired	5,975,000		8,355,000		4,675,000			
2	Amount of bonds legally defeased								
3	Total proceeds of issue	210,365,000		105,635,000		158,492,602		100,000,000	
4	Gross proceeds in reserve funds								
5	Capitalized interest from proceeds								
6	Proceeds in refunding escrows								
7	Issuance costs from proceeds	1,147,268		465,412		1,042,602		1,032,608	
8	Credit enhancement from proceeds	4,071,130		1,820,372				556,057	
9	Working capital expenditures from proceeds								
10	Capital expenditures from proceeds	205,146,602		103,349,216				98,411,335	
11	Other spent proceeds					157,450,000			
12	Other unspent proceeds								
13	Year of substantial completion	2009		2009		2008		2010	
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue?		X		X	X			X
15	Were the bonds issued as part of an advance refunding issue?		X		X		X		X
16	Has the final allocation of proceeds been made?	X		X		X		X	
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X		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		X		X
2	Are there any lease arrangements that may result in private business use of bond-financed property?			X		X		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		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?	X		X		X		X	
c	Are there any research agreements that may result in private business use of bond-financed property?	X		X		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		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 ▶	1 710 %		1 710 %		1 710 %		0 070 %	
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 ▶	0 %		0 %		0 %		0 %	
6	Total of lines 4 and 5	1 710 %		1 710 %		1 710 %		0 070 %	
7	Does the bond issue meet the private security or payment test?		X		X		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		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		X		X		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		X		X
2	If "No" to line 1, did the following apply?								
a	Rebate not due yet?	X		X		X		X	
b	Exception to rebate?	X		X		X		X	
c	No rebate due?		X		X		X		X
	If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed								
3	Is the bond issue a variable rate issue?	X		X			X		X
4a	Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X		X		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		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		X		X
7	Has the organization established written procedures to monitor the requirements of section 148? . . .	X		X		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		X		X	

Part VI

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

Return Reference	Explanation
SCHEDULE K, PART IV, LINE 2C	FOR THE WASHINGTON HEALTH CARE FACILITIES AUTHORITY REVENUE BONDS SERIES 2010 A, MULTICARE HEALTH SYSTEM ENGAGED BARTHE & WAHRMAN PROFESSIONAL ASSOCIATION TO PERFORM A FIVE-YEAR ARBITRAGE REBATE CALCULATION ON 03/30/2015 AND THE RESULT WAS THERE IS NO REBATE DUE TO THE IRS

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Schedule K
(Form 990)

Supplemental Information on Tax Exempt Bonds

OMB No 1545-0047

2015

Open to Public Inspection

Department of the Treasury

Internal Revenue Service

Name of the organization

MULTICARE HEALTH SYSTEM

► 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.

Employer identification number

91-1352172

Part I Bond Issues											
(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
						Yes	No	Yes	No	Yes	No
A WASHINGTON HEALTH CARE FACILITIES SERIES 2010 A	91-1108929	93978E6W7	01-05-2010	105,127,578	\$105,127,004 WAS USED TO REFUND THE WHCA SERIES 1998 ISSUED ON 08/13/1998		X		X		X
B WASHINGTON HEALTH CARE FACILITIES SERIES 2012 AB	91-1108929	93978HHC2	11-13-2012	140,628,741	AUBURN AQUISITION,TG CAMPUS REFRESH,COVINGTON EMERGENCY DEPARTMENT		X		X		X
C WASHINGTON HEALTH CARE FACILITIES SERIES 2015 AB	91-1108929	93978HML6	04-16-2015	420,539,219	REFUND \$318,137,428 BONDS ORIGINALLY ISSUED ON 6/22/04&5/15/08 RESPECTIVELY		X		X		X

