

2017

Open to Public Inspection

Form **990**Department of the Treasury
Internal Revenue Service**Return of Organization Exempt From Income Tax**
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

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

Go to www.irs.gov/Form990 for instructions and the latest information.**A** For the 2017 calendar year, or tax year beginning

and ending

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
P.O. BOX 5299City or town, state or province, country, and ZIP or foreign postal code
TACOMA, WA 98415-0299**F** Name and address of principal officer WILLIAM ROBERTSON
SAME AS C ABOVE**D** Employer identification number

91-1352172

E Telephone number

253-459-8125

G Gross receipts \$ 2,366,164,349.**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) ☐ 527**J** Website: [HTTPS://WWW.MULTICARE.ORG/](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 <input type="checkbox"/> 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)		
	4	Number of independent voting members of the governing body (Part VI, line 1b)		
	5	Total number of individuals employed in calendar year 2017 (Part V, line 2a)		
	6	Total number of volunteers (estimate if necessary)		
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	1,171,099.	
7b	Net unrelated business taxable income from Form 990-T, line 34	-261,690.		
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9	Program service revenue (Part VIII, line 2g)	37,339,194.	36,335,669.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,932,563,386.	2,273,761,246.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-2,374,390.	55,356,851.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,967,198,602.	2,365,046,085.
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	7,413,680.	8,430,980.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	1,079,077,429.	1,210,628,090.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	768,417,271.	976,790,887.
Net Assets or Fund Balances	18	Total expenses - add lines 13-17 (must equal Part IX, column (A), line 25)	1,854,908,380.	2,195,849,957.
	19	Revenue less expenses - Subtract line 18 from line 12	112,290,222.	169,196,128.
	20	Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21	Total liabilities (Part X, line 26)	3,604,113,624.	4,302,485,808.
	22	Net assets or fund balances - Subtract line 21 from line 20	1,515,722,936.	1,874,458,574.

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	Date	10/29/18
	WILLIAM ROBERTSON, PRESIDENT & CEO Type or print name and title		
Paid	Print/Type preparer's name	Preparer's signature	Date
	EVA NITTA	<i>Eva Nitta</i>	10/26/18
Preparer Use Only	Firm's name	Firm's EIN	PTIN
	ERNST & YOUNG U.S. LLP	34-6565596	P01286320
Use Only	Firm's address	Phone no.	
	560 MISSION STREET, SUITE 1600 SAN FRANCISCO, CA 94105	415-894-8000	

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

☐ Yes ☒ No

Part III Statement of Program Service Accomplishments

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

☒ X

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 \$ 1,542,358,609. including grants of \$ 8,430,980.) (Revenue \$ 1,945,491,622.)
MULTICARE HEALTH SYSTEM (MHS) OPERATES SEVEN COMMUNITY BASED HOSPITALS
WITH 1,572 LICENSED ADULT BEDS AND 82 LICENSED PEDIATRIC BEDS. DURING
2017 MHS HOSPITALS ADMITTED 56,918 PATIENTS FOR A TOTAL OF 289,570
PATIENT DAYS, PERFORMED 42,210 SURGERIES AND DELIVERED 7,595 BABIES.
THERE WERE 11,504 NEWBORN DAYS DURING 2017. THEY ALSO PROVIDED CARE FOR
278,749 OUTPATIENT VISITS AND 306,426 EMERGENCY ROOM VISITS, OF WHICH
1,349 WERE TRAUMA PATIENTS.
IN ADDITION, MHS, THROUGH THE COMMUNITY PARTNERSHIP FUND SUPPORTS
ORGANIZATIONS WHOSE WORK IS IMPORTANT TO THE HEALTH OF THE COMMUNITIES
IT SERVES. THE FUND FOCUSES ON THE IDEA THAT BUILDING ENDURING
PRODUCTIVE PARTNERSHIPS FOR THE BETTERMENT OF OUR COMMUNITY BY
SUPPORTING ACTIVITIES FOR HEALTH IMPROVEMENT, ECONOMIC (SEE SCHEDULE O)

4b (Code) (Expenses \$ 176,200,237. including grants of \$) (Revenue \$ 191,254,184.)
MULTICARE HEALTH SYSTEM OPERATES A SYSTEM OF MULTI-SPECIALTY CLINICS, A
GRID OF HIGHLY SPECIALIZED URGENT CARE CENTERS- THE INDIGO CLINICS, AND
7-DAYS NEIGHBORHOOD WALK-IN FRIENDLY URGENT CARE CENTERS- THE IMMEDIATE
CLINICS, ALL THROUGHOUT PIERCE AND SOUTH KING COUNTIES.
DURING 2017 THESE CLINICS PROCESSED 388,717 LABORATORY WORKLOAD UNITS,
29,196 IMAGING RELATIVE UNITS, 123,141 ONCOLOGY RELATIVE VALUE UNITS,
54,593 THERAPY VALUE UNITS AND 1,068 PHARMACY WORKLOAD UNITS. THEY ALSO
PROVIDED CARE FOR 129,998 OUTPATIENT VISITS AND 285,228
INDIGO/IMMEDIATE CLINIC 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

4c (Code) (Expenses \$ 89,152,771. including grants of \$) (Revenue \$ 61,996,292.)
MULTICARE HEALTH SYSTEM OPERATES PRIMARY CARE PHYSICIAN PRACTICES
THROUGHOUT PIERCE AND SOUTH KING COUNTIES. THESE PRACTICES PROVIDED
442,320 PATIENT VISITS DURING 2017.

4d Other program services (Describe in Schedule O.)
(Expenses \$ 83,342,072. including grants of \$) (Revenue \$ 75,019,148.)

4e Total program service expenses 1,891,053,689.

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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)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete Schedule B, Schedule of Contributors?	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
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? <i>If "Yes," complete Schedule C, Part II</i>	X	
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? <i>If "Yes," complete Schedule C, Part III</i>		X
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? <i>If "Yes," complete Schedule D, Part I</i>		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
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? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>		X
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? <i>If "Yes," complete Schedule D, Part VI</i>	X	
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? <i>If "Yes," complete Schedule D, Part VII</i>		X
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? <i>If "Yes," complete Schedule D, Part VIII</i>		X
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? <i>If "Yes," complete Schedule D, Part IX</i>	X	
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	X	
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)? <i>If "Yes," complete Schedule D, Part X</i>	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>		X
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
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? <i>If "Yes," complete Schedule F, Parts I and IV</i>		X
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? <i>If "Yes," complete Schedule F, Parts II and IV</i>		X
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? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
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? <i>If "Yes," complete Schedule G, Part I</i>		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>		X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X

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Part IV Checklist of Required Schedules (continued)

	Yes	No
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	X	
20b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	X	
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	X	
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? If "Yes," complete Schedule I, Parts I and III		X
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? If "Yes," complete Schedule J	X	
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? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	X	
24b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		X
24c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		X
24d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		X
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? If "Yes," complete Schedule L, Part I		X
25b 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? If "Yes," complete Schedule L, Part I		X
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? If "Yes," complete Schedule L, Part II		X
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? If "Yes," complete Schedule L, Part III		X
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)		
28a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		X
28b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	X	
28c 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? If "Yes," complete Schedule L, Part IV		X
29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II		X
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? If "Yes," complete Schedule R, Part I		X
34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	X	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	X	
35b 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)? If "Yes," complete Schedule R, Part V, line 2	X	
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2		X
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? If "Yes," complete Schedule R, Part VI		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	X	

Note. All Form 990 filers are required to complete Schedule O

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

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
1c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	
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		
2b	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)	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	X	
3b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	X	
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)?		X
4b	If "Yes," enter the name of the foreign country <input type="text"/> 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?		X
5b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
5c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		
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?		X
6b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
7a	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?		X
7b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
7c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
7d	If "Yes," indicate the number of Forms 8282 filed during the year		
7e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
7f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
7g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
7h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
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?		
9	Sponsoring organizations maintaining donor advised funds.		
9a	Did the sponsoring organization make any taxable distributions under section 4966?		
9b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter:		
10a	Initiation fees and capital contributions included on Part VIII, line 12		
10b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
11	Section 501(c)(12) organizations. Enter:		
11a	Gross income from members or shareholders		
11b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
12b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		
13a	Section 501(c)(29) qualified nonprofit health insurance issuers.		
13a	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		
13b	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		
13c	Enter the amount of reserves on hand		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		X
14b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		

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Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 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.		
1b Enter the number of voting members included in line 1a, above, who are independent		
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?	X	
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?		X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5 Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6 Did the organization have members or stockholders?		X
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?		X
7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a The governing body?	X	
b Each committee with authority to act on behalf of the governing body?	X	
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		X

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?		X
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?		
11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
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	X	
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	X	
13 Did the organization have a written whistleblower policy?	X	
14 Did the organization have a written document retention and destruction policy?	X	
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	X	
b Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)	X	
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?	X	
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?	X	

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 Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 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 - 253-459-8331**
737 S FAWCETT, TACOMA, WA 98402

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, and 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 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) JOHN FOLSOM DIRECTOR	5.00 0.00	X						0.	0.	0.
(2) JOHN HALL TREASURER	5.00 0.00	X		X				0.	0.	0.
(3) SALLY B LEIGHTON SECRETARY	5.00 0.00	X		X				0.	0.	0.
(4) ROB R. ROTH, MD DIRECTOR	5.00 0.00	X						0.	0.	0.
(5) L. DALE SOWELL DIRECTOR	5.00 0.00	X						0.	0.	0.
(6) JANINE TERRANO DIRECTOR	5.00 0.00	X						0.	0.	0.
(7) DEEDRA WALKEY VICE CHAIR	5.00 0.00	X		X				0.	0.	0.
(8) JOHN WIBORG CHAIR	5.00 0.00	X		X				0.	0.	0.
(9) ROBERT A YOST DIRECTOR	5.00 0.00	X						0.	0.	0.
(10) WILLIAM ROBERTSON PRESIDENT & CEO	56.00 4.00			X				1,291,180.	0.	461,246.
(11) ANNA LOOMIS CFO	56.00 4.00			X				736,211.	0.	196,522.
(12) FLORENCE CHANG EXECUTIVE VICE PRESIDENT	60.00 0.00				X			964,833.	0.	189,864.
(13) DAVID CARLSON SRVP, PROVIDER ENTERPRISES & PRES MMA	58.00 2.00				X			628,164.	0.	60,238.
(14) DAVID O'BRIEN SRVP/CHIEF EXEC- EASTERN WA	60.00 0.00				X			441,050.	0.	10,530.
(15) LINDA CHEN PRESIDENT MARY BRIDGE	60.00 0.00				X			418,394.	0.	70,960.
(16) CHRISTI MCCARREN SRVP, RETAIL HEALTH&COMMUNI	58.00 2.00				X			553,233.	0.	28,983.
(17) TIM BRICKER SRVP/CHIEF EXEC-SOUTH SOUND REGION	60.00 0.00				X			600,119.	0.	95,048.

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 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			
(18) DAVID COONS PHYSICIAN	50.00 0.00					X		1,612,871.	0.	61,715.
(19) SURAJ SINGH PHYSICIAN	50.00 0.00					X		1,267,870.	0.	71,445.
(20) ROB TAMURIAN PHYSICIAN	50.00 0.00					X		1,034,514.	0.	53,136.
(21) BENJAMIN CHEN PHYSICIAN	50.00 0.00					X		1,060,583.	0.	26,218.
(22) JOHN HUNG PHYSICIAN	50.00 0.00					X		1,034,761.	0.	59,032.
(23) CLAIRE SPAIN-REMY FORMER SRVP, FORMER KEY EMPLOYEE	0.00 0.00						X	439,160.	0.	380.
(24) GLENN KASMAN FORMER REG. PRES. EAST	60.00 0.00						X	1,108,798.	0.	49,093.
(25) SHELLY MULLIN FORMER VP, FORMER KEY EMPLOYEE	0.00 0.00						X	527,946.	0.	33,657.
1b Sub-total								13,719,687.	0.	1,468,067.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								13,719,687.	0.	1,468,067.

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 **2,410**

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual	X	
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? If "Yes," complete Schedule J for such individual	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person		X

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 AVE., #204, TACOMA, WA 98418	MEDICAL	9,322,566.
SOUTH SOUND INPATIENT PHYSICIANS, PLLC P.O.BOX 742936, LOS ANGELES, CA 90074	MEDICAL	9,261,436.
TRAUMA TRUST P.O.BOX 5299, TACOMA, WA 98415	MEDICAL	6,903,035.
TRAVEL NURSE ACROSS AMERICA LLC, 5020 NORTHSHORE DR., N LITTLE ROCK, AZ 72118	STAFFING	6,731,065.
HEALTHCARE QUALITY CATALYST LLC, 3165 EAST MILLROCK DRIVE, SALT LAKE, UT 84121	ENTREPRISE SOFTWARE	6,510,191.

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 **202**

Part VIII Statement of RevenueCheck 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	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d	9,100,329.				
	e Government grants (contributions)	1e	27,235,340.				
	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			36,335,669.			
Program Service Revenue			Business Code				
	2 a HEALTHCARE SERVICES	622110	1,957,349,322.	1,957,147,842.	201,480.		
	b AMBULATORY SRVS & UCC	621493	213,695,853.	212,726,234.	969,619.		
	c OFFICES OF PHYSICIANS	621111	78,241,298.	78,241,298.			
	d HOME HEALTH	621610	10,373,534.	10,373,534.			
	e OUTPATIENT MENTAL HLTH	621420	7,296,357.	7,296,357.			
	f All other program service revenue	900099	6,804,882.	6,804,882.			
	g Total. Add lines 2a-2f		2,273,761,246.				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		27,182,923.			27,182,923.	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross rents	(i) Real (ii) Personal					
	b Less: rental expenses						
	c Rental income or (loss)						
	d Net rental income or (loss)						
	7 a Gross amount from sales of assets other than inventory	(i) Securities (ii) Other	28,173,928.				
	b Less: cost or other basis and sales expenses	0.					
	c Gain or (loss)	28,173,928.					
	d Net gain or (loss)		28,173,928.			28,173,928.	
	8 a 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						
	9 a Gross income from gaming activities. See Part IV, line 19	a					
	b Less: direct expenses	b					
	c Net income or (loss) from gaming activities						
10 a Gross sales of inventory, less returns and allowances	a	710,583.					
b Less: cost of goods sold	b	1,118,264.					
c Net income or (loss) from sales of inventory		-407,681.			-407,681.		
Miscellaneous Revenue		Business Code					
11 a							
b							
c							
d All other revenue							
e Total. Add lines 11a-11d							
12 Total revenue. See instructions.		2,365,046,085.	2,272,590,147.	1,171,099.	54,949,170.		

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

☒ X

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	8,430,980.	8,430,980.		
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	8,344,006.	6,978,673.	1,365,333.	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	673,295.	673,295.		
7 Other salaries and wages	1,025,900,869.	856,556,856.	169,344,013.	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	30,424,763.	25,446,349.	4,978,414.	
9 Other employee benefits	79,718,091.	66,673,793.	13,044,298.	
10 Payroll taxes	65,567,066.	54,200,385.	11,366,681.	
11 Fees for services (non-employees):				
a Management				
b Legal	5,769,875.	94,925.	5,674,950.	
c Accounting	587,145.		587,145.	
d Lobbying	304,090.		304,090.	
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 Sch O.)	233,623,352.	233,623,352.		
12 Advertising and promotion	4,928,850.	3,473,157.	1,455,693.	
13 Office expenses	10,481,439.	8,766,358.	1,715,081.	
14 Information technology				
15 Royalties				
16 Occupancy	39,826,024.	33,309,278.	6,516,746.	
17 Travel	9,428,839.	5,432,754.	3,996,085.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	90,840.	52,395.	38,445.	
20 Interest	35,681,265.	29,842,727.	5,838,538.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	127,291,113.	106,462,425.	20,828,688.	
23 Insurance	19,664,648.	16,446,915.	3,217,733.	
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	325,950,770.	314,755,674.	11,195,096.	
b WA HOSP. SAFETY NET PRO	40,451,634.	39,876,607.	575,027.	
c PROVISION FOR BAD DEBTS	36,476,586.	36,476,586.		
d LICENSES	33,703,437.	2,356,843.	31,346,594.	
e All other expenses	52,530,980.	41,123,362.	11,407,618.	
25 Total functional expenses. Add lines 1 through 24e	2,195,849,957.	1,891,053,689.	304,796,268.	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 ☐ if following SOP 98-2 (ASC 958-720)

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing		1	
	2 Savings and temporary cash investments	411,409,912.	2	357,444,178.
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	288,883,187.	4	362,510,903.
	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 instr). Complete Part II of Sch L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	22,007,719.	8	34,234,939.
	9 Prepaid expenses and deferred charges	15,748,758.	9	29,997,355.
	10a Land, buildings, and equipment - cost or other basis. Complete Part VI of Schedule D	10a 2,895,333,630.		
	b Less: accumulated depreciation	10b 1,280,326,487.	1,330,775,218.	10c 1,615,007,143.
	11 Investments - publicly traded securities	1,247,401,734.	11	1,452,694,844.
	12 Investments - other securities. See Part IV, line 11	119,851,945.	12	170,205,982.
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	168,035,151.	15	280,390,464.
16 Total assets. Add lines 1 through 15 (must equal line 34)	3,604,113,624.	16	4,302,485,808.	
Liabilities	17 Accounts payable and accrued expenses	280,005,523.	17	354,386,889.
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities	991,974,222.	20	1,287,092,589.
	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	123,955.	24	132,831.
	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	243,619,236.	25	232,846,265.
	26 Total liabilities. Add lines 17 through 25	1,515,722,936.	26	1,874,458,574.
	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		2,088,390,688.	27	2,428,027,234.
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		2,088,390,688.	33	2,428,027,234.
34 Total liabilities and net assets/fund balances		3,604,113,624.	34	4,302,485,808.

Form 990 (2017)

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,365,046,085.
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,195,849,957.
3	Revenue less expenses. Subtract line 2 from line 1	3	169,196,128.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	2,088,390,688.
5	Net unrealized gains (losses) on investments	5	121,739,490.
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	48,700,928.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	2,428,027,234.

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

	Yes	No
1 Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
2b 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	X	
2c 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.	X	
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?		X
3b 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		

Form **990** (2017)

Department of the Treasury
Internal Revenue Service

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

2017

Open to Public Inspection

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

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

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

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

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

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

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

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

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

9 ☐ An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university _____

10 ☐ An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2)**. (Complete Part III)

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

12 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)** See **section 509(a)(3)**. Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g

a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization **You must complete Part IV, Sections A and B.**

b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) **You must complete Part IV, Sections A and C.**

c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) **You must complete Part IV, Sections A, D, and E.**

d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) **You must complete Part IV, Sections A and D, and Part V.**

e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization

f Enter the number of supported organizations

g Provide the following information about the supported organization(s).

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

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 732021 10-06-17 Schedule A (Form 990 or 990-EZ) 2017

13

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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(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 2017 (line 6, column (f) divided by line 11, column (f))	14		%
15 Public support percentage from 2016 Schedule A, Part II, line 14	15		%
16a 33 1/3% support test - 2017. 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 - 2016. 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 - 2017. 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 - 2016. 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"/>			

Schedule A (Form 990 or 990-EZ) 2017

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(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 2017 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2016 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2017 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2016 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2017. 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 - 2016. 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 in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? 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.		
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).		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.		
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.		
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.		
4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.		
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.		
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.		
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).		
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?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI .		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
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 I of Schedule L (Form 990 or 990-EZ).		
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 .		
b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .		
c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.		
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.)		