Part II		Proceeds									
		A		B		C		D			
1	Amount of bonds retired	42,645,000				2,060,000					
2	Amount of bonds legally defeased										
3	Total proceeds of issue	105,127,578		140,628,741		420,539,219					
4	Gross proceeds in reserve funds										
5	Capitalized interest from proceeds										
6	Proceeds in refunding escrows										
7	Issuance costs from proceeds			1,336,000		3,145,115					
8	Credit enhancement from proceeds	574									
9	Working capital expenditures from proceeds										
10	Capital expenditures from proceeds			139,292,741		99,256,676					
11	Other spent proceeds	105,127,004									
12	Other unspent proceeds					318,137,428					
13	Year of substantial completion	2010		2013							
		Yes	No	Yes	No	Yes	No	Yes	No		
14	Were the bonds issued as part of a current refunding issue?	X			X	X					
15	Were the bonds issued as part of an advance refunding issue?		X		X		X				
16	Has the final allocation of proceeds been made?	X		X			X				
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		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		X		
2	Are there any lease arrangements that may result in private business use of bond-financed property?			X		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		X			
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?	X		X		X			
c	Are there any research agreements that may result in private business use of bond-financed property?	X		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		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▶	0 %		1 280 %		2 170 %			
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▶	0 %		0 %		0 %			
6	Total of lines 4 and 5	0 %		1 280 %		2 170 %			
7	Does the bond issue meet the private security or payment test?		X		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		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		X		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		X		
2	If "No" to line 1, did the following apply?								
a	Rebate not due yet?		X	X		X			
b	Exception to rebate?	X		X		X			
c	No rebate due?	X			X		X		
	If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed								
3	Is the bond issue a variable rate issue?		X	X			X		
4a	Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X		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		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		X		
7	Has the organization established written procedures to monitor the requirements of section 148? . . .	X		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		X			

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

Schedule L
(Form 990 or 990-EZ)

Transactions with Interested Persons
▶ Complete if the organization answered
"Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c,
or Form 990-EZ, Part V, line 38a or 40b.
▶ Attach to Form 990 or Form 990-EZ.
▶ Information about Schedule L (Form 990 or 990-EZ) and its instructions is at
www.irs.gov/form990.

OMB No 1545-0047
2015
Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization MULTICARE HEALTH SYSTEM	Employer identification number 91-1352172
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Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only)
Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

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

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

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

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

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

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

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

Part IV Business Transactions Involving Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) CAROLINE RUTTER MD	DAUGHTER OF ROB ROTH, DIRECTOR	903,823	EMPLOYEE OF MULTICARE HEALTH SYSTEM		No
(2) RICKY ROTH	WIFE OF ROB ROTH, DIRECTOR	73,172	EMPLOYEE OF MULTICARE HEALTH SYSTEM		No

Part V Supplemental Information

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

Return Reference	Explanation
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SCHEDULE O
(Form 990 or
990-EZ)Department of the
Treasury
Internal Revenue
Service**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

2015**Open to Public
Inspection**Name of the organization
MULTICARE HEALTH SYSTEM**Employer identification number**

91-1352172

**Return
Reference****Explanation**FORM 990,
PART VI,
SECTION B,
LINE 11

PROCESS USED BY MANAGEMENT AND/OR GOVERNING BODY TO REVIEW 990 THE FORM 990 IS PREPARED BY INTERNAL STAFF AND REVIEWED BY AN OUTSIDE ACCOUNTING FIRM INITIAL REVIEWS WERE PERFORMED BY LEVELS OF MANAGEMENT IN VARIOUS DEPARTMENTS THROUGHOUT THE ORGANIZATION, INCLUDING THE CHIEF EXECUTIVE OFFICER, AND THE CHIEF FINANCIAL OFFICER A REVIEW WAS THEN PERFORMED BY THE AUDIT COMMITTEE OF THE BOARD, AND INCLUDED A PRESENTATION BY THE OUTSIDE ACCOUNTING FIRM LASTLY, A COPY OF THE FINAL FORM 990, INCLUDING ALL REQUIRED SCHEDULES, WAS PROVIDED TO EACH VOTING MEMBER OF THE BOARD OF DIRECTORS FOR REVIEW, PRIOR TO ITS FILING WITH THE IRS