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
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		

Section B. Type I Supporting Organizations

	Yes	No
1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? 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		
1		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? 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		
2		

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? 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)		
1		

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

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

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

- 1 ☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI.) See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions)		

Schedule A (Form 990 or 990-EZ) 2017

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 2017 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-2017	(iii) Distributable Amount for 2017
1 Distributable amount for 2017 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2017 (reasonable cause required; explain in Part VI). See instructions			
3 Excess distributions carryover, if any, to 2017			
a From 2012			
b From 2013			
c From 2014			
d From 2015			
e From 2016			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2017 distributable amount			
i Carryover from 2012 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2017 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2017 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2017, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI . See instructions			
6 Remaining underdistributions for 2017. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI . See instructions.			
7 Excess distributions carryover to 2018. Add lines 3j and 4c			
8 Breakdown of line 7			
a Excess from 2013			
b Excess from 2014			
c Excess from 2015			
d Excess from 2016			
e Excess from 2017			

Schedule A (Form 990 or 990-EZ) 2017

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.)

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)**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
(1) MULTICARE HEALTH FOUNDATION	B	1,757,352.	ACCRUAL
(2) MARY BRIDGE CHILDREN'S FOUNDATION	B	3,576,853.	ACCRUAL
(3) GOOD SAMARITAN FOUNDATION	B	1,500,626.	ACCRUAL
(4) MULTICARE SOUTH KING HEALTH FOUNDATION	B	1,095,315.	ACCRUAL
(5) MULTICARE HEALTH FOUNDATION	C	2,741,342.	ACCRUAL
(6) MARY BRIDGE CHILDREN'S FOUNDATION	C	4,943,080.	ACCRUAL

SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527
▶ **Complete if the organization is described below. ▶ Attach to Form 990 or Form 990-EZ.**
▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

OMB No 1545-0047

2017

**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 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 campaign activity expenditures ▶ \$ _____
- 3 Volunteer hours for political campaign activities _____

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?
☐ Yes ☐ No
- 4a Was a correction made?
☐ Yes ☐ 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? ☐ Yes ☐ 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-

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

Schedule C (Form 990 or 990-EZ) 2017

LHA

732041 11-09-17

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			
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) 2014	(b) 2015	(c) 2016	(d) 2017	(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					

Schedule C (Form 990 or 990-EZ) 2017

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

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

	(a)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers?		X	
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		X	
c Media advertisements?		X	
d Mailings to members, legislators, or the public?		X	
e Publications, or published or broadcast statements?		X	
f Grants to other organizations for lobbying purposes?		X	
g Direct contact with legislators, their staffs, government officials, or a legislative body?	X		304,090.
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X	
i Other activities?		X	
j Total. Add lines 1c through 1i			304,090.
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X	
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

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

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

Part IV Supplemental InformationProvide 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
PART II-B, LINE 1, LOBBYING ACTIVITIES:

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 D
(Form 990)Department of the Treasury
Internal Revenue Service**Supplemental Financial Statements**▶ Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
▶ Attach to Form 990.▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047

2017Open 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?		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?		<input type="checkbox"/> Yes <input type="checkbox"/> No

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

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

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or education)	<input type="checkbox"/> Preservation of a historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	

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

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

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

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

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

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

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

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

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8

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

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

(i) Revenue included on Form 990, Part VIII, line 1	▶ \$ _____
(ii) Assets included in Form 990, Part X	▶ \$ _____

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

a Revenue included on Form 990, Part VIII, line 1	▶ \$ _____
b Assets included in Form 990, Part X	▶ \$ _____

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Schedule D (Form 990) 2017

732051 10-09-17

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

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

- a ☐ Public exhibition
 b ☐ Scholarly research
 c ☐ Preservation for future generations

- d ☐ Loan or exchange programs
 e ☐ Other _____

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

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

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

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

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

- c Beginning balance
 d Additions during the year
 e Distributions during the year
 f Ending balance

	Amount
1c	
1d	
1e	
1f	

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☐ Yes ☐ No

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

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

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a					
b					
c					
d					
e					
f					
g					

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

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

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

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

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		101,059,869.		101,059,869.
b Buildings		1,707,740,890.	663,760,817.	1,043,980,073.
c Leasehold improvements		90,113,548.	56,904,960.	33,208,588.
d Equipment		833,219,643.	559,660,710.	273,558,933.
e Other		163,199,680.		163,199,680.
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10c)				1,615,007,143.

Schedule D (Form 990) 2017

Part VII Investments - Other Securities.

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		

Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶

Part VIII Investments - Program Related.

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

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		

Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶

Part IX Other Assets.

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

(a) Description	(b) Book value
(1) OTHER ASSETS	279,172,717.
(2) MARK TO MARKET BASIS SWAP	511,830.
(3) BONDS HELD IN TRUST	705,917.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	

Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶

280,390,464.

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) ACCRUED INTEREST PAYABLE	12,652,783.
(3) DUE TO AFFILIATES	24,896,851.
(4) ACCRUED PENSION AND MALPRACTICE LIABILITY	132,813,117.
(5) INTEREST RATE SWAP	62,483,514.
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	232,846,265.

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

Schedule D (Form 990) 2017

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.

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,

Part XIII Supplemental Information (continued)

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. AND ROCKWOOD CLINIC, WHICH ARE

TAXABLE CORPORATIONS, 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."

**SCHEDULE H
(Form 990)**Department of the Treasury
Internal Revenue Service**Hospitals**

- ▶ **Complete if the organization answered "Yes" on Form 990, Part IV, question 20.**
▶ **Attach to Form 990.**
▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

OMB No 1545-0047

2017**Open to Public
Inspection**

Name of the organization

MULTICARE HEALTH SYSTEM

Employer identification number

91-1352172

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	X	
1b If "Yes," was it a written policy?	X	
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 checked="" 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 free care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care: <input type="checkbox"/> 100% <input type="checkbox"/> 150% <input type="checkbox"/> 200% <input checked="" type="checkbox"/> Other 300 %	X	
b Did the organization use FPG as a factor in determining eligibility for providing discounted 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 checked="" type="checkbox"/> Other 500 %	X	
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"?	X	
5a Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	X	
b If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?		X
c If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?		
6a Did the organization prepare a community benefit report during the tax year?	X	
b If "Yes," did the organization make it available to the public?	X	

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)			31,818,147.		31,818,147.	1.47%
b Medicaid (from Worksheet 3, column a)			583,327,000.	366,928,000.	216,399,000.	10.02%
c Costs of other means-tested government programs (from Worksheet 3, column b)			0.	0.		
d Total Financial Assistance and Means-Tested Government Programs			615,145,147.	366,928,000.	248,217,147.	11.49%
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)	33	65,778	14,241,584.	1,081,726.	13,159,858.	.61%
f Health professions education (from Worksheet 5)	8	210	16,637,026.	293,753.	16,343,273.	.76%
g Subsidized health services (from Worksheet 6)	28	79,870	60,762,929.	24,154,199.	36,608,730.	1.70%
h Research (from Worksheet 7)	1	1	855,760.	185,706.	670,054.	.03%
i Cash and in-kind contributions for community benefit (from Worksheet 8)	2	155	1,503,070.		1,503,070.	.07%
j Total. Other Benefits	72	146,014	94,000,369.	25,715,384.	68,284,985.	3.17%
k Total. Add lines 7d and 7j	72	146,014	709,145,516.	392,643,384.	316,502,132.	14.66%

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Schedule H (Form 990) 2017

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

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1 Physical improvements and housing	2	11	1,078,862.	66,180.	1,012,682.	.05%
2 Economic development						
3 Community support						
4 Environmental improvements						
5 Leadership development and training for community members						
6 Coalition building						
7 Community health improvement advocacy	4	845,418	1,226,756.	19,003.	1,207,753.	.06%
8 Workforce development						
9 Other						
10 Total	6	845,429	2,305,618.	85,183.	2,220,435.	.11%

Part III	Bad Debt, Medicare, & Collection Practices
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Section A. Bad Debt Expense

Section A. Bad Debt Expense			Yes	No
1	Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?		1	X
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.			
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.			
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	322,623,397.
6	Enter Medicare allowable costs of care relating to payments on line 5	6	369,524,191.
7	Subtract line 6 from line 5. This is the surplus (or shortfall)	7	-46,900,794.

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.

☐ Cost accounting system ☒ Cost to charge ratio ☐ Other

Section C. Collection Practices

9a Did the organization have a written debt collection policy during the tax year?	9a	x	
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	x	

Part IV Management Companies and Joint Ventures (owned 10% or more by officers, directors, trustees, key employees, and physicians - see instructions)		55		
---	--	----	--	--

[illegible]

Part V	Facility Information
---------------	-----------------------------

Section A Hospital Facilities

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

How many hospital facilities did the organization operate during the tax year? 7

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)

[illegible]

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

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

Name of hospital facility or letter of facility reporting group FACILITY REPORTING GROUP - ALine number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A): 1, 2, 4, 6, 7

	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?		X
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		X
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	X	
If "Yes," indicate what the CHNA report describes (check all that apply)		
a <input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
b <input checked="" type="checkbox"/> Demographics of the community		
c <input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d <input checked="" type="checkbox"/> How data was obtained		
e <input checked="" type="checkbox"/> The significant health needs of the community		
f <input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g <input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h <input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
i <input checked="" type="checkbox"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)		
j <input type="checkbox"/> Other (describe in Section C)		
4 Indicate the tax year the hospital facility last conducted a CHNA. 20 <u>16</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	X	
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	X	
b Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C	X	
7 Did the hospital facility make its CHNA report widely available to the public?	X	
If "Yes," indicate how the CHNA report was made widely available (check all that apply)		
a <input checked="" type="checkbox"/> Hospital facility's website (list url): <u>HTTP://WWW.MULTICARE.ORG/COMMUNITY-HEALTH-NEEDS-ASSESSMENT/</u>		
b <input type="checkbox"/> Other website (list url): _____		
c <input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
d <input checked="" type="checkbox"/> Other (describe in Section C)		
8 Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11	X	
9 Indicate the tax year the hospital facility last adopted an implementation strategy. 20 <u>16</u>		
10 Is the hospital facility's most recently adopted implementation strategy posted on a website?	X	
a If "Yes," (list url): <u>HTTP://WWW.MULTICARE.ORG/COMMUNITY-HEALTH-NEEDS-ASSESSMENT/</u>		
b If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?		
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)?		X
b If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax?		
c If "Yes" to line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$		

Part V Facility Information (continued)**Financial Assistance Policy (FAP)**Name of hospital facility or letter of facility reporting group FACILITY REPORTING GROUP - A

	Yes	No
Did the hospital facility have in place during the tax year a written financial assistance policy that		
13 Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care?	X	
If "Yes," indicate the eligibility criteria explained in the FAP.		
a <input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>300</u> % and FPG family income limit for eligibility for discounted care of <u>500</u> %		
b <input type="checkbox"/> Income level other than FPG (describe in Section C)		
c <input type="checkbox"/> Asset level		
d <input checked="" type="checkbox"/> Medical indigency		
e <input checked="" type="checkbox"/> Insurance status		
f <input checked="" type="checkbox"/> Underinsurance status		
g <input type="checkbox"/> Residency		
h <input type="checkbox"/> Other (describe in Section C)		
14 Explained the basis for calculating amounts charged to patients?	X	
15 Explained the method for applying for financial assistance?	X	
If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply)		
a <input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application		
b <input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application		
c <input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process		
d <input type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
e <input type="checkbox"/> Other (describe in Section C)		
16 Was widely publicized within the community served by the hospital facility?	X	
If "Yes," indicate how the hospital facility publicized the policy (check all that apply)		
a <input checked="" type="checkbox"/> The FAP was widely available on a website (list url) <u>HTTP://WWW.MULTICARE.ORG/FINANCIAL-ASSISTANCE/</u>		
b <input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url) <u>SEE PART V, PAGE 8</u>		
c <input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url) <u>SEE PART V, PAGE 8</u>		
d <input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
e <input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)		
f <input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
g <input checked="" type="checkbox"/> Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention		
h <input type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP		
i <input checked="" type="checkbox"/> The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations		
j <input checked="" type="checkbox"/> Other (describe in Section C)		

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Part V Facility Information (continued)**Billing and Collections**Name of hospital facility or letter of facility reporting group FACILITY REPORTING GROUP - A

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

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Part V Facility Information (continued)**Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)**Name of hospital facility or letter of facility reporting group FACILITY REPORTING GROUP - A**22** Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care.

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

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

If "Yes," explain in Section C

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

If "Yes," explain in Section C

	Yes	No
23		x
24		x

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

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

Name of hospital facility or letter of facility reporting group FACILITY REPORTING GROUP - BLine number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A): 3, 5

	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?		X
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	X	
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):		X
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"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)		
j <input type="checkbox"/> Other (describe in Section C)		
4 Indicate the tax year the hospital facility last conducted a CHNA <u>20</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		
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		
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		
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):		
a <input type="checkbox"/> Hospital facility's website (list url):		
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)		
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		
9 Indicate the tax year the hospital facility last adopted an implementation strategy. <u>20</u>		
10 Is the hospital facility's most recently adopted implementation strategy posted on a website?		
a If "Yes," (list url):		
b If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?		
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)?		X
b If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax?		
c If "Yes" to line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$		

Part V Facility Information (continued)**Financial Assistance Policy (FAP)**Name of hospital facility or letter of facility reporting group FACILITY REPORTING GROUP - B

	Yes	No
Did the hospital facility have in place during the tax year a written financial assistance policy that:		
13 Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care?	X	
If "Yes," indicate the eligibility criteria explained in the FAP:		
a <input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>150</u> % and FPG family income limit for eligibility for discounted care of <u>300</u> %		
b <input type="checkbox"/> Income level other than FPG (describe in Section C)		
c <input checked="" type="checkbox"/> Asset level		
d <input checked="" type="checkbox"/> Medical indigency		
e <input checked="" type="checkbox"/> Insurance status		
f <input checked="" type="checkbox"/> Underinsurance status		
g <input type="checkbox"/> Residency		
h <input type="checkbox"/> Other (describe in Section C)		
14 Explained the basis for calculating amounts charged to patients?	X	
15 Explained the method for applying for financial assistance?	X	
If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply):		
a <input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application		
b <input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application		
c <input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process		
d <input type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
e <input type="checkbox"/> Other (describe in Section C)		
16 Was widely publicized within the community served by the hospital facility?	X	
If "Yes," indicate how the hospital facility publicized the policy (check all that apply):		
a <input checked="" type="checkbox"/> The FAP was widely available on a website (list url) <u>HTTP://WWW.MULTICARE.ORG/FINANCIAL-ASSISTANCE/</u>		
b <input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url) <u>SEE PART V, PAGE 8</u>		
c <input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url) <u>SEE PART V, PAGE 8</u>		
d <input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
e <input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)		
f <input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
g <input checked="" type="checkbox"/> Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention		
h <input type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP		
i <input checked="" type="checkbox"/> The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations		
j <input checked="" type="checkbox"/> Other (describe in Section C)		

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Part V Facility Information (continued)**Billing and Collections**Name of hospital facility or letter of facility reporting group **FACILITY REPORTING GROUP - B**

- 17** Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon nonpayment?
- 18** Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP.
- a ☐ Reporting to credit agency(ies)
- b ☐ Selling an individual's debt to another party
- c ☐ Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP
- d ☐ Actions that require a legal or judicial process
- e ☐ Other similar actions (describe in Section C)
- f ☒ None of these actions or other similar actions were permitted
- 19** Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP?
- If "Yes," check all actions in which the hospital facility or a third party engaged.
- a ☐ Reporting to credit agency(ies)
- b ☐ Selling an individual's debt to another party
- c ☐ Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP
- d ☐ Actions that require a legal or judicial process
- e ☐ 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 ☒ Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the FAP at least 30 days before initiating those ECAs
- b ☒ Made a reasonable effort to orally notify individuals about the FAP and FAP application process
- c ☒ Processed incomplete and complete FAP applications
- d ☒ Made presumptive eligibility determinations
- e ☐ Other (describe in Section C)
- f ☐ None of these efforts were made

	Yes	No
17	X	
18		
19		X
20		

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:
- a ☐ The hospital facility did not provide care for any emergency medical conditions
- b ☐ The hospital facility's policy was not in writing
- c ☐ The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)
- d ☐ Other (describe in Section C)

	Yes	No
21	X	
22		

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Part V Facility Information (continued)**Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)**Name of hospital facility or letter of facility reporting group FACILITY REPORTING GROUP - B**22** Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care.

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

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

If "Yes," explain in Section C.

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

If "Yes," explain in Section C.

	Yes	No
23		X
24		X

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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, 16j, 18e, 19e, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

FACILITY REPORTING GROUP - A

PART V, LINE 16B, FAP APPLICATION WEBSITE:

HTTP://WWW.MULTICARE.ORG/FINANCIAL-ASSISTANCE/

FACILITY REPORTING GROUP - B

PART V, LINE 16B, FAP APPLICATION WEBSITE:

HTTP://WWW.MULTICARE.ORG/FINANCIAL-ASSISTANCE/

FACILITY REPORTING GROUP - A

PART V, LINE 16C, FAP PLAIN LANGUAGE SUMMARY WEBSITE:

HTTP://WWW.MULTICARE.ORG/FINANCIAL-ASSISTANCE/

FACILITY REPORTING GROUP - B

PART V, LINE 16C, FAP PLAIN LANGUAGE SUMMARY WEBSITE:

HTTP://WWW.MULTICARE.ORG/FINANCIAL-ASSISTANCE/

SCHEDULE H, PART V, SECTION B. FACILITY REPORTING GROUP A

FACILITY REPORTING GROUP A CONSISTS OF:

- FACILITY 1: MULTICARE TACOMA GENERAL HOSPITAL (TG)
- FACILITY 4: MULTICARE AUBURN MEDICAL CENTER (AUBURN)
- FACILITY 6: MULTICARE ALLENMORE HOSPITAL (ALLENMORE)
- FACILITY 7: MARY BRIDGE CHILDREN'S HOSPITAL (M.BRIDGE)
- FACILITY 2: MULTICARE GOOD SAMARITAN HOSPITAL (GOODSAM)

GROUP A-FACILITY 1 -- 2,4,6,7 TG,GOODSAM,AUBURN,ALLENMORE,M.BR

PART V, SECTION B, LINE 5: MULTICARE HEALTH SYSTEM (MULTICARE) WORKED

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, 16j, 18e, 19e, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

WITH TACOMA-PIERCE COUNTY HEALTH DEPARTMENT AND PUBLIC HEALTH SEATTLE-KING

COUNTY TO CONDUCT A COMPREHENSIVE COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA)

IN ITS HOSPITAL SERVICE AREAS, FEATURING INPUT FROM COMMUNITY LEADERS AND

RESIDENTS REPRESENTING MULTIPLE SECTORS AND POPULATION GROUPS. IT INCLUDES

PRIMARY DATA GATHERED FROM A COMMUNITY SURVEY, WORKSHOPS, AND STAKEHOLDER

INTERVIEWS, IN ADDITION TO INFORMATION COLLECTED FROM SECONDARY

QUANTITATIVE SOURCES.

COMMUNITY SURVEY:

MORE THAN 700 PIERCE COUNTY AND SOUTH KING COUNTY RESIDENTS WERE SURVEYED

ABOUT THEIR COMMUNITY HEALTH NEEDS. THE SURVEY, CONDUCTED IN 2015, SOUGHT

RESIDENTS' VIEWS ON HEALTH STATUS, SOCIAL CONNECTEDNESS, HEALTHCARE, AND

OTHER ISSUES THAT IMPACT QUALITY OF LIFE.

COMMUNITY ENGAGEMENT PROCESS:

TO COMPLEMENT THE COMMUNITY SURVEY, A COMMUNITY ENGAGEMENT PROCESS FURTHER

SOLICITED INPUT FROM THE PUBLIC. THIS PROCESS INCLUDED THREE STAGES:

1. CONDUCTING KEY LEADER INTERVIEWS, NOTING OVERARCHING THEMES;

2. HOLDING COMMUNITY WORKSHOPS, DOCUMENTING MOST IMPORTANT ISSUES

ACCORDING TO RESIDENTS;

3. INVITING KEY STAKEHOLDERS TO REFLECT ON AND PRIORITIZE HEALTH NEEDS FOR

EACH MULTICARE HOSPITAL.