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	<p>PROCESS USED TO MONITOR TRANSACTIONS FOR CONFLICTS OF INTEREST THE BOARD OF DIRECTORS HAS ACCOUNTABILITY FOR OVERSIGHT OF THE PROCESS FOR DISCLOSURE, EVALUATION, AND MANAGEMENT OF CONFLICTS OF INTEREST INVOLVING ANY DIRECTOR ON THE BOARD, EXECUTIVE LEADERSHIP, OR KEY EMPLOYEE IN ACCORDANCE WITH THE CONFLICTS OF INTEREST POLICY, THESE INDIVIDUALS ARE REQUIRED TO COMPLETE THE CONFLICTS OF INTEREST QUESTIONNAIRE AT LEAST ANNUALLY, AND HAVE AN ONGOING OBLIGATION TO UPDATE THE DISCLOSURE IN THE EVENT AN ACTUAL OR POTENTIAL CONFLICT OF INTEREST ARISES THE CONFLICTS OF INTEREST QUESTIONNAIRE INCLUDES A STATEMENT THAT THE PERSON HAS RECEIVED A COPY OF THE CONFLICTS OF INTEREST POLICY, HAS READ AND UNDERSTANDS THE POLICY, HAS AGREED TO COMPLY WITH THE POLICY, AND UNDERSTANDS THAT THE ORGANIZATION MUST ENGAGE PRIMARILY IN ACTIVITIES THAT FURTHER ITS TAX EXEMPT PURPOSES WRITTEN DISCLOSURES ARE REVIEWED BY THE COMPLIANCE OFFICER, AND IN CERTAIN CIRCUMSTANCES, THERE IS FURTHER REVIEW BY THE GENERAL COUNSEL AND THE MEMBER NO PERSON WITH A CONFLICT OF INTEREST PARTICIPATES IN AN ACTIVITY RELATED TO THE CONFLICT OF INTEREST UNLESS DISCLOSED, RESOLVED, AND PERMITTED IN ACCORDANCE WITH THE CONFLICT OF INTEREST POLICY CONFLICTS OF INTEREST ARE DOCUMENTED</p>

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	<p>A-B PROCESS USED TO DETERMINE COMPENSATION OF CEO THE BOARD, THROUGH ITS COMPENSATION COMMITTEE CONSISTING OF INDEPENDENT, NON-PAID, BOARD MEMBERS, IS ACCOUNTABLE FOR ENSURING AND APPROVING A REASONABLE TOTAL COMPENSATION PACKAGE, CONSISTENT WITH ITS COMPENSATION PHILOSOPHY, FOR THE CEO FOR HIS MANAGEMENT AND LEADERSHIP OF MULTICARE HEALTH SYSTEM ENTITIES (91-1352172, 91-1514257, 94-3030039, 91-2004312 AND 46-5636491) THE COMPENSATION COMMITTEE DIRECTS THE DEVELOPMENT AND IT APPROVES ANNUAL GOALS AND PERFORMANCE CRITERIA THAT ARE USED TO DETERMINE VARIABLE COMPENSATION OPPORTUNITIES FOR THE CEO THE COMPENSATION COMMITTEE ASSESSES PERFORMANCE AGAINST THESE GOALS AND PERFORMANCE CRITERIA, WHICH INCLUDE IMPROVING PATIENT CARE, CARE ACCESS TO THE UNDERSERVED, CLINICAL OUTCOMES, AND PATIENT SAFETY, AS WELL AS EARNING AN OPERATING MARGIN TO ENABLE INVESTMENT IN PEOPLE, TECHNOLOGY, AND FACILITIES THE COMPENSATION COMMITTEE SELECTS AND ENGAGES A QUALIFIED INDEPENDENT COMPENSATION CONSULTANT EACH YEAR TO REVIEW AND ANALYZE THE TOTAL COMPENSATION PACKAGE FOR ALIGNMENT WITH APPROPRIATE PRACTICES FOR SIMILAR NOT-FOR-PROFIT HEALTHCARE SYSTEMS THE COMPENSATION COMMITTEE, AS PART OF ITS ANALYSIS, OBTAINS FROM THE INDEPENDENT COMPENSATION CONSULTANT APPROPRIATE COMPARABILITY DATA, INCLUDING TOTAL COMPENSATION PAID BY SIMILARLY SITUATED NOT-FOR-PROFIT HEALTH CARE ORGANIZATIONS FOR POSITIONS THAT ARE FUNCTIONALLY COMPARABLE THE COMPENSATION DELIBERATION AND DECISIONS ARE CONTEMPORANEOUSLY DOCUMENTED THE LAST TIME THIS PROCESS WAS UNDERTAKEN WAS 2015</p>