GROUPS WERE FACILITATED BY THE HEALTH DEPARTMENT AND MULTICARE HEALTH

SYSTEM.

KEY LEADER INTERVIEWS:

A SERIES OF INTERVIEWS WERE HELD TO SOLICIT INPUT ON THE STRENGTHS,

ASSETS, RESOURCES, AND HEALTH PRIORITIES IN THE MULTICARE HOSPITAL SERVICE

AREAS. SEVEN INDIVIDUAL INTERVIEWS WERE CONDUCTED IN PIERCE COUNTY, AND IN

KING COUNTY, A TOTAL OF 11 COALITIONS AND 99 INDIVIDUALS OR KEY INFORMANTS

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, 16j, 18e, 19e, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility

PROVIDED INFORMATION. LEADERS REPRESENTED MULTIPLE SECTORS, INCLUDING

LOCAL GOVERNMENT, EDUCATION, BUSINESS, SOCIAL AND HEALTH SERVICES, AND THE

MILITARY. MANY OF THESE LEADERS REPRESENTED COMMUNITY ORGANIZATIONS THAT

SERVE LOW-INCOME AND MINORITY RESIDENTS. QUESTIONS ASKED INCLUDED:

1. WHAT ARE THE MAIN CONCERNS YOU OR YOUR ORGANIZATION HAS ABOUT THE

HEALTH OF RESIDENTS RIGHT NOW? HOW ARE YOU [THE ORGANIZATION] INVOLVED IN

ADDRESSING THESE CONCERNS?

2. WHAT ARE THE PEOPLE, PLACES, AND THINGS THAT MAKE YOUR COMMUNITY

HEALTHY, SAFE, AND STRONG? PLEASE TELL US WHY THESE PEOPLE, PLACES, AND

THINGS ARE IMPORTANT. [THESE COULD INCLUDE ORGANIZATIONS, LEADERS,

COALITIONS, INITIATIVES, POLICIES, OR PHYSICAL/ENVIRONMENTAL ATTRIBUTES.]

3. WHAT PROGRAMS OR PROJECTS ARE HAPPENING OR PLANNED THAT ARE MOST

RELEVANT TO THE IDENTIFIED NEEDS?

4. HOW CAN HOSPITALS AND HEALTH SYSTEMS BE INVOLVED IN ADDRESSING THE

ISSUES YOU HAVE IDENTIFIED?

5. WHAT ARE THE MOST SIGNIFICANT GAPS IN RESOURCES, COORDINATION, ETC. IN

THIS AREA?

KEY COMMUNITY LEADERS & ORGANIZATIONS INVOLVED IN THE 2016 CHNA INCLUDE:

CINDAN GIZZI, COMMUNITY ASSESSMENT MANAGER, TACOMA-PIERCE COUNTY HEALTH

DEPARTMENT

KAREN MEYER, COMMUNITY LIAISON SPECIALIST, TACOMA-PIERCE COUNTY HEALTH

DEPARTMENT

INGRID PAYNE, PROJECT MANAGER, TACOMA-PIERCE COUNTY HEALTH DEPARTMENT

ANNIE JONES BARNES, NORTHWEST LEADERSHIP FOUNDATION

DONA PONEPINTO, UNITED WAY OF PIERCE COUNTY

LYLE QUASIM, BLACK COLLECTIVE

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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, 16j, 18e, 19e, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

MARILEE HILL-ANDERSON, SUMNER SCHOOL DISTRICT

PAT JOHNSON, MAYOR OF BUCKLEY

TIFFANY SPIER, SOUTH SOUND MILITARY AND COMMUNITIES PARTNERSHIP

TRACEY DETTY, TACOMA POLICE DEPARTMENT

EASTSIDE HUMAN SERVICES FORUM

NORTH URBAN HUMAN SERVICES ALLIANCE

SEATTLE HUMAN SERVICES COALITION

SOUTH KING COUNTY COUNCIL OF HUMAN SERVICES

KING COUNTY TRAFFIC SAFETY TASK FORCE

SAFE STREETS SEATTLE/SOUTH KING COUNTY

SAFE KIDS EASTSIDE

CENTRAL REGION EMS & TRAUMA CARE COUNCIL

BEHAVIORAL HEALTH PARTNERSHIP GROUP

ALAN ABE, PROGRAM MANAGER - INJURY PREVENTION, KING COUNTY EMERGENCY

MEDICAL SERVICES

CAROL ALLEN, COORDINATOR, ACCESS TO BABY AND CHILD DENTISTRY PROGRAM,

PUBLIC HEALTH-SEATTLE & KING

COUNTY

JENNIFER DEYOUNG, HEALTH REFORM ANALYST, PUBLIC HEALTH-SEATTLE & KING

COUNTY

TONY GOMEZ, RS, MANAGER, VIOLENCE AND INJURY PREVENTION, PUBLIC

HEALTH-SEATTLE & KING COUNTY

SCOTT NEAL, TOBACCO PROGRAM MANAGER, PUBLIC HEALTH-SEATTLE & KING COUNTY

LISA PODELL, INTERIM HEALTH REFORM ANALYST, PUBLIC HEALTH-SEATTLE & KING

COUNTY

WHITNEY TAYLOR, FIREARM VIOLENCE PREVENTION/CHILD FATALITY REVIEW PROGRAM

MANAGER, PUBLIC HEALTH-SEATTLE & KING COUNTY

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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, 16j, 18e, 19e, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

COMMUNITY WORKSHOPS:

SEVEN COMMUNITY WORKSHOPS WERE HELD THROUGHOUT PIERCE COUNTY. PARTICIPANTS

WERE ASKED TO CONSIDER THE FOLLOWING QUESTIONS:

1. HOW DO YOU DEFINE A HEALTHY COMMUNITY (OR NEIGHBORHOOD)?

2. WHAT DO YOU THINK ARE THE STRENGTHS AND ASSETS OF YOUR COMMUNITY?

3. WHAT DO YOU THINK MAKES IT CHALLENGING TO BE HEALTHY HERE? OR, WHAT ARE

THE BARRIERS TO BEING HEALTHY?

4. WHAT DO YOU NEED TO BE HEALTHY?

PARTICIPANTS AT COMMUNITY WORKSHOPS WERE DIVERSE IN TERMS OF

RACE/ETHNICITY, AGE, AND SOCIOECONOMIC STATUS.

INTERNAL STAKEHOLDER REVIEW MEETINGS:

FINALLY, THE ASSESSMENT PROCESS INVOLVED INVITING KEY LEADERS AT MULTICARE

TO REVIEW THE RESULTS OF THE PREVIOUS COMMUNITY INPUT, AS WELL AS RELEVANT

HEALTH INDICATOR DATA, IN MAY OF 2016. DURING THESE MEETINGS, PHYSICIAN,

NURSE, CLINIC, AND OUTPATIENT LEADERS WERE PRESENTED WITH SELECTED HEALTH

PRIORITIES FOR EACH HOSPITAL, AS DETERMINED BY THE RESPECTIVE HEALTH

DEPARTMENTS USING THE FOLLOWING CRITERIA:

"WAS A HEALTH CONCERN OR INDICATOR SIGNIFICANTLY WORSE IN THE HOSPITAL

SERVICE AREA THAN IN THE STATE?

"WERE RELATIVELY LARGE NUMBERS OF PEOPLE IMPACTED BY A HEALTH CONCERN OR

INDICATOR?

"WAS A HEALTH CONCERN REPEATEDLY VOICED DURING THE COMMUNITY ENGAGEMENT

PORTION OF THE ASSESSMENT (E.G., SURVEY, WORKSHOPS OR INTERVIEWS)?

GROUP A-FACILITY 1 -- 2,4,6,7 TG,GOODSAM,AUBURN,ALLENMORE,M.BR

PART V, SECTION B, LINE 6A: THE HOSPITAL FACILITY'S CHNA WAS CONDUCTED

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, 16j, 18e, 19e, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility

WITH MORE HOSPITAL FACILITIES, AS FOLLOWS:

TACOMA GENERAL HOSPITAL

GOOD SAMARITAN HOSPITAL

AUBURN MEDICAL CENTER

ALLENMORE HOSPITAL

MARY BRIDGE CHILDREN'S HOSPITAL

GROUP A-FACILITY 1 -- 2, 4, 6, 7 TG, GOODSAM, AUBURN, ALLENMORE, M.BR

PART V, SECTION B, LINE 6B: THE HOSPITAL FACILITY'S CHNA WAS CONDUCTED

WITH ORGANIZATIONS OTHER THAN THE HOSPITAL FACILITIES AS FOLLOWS:

TACOMA PIERCE COUNTY HEALTH DEPARTMENT

CHI FRANCISCAN HEALTH

GROUP A-FACILITY 1 -- 2, 4, 6, 7 TG, GOODSAM, AUBURN, ALLENMORE, M.BR

PART V, SECTION B, LINE 7D: THE CHNA IS BROADLY DISTRIBUTED TO COMMUNITY

PARTNERS, WHO SHARE THESE REPORTS INTERNALLY AND EXTERNALLY; THROUGH A

COMPUTER-BASED LEARNING MODULE AVAILABLE TO MULTICARE EMPLOYEES; AND

THROUGH PRESENTATIONS WITH COMMUNITY GROUPS, INCLUDING LOCAL UNIVERSITIES,

COMMUNITY SERVICE ORGANIZATIONS, COMMUNITY COALITIONS, REGIONAL BOARDS AND

COUNCILS, HOSPITAL LEADERS, AND DEPARTMENTAL STAFF.

GROUP A-FACILITY 1 -- 2, 4, 6, 7 TG, GOODSAM, AUBURN, ALLENMORE, M.BR

PART V, SECTION B, LINE 11: WE ARE ADDRESSING ALL OF THE SIGNIFICANT

HEALTH NEEDS IDENTIFIED BY THE CHNA.

THE TOP COMMUNITY HEALTH PRIORITIES FROM THE 2016 CHNA WERE:

"ACCESS TO CARE, INCLUDING WOMEN'S HEALTH AND ORAL HEALTH CARE SERVICES

"OBESITY

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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, 16j, 18e, 19e, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

"TOBACCO USE

"BEHAVIORAL HEALTH

"CHILDHOOD IMMUNIZATIONS

"CULTURAL COMPETENCY

ACCESS TO CARE - MULTICARE TACOMA GENERAL, ALLENMORE, GOOD SAMARITAN, AND

AUBURN MEDICAL CENTER ARE FOCUSING THEIR ATTENTION ON ADDRESSING CARE

ACCESS. MULTICARE CURRENTLY SUPPORTS CARE ACCESS THROUGH COMMUNITY

PARTNERSHIPS, INCLUDING PROJECT ACCESS, WHICH PROVIDES MEDICAL AND DENTAL

CARE FOR UNINSURED AND LOW-INCOME INDIVIDUALS; MEDICAL TEAMS

INTERNATIONAL, WHICH OFFERS NO-COST URGENT DENTAL CARE SERVICES; AND

TRINITY NEIGHBORHOOD HEALTH CLINIC, WHICH OFFERS FREE MEDICAL CARE.

WE PROVIDE FINANCIAL SUPPORT FOR COMMUNITY HEALTH CARE CLINIC NETWORK, IN

ADDITION TO FUNDING AND OPERATING 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 PROVIDE A RANGE OF PRIMARY CARE AND OB/GYN MEDICAL SERVICES

TO LOW-INCOME INDIVIDUALS. 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, AND UPCOMING APPOINTMENTS. THEY ARE ALSO ABLE TO COMMUNICATE

DIRECTLY WITH THEIR HEALTH CARE PROVIDER AND MAKE AN APPOINTMENT AT A

CLINIC LOCATED CLOSE TO THEIR HOME.

COMMUNITY-BASED MULTICARE SERVICES INCLUDE NUTRITION CONSULTATION, WEIGHT

MANAGEMENT, SPORTS NUTRITION, COMMUNITY OUTREACH, TOBACCO CESSATION

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, 16j, 18e, 19e, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc) and name of hospital facility

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 LGBT YOUTH,

SENIOR WELLNESS AND CORPORATE WELLNESS PROGRAMS.

THE FOLLOWING STRATEGIES AND ACTIVITIES WILL BE EMPLOYED TO INCREASE

ACCESS TO HEALTH CARE SERVICES FOR ALL MEMBERS OF THE COMMUNITY:

WOMEN'S HEALTH- 1. EXPLORE THE DEVELOPMENT OF A COMMUNITY RESOURCE

TOOLKIT THAT FOCUSES ON HPV PREVENTION AND SCREENING. 2. EXPLORE PROMOTING

WOMEN'S HEALTH SERVICES AT COMMUNITY OUTREACH EVENTS. 3. PROMOTE BREAST

HEALTH IN PARTNERSHIP WITH THE CAROL MILGARD BREAST CENTER (CMBC),

THROUGH: EXPLORING THE USE OF MOBILE MAMMOGRAPHY CLINICS IN HIGH-NEEDS

AREAS, INCLUDING LOCAL TRIBES; AND SUPPORTING NO-COST MAMMOGRAPHY

SCREENINGS. 4. REACH NEWLY ELIGIBLE MEDICAID AND APPLE HEALTH ENROLLEES AT

SECOND-ANNUAL CMBC COORDINATED CARE EVENT. 5. EXPLORE SUPPORTING FUTURE

FOCUS GROUPS DEDICATED TO ASSESSING BARRIERS AND OPPORTUNITIES FOR BREAST

HEALTH IN LATINA COMMUNITIES.

ORAL HEALTH- 1. CONTINUE TO SUPPORT MEDICAL TEAMS INTERNATIONAL'S MOBILE

DENTAL PROGRAM THROUGH REFERRALS AND SHARED MARKETING EFFORTS. 2. EXPLORE

INCREASED SHARED MARKETING EFFORTS TO PROMOTE LINDQUIST DENTAL CLINIC FOR

CHILDREN (LDCC) THAT MAY INCLUDE SOCIAL MEDIA, CO-LINKING WEBSITES,

MATERIALS, AND PRESENCE AT COMMUNITY EVENTS. 3. EXPLORE THE CREATION OF AN

EPIC SMARTPHRASE TO REFER YOUTH IN NEED TO LDCC. 4. EXPLORE PARTNERSHIPS

BETWEEN LDCC AND MULTICARE WIC CLINICS, PRENATAL AND PRIMARY CARE, AND

OTHER DEPARTMENTS AND PROGRAMS.

OBESITY - ALL OF MULTICARE'S HOSPITALS WILL CONTINUE TO ADDRESS THE

GROWING PROBLEM OF CHILDHOOD AND ADULT OBESITY. MULTICARE PARTNERS WITH

COMMUNITY ORGANIZATIONS SUCH AS FIRST 5 FUNDAMENTALS TO SUPPORT HEALTHY

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, 16j, 18e, 19e, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility

CHILDREN AND FAMILIES; COMMUNITIES IN SCHOOLS OF TACOMA AND PUYALLUP,

WHICH WORKS TO IMPROVE PHYSICAL HEALTH OUTCOMES FOR STUDENTS; AND PACIFIC

LUTHERAN UNIVERSITY FOUNDATION TEAMS PROGRAM, WHICH SUPPORTS HEALTHY

LIFESTYLES FOR SENIORS. THE FOLLOWING STRATEGIES AND ACTIVITIES WILL BE

IMPLEMENTED: 1. PROMOTE COMMUNITY AWARENESS AND UNDERSTANDING OF THE

READY, SET, GO! 5210 (RSG! 5210) PROGRAM AND MESSAGE. 2. INCREASE

COLLABORATION WITH COMMUNITY PARTNERS ON PROGRAMS AND POLICIES TO IMPROVE

THE HEALTH OF OUR COMMUNITY. 3. SURVEILLANCE OF PARTICIPATION AT COMMUNITY

PROGRAMS, CLASSES, AND EVENTS, INCLUDING: THE WOMEN, INFANTS, AND CHILDREN

(WIC) PROGRAM AND CLASSES; EMPOWERING WOMEN FOR WELLNESS; FAMILY WELLNESS

WORKSHOPS; POWERCOOK CLASSES; AND OTHER RELATED COMMUNITY EVENTS AND

WORKSHOPS. 4. PROMOTE WEIGHT MANAGEMENT PROGRAMS AND SERVICES. 5. SEEK

GRANTS LIKE SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM EDUCATION (SNAP-ED)

TO PROVIDE NUTRITION EDUCATION AND PROGRAMMING TO SCHOOLS, THE WIC PROGRAM

AND FOOD BANK CLIENTS. 6. INCREASE KNOWLEDGE AND BEST PRACTICE EDUCATION

AROUND THE BENEFITS OF BREASTFEEDING. 7. INCREASE ACCESS TO HEALTHY FOOD

AT WORKSITES. 8. INCREASE ACCESS TO AND PROMOTION OF PHYSICAL ACTIVITY

AMONG MULTICARE EMPLOYEES AND THEIR FAMILIES.

TOBACCO USE - ALL MULTICARE HOSPITALS WILL WORK TO INCREASE THE PERCENTAGE

OF ADULTS WHO ARE TOBACCO-FREE THROUGH THE FOLLOWING STRATEGIES AND

ACTIVITIES:

1. PROMOTE ACCESS TO TOBACCO CESSATION RESOURCES AND SUPPORT PROGRAMS. 2.

PROMOTE PARTNERSHIPS WITH THE TACOMA-PIERCE COUNTY HEALTH DEPARTMENT. 3.

PROMOTE INSURANCE-COVERED PHARMACOTHERAPY AND/OR FREE OR LOW-COST

CESSATION PROGRAMS FOR HOSPITAL EMPLOYEES. 4. CONTINUE TO SUPPORT THE

MULTICARE TOBACCO-FREE POLICY FOR ALL EMPLOYEES AND FACILITIES.

BEHAVIORAL HEALTH - ALL MULTICARE HOSPITALS WILL FOCUS ON IMPROVING

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, 16j, 18e, 19e, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility

BEHAVIORAL HEALTH OUTCOMES. MULTICARE PARTNERS WITH COMMUNITY

ORGANIZATIONS SUCH AS THE KOREAN WOMEN'S ASSOCIATION, WHICH PROVIDES

SERVICES TO ADVANCE MINORITY MENTAL HEALTH, AND COMMUNITIES IN SCHOOLS OF

PUYALLUP AND TACOMA, WHICH WORKS TO IMPROVE BEHAVIORAL HEALTH FOR

CHILDREN. MULTICARE WILL FOCUS ON THE FOLLOWING STRATEGIES AND ACTIVITIES:

1. INCREASE ACCESS TO BEHAVIORAL HEALTH SERVICES. 2. PROMOTE INTEGRATION

OF PHYSICAL AND BEHAVIORAL HEALTH CARE. 2. INTEGRATE CHEMICAL DEPENDENCY

TREATMENT INTO THE MEDICAL CARE SETTING. 3. EXPAND CAPACITY TO PROVIDE

CO-OCCURRING MENTAL HEALTH AND SUBSTANCE USE DISORDER TREATMENT. 4. FOCUS

ON HIGH-RISK AND HIGH UTILIZERS OF HEALTH CARE SERVICES. 5. INCREASE

COMMUNITY CAPACITY TO PROVIDE INPATIENT PSYCHIATRIC SERVICES.

CHILDHOOD IMMUNIZATIONS - GOOD SAMARITAN HOSPITAL, MARY BRIDGE CHILDREN'S

HOSPITAL, AND AUBURN MEDICAL CENTER WILL FOCUS ON ENSURING THAT ALL KIDS

RECEIVE THE RECOMMENDED SERIES OF CHILDHOOD IMMUNIZATIONS, THROUGH THE

FOLLOWING STRATEGIES: 1. SUPPORT AND PROMOTE ACCESS TO MULTICARE MARY

BRIDGE IMMUNIZATION CLINICS. 2. PROMOTE PARTNERSHIPS WITH THE

TACOMA-PIERCE COUNTY HEALTH DEPARTMENT. 3. CONTINUE TO PROMOTE THE USE OF

THE WASHINGTON STATE IMMUNIZATION INFORMATION SYSTEM (IIS).