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 19	THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND AUDITED CONSOLIDATED FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST THE AUDITED FINANCIAL STATEMENTS ARE ALSO INCLUDED AS PART OF THE FORM 990

Return Reference	Explanation
FORM 990, PART XI, LINE 9	UNFUNDED DB PENSION LIABILITY 39,008,761

SCHEDULE R
(Form 990)

Related Organizations and Unrelated Partnerships

OMB No 1545-0047

2015

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

► 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.

Name of the organization MULTICARE HEALTH SYSTEM	Employer identification number 91-1352172
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Part I Identification of Disregarded Entities

Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) MULTICARE CONNECTED CARE LLC 222 N J ST STE B TACOMA, WA 98403 47-2859356	HEALTHCARE ACO	WA	0		MULTICARE HEALTH SYSTEM

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) MULTICARE HEALTH FOUNDATION 409 S J STREET TACOMA, WA 98405 91-1514257	SOLICIT CONTRIBUTIONS	WA	501(C)(3)	LINE 7	MULTICARE HEALTH SYSTEM	Yes	
(2) MARY BRIDGE CHILDREN'S FOUNDATION 409 S J STREET TACOMA, WA 98405 94-3030039	SOLICIT CONTRIBUTIONS	WA	501(C)(3)	LINE 7	MULTICARE HEALTH SYSTEM	Yes	
(3) GOOD SAMARITAN FOUNDATION 402 15TH AVE SE SUITE 101 PUYALLUP, WA 98372 91-2004312	SOLICIT CONTRIBUTIONS	WA	501(C)(3)	LINE 7	MULTICARE HEALTH SYSTEM	Yes	
(4) MULTICARE SOUTH KING HEALTH FOUNDATION 737 FAWCETT AVE TACOMA, WA 98402 46-5636491	SOLICIT CONTRIBUTIONS	WA	501(C)(3)	LINE 7	MULTICARE HEALTH SYSTEM	Yes	
(5) ALLIANCE FOR SOUTH SOUND HEALTH 737 FAWCETT AVE TACOMA, WA 98402 47-4654897	HOSPITAL	WA	501(C)(3)	LINE 3	MULTICARE HEALTH SYSTEM	Yes	
(6) CHVI PROFESSIONAL CORPORATION 222 N J STREET TACOMA, WA 98403 47-5457904	HOSPITAL	WA	501(C)(3)	LINE 3	MULTICARE HEALTH SYSTEM	Yes	

Part III

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end- of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) MULTICARE CONSULTING SERVICES LLC 1102 BROADWAY STE 510 TACOMA, WA 98402 45-4152765	HEALTHCARE CASH COLLECTIONS CONSULTING	WA	MULTICARE HEALTH SYSTEM	UNRELATED	2,387,827	23,140,691		No		Yes		99 000 %

Part IV

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
(1) MEDIS CORPORATION 315 S K STREET TACOMA, WA 98405 91-1111928	MEDICAL BUILDING RENTAL	WA	MULTICARE HEALTH SYSTEM	C	1,264,196	1,864,720	100 000 %	Yes	