CULTURAL COMPETENCY - ALL MULTICARE HOSPITALS WILL FOCUS ON PROVIDING

CULTURALLY COMPETENT HEALTH CARE TO ALL MEMBERS OF THE COMMUNITY.

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

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, 16j, 18e, 19e, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

FOREIGN LANGUAGES, AS WELL AS TELECOMMUNICATIONS DEVICES 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.

IN ADDITION, MULTICARE PARTNERS WITH BOTH THE PIERCE COUNTY AIDS

FOUNDATION AND OASIS YOUTH CENTER/RAINBOW CENTER TO IMPROVE LGBT PATIENT

EXPERIENCES.

MULTICARE WILL FOCUS ON THE FOLLOWING STRATEGIES TO IMPROVE CULTURAL

COMPETENCY: 1. PROMOTE CULTURAL DIVERSITY AND HEALTH EQUITY AWARENESS

AMONG MULTICARE STAFF. 2. INCREASE ACCESS TO INTERPRETER SERVICES. 3.

CONTINUE TO PROMOTE HEALTH EQUITY COMMUNITY PARTNERSHIPS. 4. CONTINUE TO

PROVIDE OUTREACH SERVICES TO ETHNIC MINORITY AND LOW-INCOME COMMUNITIES.

GROUP A-FACILITY 1 -- 2,4,6,7 TG,GOODSAM,AUBURN,ALLENMORE,M.BR

PART V, SECTION B, LINE 16J: THE POLICY IS POSTED ON THE WA STATE -

DEPARTMENT OF HEALTH WEBSITE. THE HOSPITAL'S BILLING INVOICES INCLUDE

REFERENCES TO WHERE AND HOW TO CONTACT SOMEONE TO OBTAIN A COPY OF THE

FINANCIAL ASSISTANCE POLICY.

GROUP A, PART V, SECTION B, LINE 16H:

MULTICARE HEALTH SYSTEMS HAS FUTURE PLANS TO NOTIFY MEMBERS OF THE

COMMUNITY OF THE FINANCIAL ASSISTANCE POLICY (FAP) AND HAS PARTNERED WITH

A TASK FORCE OF CITIZENS AND LOCAL CIVIC/CHARITY GROUPS THAT ARE AIMED AT

PROVIDING ACCESS TO HEALTHCARE CHARITY.

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, 16j, 18e, 19e, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

GROUP A, PART V, SECTION B, LINE 16I:

THE FAP IS BEING REVISED AND THE DOCUMENTS WILL BE TRANSLATED AFTER THE
UPDATES.

SCHEDULE H, PART V, SECTION B. FACILITY REPORTING GROUP B

FACILITY REPORTING GROUP B CONSISTS OF:

- FACILITY 3: DEACONESS HOSPITAL (DEAC)

- FACILITY 5: VALLEY HOSPITAL (VALLEY)

GROUP B-FACILITY 3 -- & 5 MULTICARE DEACONESS HOSP. & VALLEY

PART V, SECTION B, LINE 2: DEACONESS AND VALLEY HOSPITALS, PART OF A

FOR-PROFIT ENTITY, WERE ACQUIRED BY MULTICARE HEALTH SYSTEM (MHS), A

TAX-EXEMPT ENTITY, ON JULY 1ST, 2017.

AFTER DEACONESS AND VALLEY HOSPITALS WERE ACQUIRED, EFFORTS WERE MADE TO

ALIGN WITH MHS'S FINANCIAL ASSISTANCE POLICIES. THE NEWLY ACQUIRED

HOSPITALS ADOPTED THE FINANCIAL ASSISTANCE APPLICATIONS AND DETERMINED

ELIGIBILITY FOR FINANCIAL ASSISTANCE AS 150% OF FPG FOR FREE CARE AND 300%

OF FPG FOR DISCOUNTED CARE.

SIMILARLY, SINCE THE COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) WAS NOT A

REQUIREMENT FOR THE FOR-PROFIT HOSPITALS, THE TWO HOSPITALS DID NOT HAVE

ONE IN PLACE AT THE TIME OF THE ACQUISITION. DURING 2017, 2018 AND 2019 THE

TWO HOSPITALS WILL ALIGN THEIR PRACTICES WITH MULTICARE HEALTH SYSTEM'S

AND WILL CONDUCT A CHNA FOR THE AREAS THEY SERVE, SPOKANE AND EASTERN WA,

TO BE PUBLISHED BY DECEMBER 31ST, 2019.

PART V, SECTION B, LINE 3 E

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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, 16j, 18e, 19e, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

THE SIGNIFICANT HEALTH NEEDS ARE A PRIORITIZED DESCRIPTION OF THE

SIGNIFICANT HEALTH NEEDS OF THE COMMUNITY AND IDENTIFIED THROUGH THE

CHNA.

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? 66

Name and address	Type of Facility (describe)
1 COVINGTON AMBULATORY SURGERY CENTER & 17700 SE 272 STREET COVINGTON, WA 98042	OP SURGERY, RX, LAB, URGENT CARE
2 AUBURN LAB 735 12TH STREET SE AUBURN, WA 98002	LAB TESTING
3 KENT LAB 222 STATE AVE NORTH KENT, WA 98031	LAB TESTING
4 CEDAR MEDICAL LAB 1901 SOUTH CEDAR STREET, SUITE B5 TACOMA, WA 98405	LAB TESTING
5 GIG HARBOR MEDICAL PARK & UCC 4545 POINT FOSDICK DRIVE GIG HARBOR, WA 98335	OP SURG, RX, LAB, ONCOLOGY, URGENT CARE
6 AUBURN IMAGING & URGENT CARE CENTER 202 CROSS STREET SE AUBURN, WA 98001	IMAGING, URGENT CARE
7 AUBURN VASCULAR LAB 202 N DIVISION ST SUITE 300-301 AUBURN, WA 98001	VASCULAR LAB
8 TACOMA FAMILY MEDICINE 521 MARTIN LUTHER KING JR WAY TACOMA, WA 98405	OP PHYSICIAN CLINIC
9 OBSTETRICS ACCESS CLINIC 522 MARTIN LUTHER KING JR WAY TACOMA, WA 98405	OP PHYSICIAN CLINIC
10 MULTICARE OB/GYN ASSOCIATES 523 MARTIN LUTHER KING JR WAY TACOMA, WA 98405	OP PHYSICIAN CLINIC

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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? 66

Name and address	Type of Facility (describe)
11 PODIATRY CLINIC 524 MARTIN LUTHER KING JR WAY TACOMA, WA 98405	OP PHYSICIAN CLINIC
12 MATERNAL FETAL MEDICINE 524 MARTIN LUTHER KING JR WAY TACOMA, WA 98405	OP PHYSICIAN CLINIC
13 SILVERDALE CLINIC 1780 NW MYRTLE RD SUITE G220 SILVERDALE, WA 98383	OP PHYSICIAN CLINIC
14 OLYMPIA CLINIC 200 LILLY ROAD NE BUILDING C OLYMPIA, WA 98506	OP PHYSICIAN CLINIC
15 PUYALLUP CLINIC 1803 SOUTH MERIDIAN SUITE B PUYALLUP, WA 98371	OP PHYSICIAN CLINIC
16 CHILDREN'S THERAPY UNIT 402 15TH AVE SE PUYALLUP, WA 98372	OUTPATIENT CHILDREN'S THERAPY UNIT
17 HEALTH RESOURCE CENTER 2622 S MERIDIAN PUYALLUP, WA 98372	OP PHYSICIAN CLINIC
18 CARDIAC REHABILITATION CENTER 16515 MERIDIAN E SUITE 200B PUYALLUP, WA 98372	CARDIAC REHABILITATION
19 PET-CT CLINIC 400 15TH AVE SE PUYALLUP, WA 98372	IMAGING TESTING FACILITY
20 MULTICARE REGIONAL CANCER CENTER AUBU 121 N DIVISION ST STE 100 AUBURN, WA 98001	OP PHYSICIAN CLINIC

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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? 66

Name and address	Type of Facility (describe)
21 MARY BRIDGE WOMAN'S & CHILDREN'S CLIN 3504 12TH AVE NW OLYMPIA, WA 98506	OP PHYSICIAN CLINIC
22 MULTICARE ORTHO&SPORTS MEDICINE MOUNT 1550 S UNION AVE STE 210 TACOMA, WA 98405	OP SURG, RX, LAB, CHIRO
23 WESTGATE MULTICARE CLINIC & URGENT CA 2209 N PEARL ST STE 100 TACOMA, WA 98406	OP SURG, RX, LAB, CHIRO
24 MULTICARE FEDERAL WAY URGENT CARE 1413 S 348TH ST., BLDG L FEDERAL WAY, WA 98003	URGENT CARE CLINIC
25 MULTICARE KENT UCC & HEALTHWORKS 222 STATE AVE. N. KENT, WA 98030	URGENT CARE CLINIC AND OCC MEDICINE
26 MULTICARE LAKEWOOD UCC & HEALTHWORKS 5700 100TH ST. SW LAKEWOOD, WA 98499	URGENT CARE CLINIC AND OCC MEDICINE
27 MULTICARE SPANAWAY URGENT CARE 225 176TH ST. S. SPANAWAY, WA 98387	URGENT CARE CLINIC
28 MULTICARE UNIVERSITY PLACE URGENT CAR 4310 BRIDGEPORT WAY W UNIVERSITY PLACE, WA 98466	URGENT CARE CLINIC
29 MARY BRIDGE PEDIATRIC UC-GIG HARBOR 4545 PT. FOSDICK DR. N.W. GIG HARBOR, WA 98335	URGENT CARE CLINIC
30 MARY BRIDGE PEDIATRIC UC-OLYMPIA 3504 12TH AVENUE NE OLYMPIA, WA 98506	URGENT CARE CLINIC

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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? 66