Part V

Transactions With Related Organizations

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

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

1

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

a

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

b

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

c

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

d

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

e

Loans or loan guarantees by related organization(s)

f

Dividends from related organization(s)

g

Sale of assets to related organization(s)

h

Purchase of assets from related organization(s)

i

Exchange of assets with related organization(s)

j

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

k

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

l

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

m

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

n

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

o

Sharing of paid employees with related organization(s)

p

Reimbursement paid to related organization(s) for expenses

q

Reimbursement paid by related organization(s) for expenses

r

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

s

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

Yes

No

1a

1b

1c

1d

1e

1f

1g

1h

1i

1j

1k

1l

1m

1n

1o

1p

1q

1r

1s

No

Yes

Yes

No

No

No

No

No

No

No

Yes

No

No

No

Yes

No

No

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
See Additional Data Table			

Schedule R (Form 990) 2015

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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Additional Data

Software ID:
Software Version:
EIN: 91-1352172
Name: MULTICARE HEALTH SYSTEM

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations

(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
MULTICARE HEALTH FOUNDATION 409 S J STREET TACOMA, WA 98405 91-1514257	SOLICIT CONTRIBUTIONS	WA	501(C)(3)	LINE 7	MULTICARE HEALTH SYSTEM	Yes	
MARY BRIDGE CHILDREN'S FOUNDATION 409 S J STREET TACOMA, WA 98405 94-3030039	SOLICIT CONTRIBUTIONS	WA	501(C)(3)	LINE 7	MULTICARE HEALTH SYSTEM	Yes	
GOOD SAMARITAN FOUNDATION 402 15TH AVE SE SUITE 101 PUYALLUP, WA 98372 91-2004312	SOLICIT CONTRIBUTIONS	WA	501(C)(3)	LINE 7	MULTICARE HEALTH SYSTEM	Yes	
MULTICARE SOUTH KING HEALTH FOUNDATION 737 FAWCETT AVE TACOMA, WA 98402 46-5636491	SOLICIT CONTRIBUTIONS	WA	501(C)(3)	LINE 7	MULTICARE HEALTH SYSTEM	Yes	
ALLIANCE FOR SOUTH SOUND HEALTH 737 FAWCETT AVE TACOMA, WA 98402 47-4654897	HOSPITAL	WA	501(C)(3)	LINE 3	MULTICARE HEALTH SYSTEM	Yes	
CHVI PROFESSIONAL CORPORATION 222 N J STREET TACOMA, WA 98403 47-5457904	HOSPITAL	WA	501(C)(3)	LINE 3	MULTICARE HEALTH SYSTEM	Yes	

Form 990, Schedule R, Part V - Transactions With Related Organizations

(a) Name of related organization		(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
(1)	MULTICARE HEALTH FOUNDATION	B	1,478,804	ACCRUAL
(1)	MARY BRIDGE CHILDREN'S FOUNDATION	B	3,011,989	ACCRUAL
(2)	GOOD SAMARITAN FOUNDATION	B	1,257,904	ACCRUAL
(3)	MULTICARE SOUTH KING HEALTH FOUNDATION	B	267,275	ACCRUAL
(4)	MULTICARE HEALTH FOUNDATION	C	3,300,020	ACCRUAL
(5)	MARY BRIDGE CHILDREN'S FOUNDATION	C	5,033,320	ACCRUAL
(6)	GOOD SAMARITAN FOUNDATION	C	1,562,407	ACCRUAL
(7)	MULTICARE SOUTH KING HEALTH FOUNDATION	C	47,769	ACCRUAL
(8)	MEDIS CORPORATION	K	825,823	ACCRUAL
(9)	MULTICARE HEALTH FOUNDATION	Q	1,031,671	ACCRUAL
(10)	MARY BRIDGE CHILDREN'S FOUNDATION	Q	1,968,431	ACCRUAL
(11)	GOOD SAMARITAN FOUNDATION	Q	831,292	ACCRUAL
(12)	MULTICARE SOUTH KING HEALTH FOUNDATION	Q	15,885	ACCRUAL
(13)	MEDIS CORPORATION	Q	516,714	ACCRUAL