Name and address	Type of Facility (describe)
31 MULTICARE MAPLE VALLEY CLINIC 24080 SE KENT KANGLEY ROAD MAPLE VALLEY, WA 98038	OP PHYSICIAN CLINIC
32 MULTICARE EATONVILLE FAMILY PRACTICE 118 WASHINGTON AVE N EATONVILLE, WA 98328	OP PHYSICIAN CLINIC
33 MULTICARE ORTHOPEDIC SPINE AND HAND 1450 5TH ST SE STE 4200 PUYALLUP, WA 98372	OP SURG, RX, LAB, CHIRO
34 MULTICARE ORTHOPEDICS & SPORTS AUBURN 121 N DIVISION ST STE 310 AUBURN, WA 98001	OP SURG, RX, LAB, CHIRO
35 MULTICARE HEALTHWORKS KENT 6719 S 211TH AT STE 102 KENT, WA 98032	OCCUPATIONAL MEDICINE CLINIC
36 MULTICARE HEALTHWORKS FIFE 502 54TH AVE E FIFE, WA 98424	OCCUPATIONAL MEDICINE CLINIC
37 MULTICARE HEALTHWORKS TACOMA 3124 S 19TH ST TACOMA, WA 98405	OCCUPATIONAL MEDICINE CLINIC
38 MULTICARE GOOD SAMARITAN CANCER CENTE 1519 4TH ST SE PUYALLUP, WA 98371	OP SURG, RX, LAB, ONCOLOGY, URGENT CARE
39 MULTICARE BONNEY LAKE WIC CLINIC 10004 204TH AVE SE BONNEY LAKE, WA 98391	WOMEN, INFANT, CHILD CLINIC
40 MULTICARE INDIGO TACOMA 1812 S MILDRED ST STE H TACOMA, WA 98465	URGENT CARE CLINIC

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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? 66

Name and address	Type of Facility (describe)
41 MULTICARE INDIGO TUKWILLA 17275 SOUTHCENTER PKWY STE 160 TUKWILLA, WA 98188	URGENT CARE CLINIC
42 MULTICARE INDIGO MILL CREEK 800 164TH ST SE STE P MILL CREEK, WA 98012	URGENT CARE CLINIC
43 MULTICARE INDIGO SEATTLE 118 NE 45TH ST SUITE A SEATTLE, WA 98105	URGENT CARE CLINIC
44 MULTICARE INDIGO BOTHELL 24118 BOTHELL EVERETT HWY BUILDING E, BOTHELL, WA 98021	URGENT CARE CLINIC
45 MULTICARE INDIGO ISSAQUAH 6140 E. LAKE SAMMAMISH PKWY SE SUITE ISSAQUAH, WA 98029	URGENT CARE CLINIC
46 MULTICARE INDIGO COVINGTON 27111 167TH PL SE SUITES 101, 103, 10 COVINGTON, WA 98042	URGENT CARE CLINIC
47 MULTICARE INDIGO LAKE STEVENS 809 VERNON RD LAKE STEVENS, WA 98258	URGENT CARE CLINIC
48 MULTICARE INDIGO OLYMPIA 345 COOPER POINT RD. NW STE 10 OLYMPIA, WA 98502	URGENT CARE CLINIC
49 MULTICARE INDIGO PUYALLUP 15125 MERIDIAN AVE. E, STE 101 PUYALLUP, WA 98375	URGENT CARE CLINIC
50 MULTICARE INDIGO KIRKLAND 12475 TOTEM LAKE BLVD NE KIRKLAND, WA 98034	URGENT CARE CLINIC

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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? 66

Name and address	Type of Facility (describe)
51 MULTICARE INDIGO LACEY 5128 YELM HWY D5128 STE DF LACEY, WA 98503	URGENT CARE CLINIC
52 MULTICARE IMMEDIATE SEATTLE CAPITOL H 1512 BROADWAY SEATTLE, WA 98122	URGENT CARE CLINIC
53 MULTICARE IMMEDIATE SEATTLE QUEEN ANN 610 - 1ST AVENUE NORTH SEATTLE, WA 98109	URGENT CARE CLINIC
54 MULTICARE IMMEDIATE SEATTLE CROWN HIL 9000 HOLMAN ROAD NW SUITE A1 SEATTLE, WA 98117	URGENT CARE CLINIC
55 MULTICARE IMMEDIATE SEATTLE-LAKE CITY 3050 NE 127TH STREET SEATTLE, WA 98125	URGENT CARE CLINIC
56 MULTICARE IMMEDIATE SHORELINE 20120 BALLINGER WAY NE SHORELINE, WA 98155	URGENT CARE CLINIC
57 MULTICARE IMMEDIATE BURIEN 15870-1ST 15870 - 1ST AVENUE SOUTH BURIEN, WA 98148	URGENT CARE CLINIC
58 MULTICARE IMMEDIATE BURIEN 15500-1ST 15500 - 1ST AVENUE SOUTH #106 BURIEN, WA 98148	URGENT CARE CLINIC
59 MULTICARE IMMEDIATE BELLEVUE 15600 NE 8TH STREET SUITE A-4 BELLEVUE, WA 98008	URGENT CARE CLINIC
60 MULTICARE IMMEDIATE KIRKLAND 13718 - 100TH AVENUE EAST KIRKLAND, WA 98034	URGENT CARE CLINIC

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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

PART I, LINE 3C:

MULTICARE HEALTH SYSTEM DOES USE A PRESUMPTIVE CHARITY PROCESS USING A
THRESHOLD AND HOLDBACK TEST TO DETERMINE ELIGIBILITY.

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.

PART I, LN 7 COL(F):

THE AMOUNT OF BAD DEBTS THAT WERE EXCLUDED FROM THE TOTAL EXPENSES WHEN
CALCULATING THE PERCENTAGE IN COLUMN (F) WAS \$36,476,586.

PART II, COMMUNITY BUILDING ACTIVITIES:

MULTICARE HEALTH SYSTEM IS ENGAGED IN A WIDE VARIETY OF COMMUNITY BUILDING
ACTIVITIES. MULTICARE EMPLOYEES PARTICIPATE IN MANY VOLUNTEER PROGRAMS IN
THE COMMUNITY, INCLUDING THE AMERICAN RED CROSS, THE PIERCE COUNTY
DIABETES COALITION, UNITED WAY, AMERICAN HEART ASSOCIATION, MARCH OF

DIMS, COMMUNITIES IN SCHOOLS, HABITAT FOR HUMANITY, SAFE STREETS

732100 11-28-17

Schedule H (Form 990) 2017

Part VI Supplemental Information (Continuation)

COALITION, THE YWCA, WHICH OPERATES A DOMESTIC VIOLENCE SHELTER FOR WOMEN

AND CHILDREN, THE AMERICAN CANCER SOCIETY, AND MANY OTHER ORGANIZATIONS.

THE FOLLOWING ACTIVITIES, AVAILABLE TO ALL COMMUNITY MEMBERS, PROVIDE

OPPORTUNITIES FOR IMPROVED PHYSICAL, MENTAL, AND EMOTIONAL HEALTH:

INLAND NORTHWEST REGION:

-SCHOOL SUPPLIES FOR PINES MIDDLE SCHOOL AND BROADWAY ELEMENTARY IN

SPOKANE VALLEY, WITH A SIGNIFICANT UNDERSERVED STUDENT POPULATION. WE

ALSO PROVIDE SCIENCE EDUCATION OPPORTUNITIES FOR STUDENTS IN GRADES 4, 7

AND 8. AN ANNUAL TREE OF GIVING ALSO ALLOWS COMMUNITY MEMBERS TO GIVE

BACK TO THESE STUDENTS DURING THE HOLIDAY SEASON. OTHER ACTIVITIES

INCLUDE A BBQ, STUDENT JOB FAIR AND MEDICAL DETECTIVES PROGRAM.

-A PARTNERSHIP WITH SPOKANE VALLEY PARTNERS INCLUDES WORK WITH A FOOD

BANK, CLOTHING BANK, EMERGENCY ASSISTANCE, FOOD4THOUGHT PROGRAM, FOOD

EXPRESS, INLAND NW BABY DIAPER BANK, CAREER CLOTHING BANK AND A SUMMER

FOOD DRIVE.

-THE 1ST ANNUAL BRIDGE TO BRUNCH 5K RUN/WALK PROVIDED INW EMPLOYEES AND

COMMUNITY MEMBERS A HEALTHY ACTIVITY WHILE RAISING MONEY AND AWARENESS FOR

THE COMMUNITY CANCER FUND.

-CLINICAL, FINANCIAL, AND EMOTIONAL SUPPORT TO FREEMAN HIGH SCHOOL

STUDENTS, STAFF AND FAMILIES AFTER THE SEPTEMBER 2017 SCHOOL SHOOTING.

-2017 AMERICAN HEART AND STROKE WALK FINANCIAL SUPPORTERS AND TEAM

PARTICIPANTS.

-FINANCIAL SUPPORTERS OF TOM'S TURKEY DRIVE.

-PARTNERSHIP WITH FREEMAN SCHOOLS SCOTTIE DASH TO SUPPORT ACADEMIC, SPORT,

EXTRACURRICULAR AND FACILITY NEEDS.

-3 DAY VALLEYFEST TITLE SPONSOR.

Part VI Supplemental Information (Continuation)

-DONATED MONEY TO BUY 200 BOX FANS FOR MEALS ON WHEELS TO DISTRIBUTE TO

SENIORS.

-CLOTHING AND HOME GOODS MATERIAL DONATIONS TO EMBRACE WASHINGTON, LIFE

SERVICES OF SPOKANE, MISSION COMMUNITY OUTREACH CENTER.

PUGET SOUND REGION:

-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;

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Part VI Supplemental Information (Continuation)

-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.

MULTICARE PROVIDES SUBSIDIZED AND NO-COST HOUSING THROUGH TREE HOUSE FOR
IMMEDIATE FAMILY MEMBERS WHEN THEIR LOVED ONES RECEIVE MEDICAL CARE AT A
MULTICARE HOSPITAL. FINANCIAL ASSISTANCE IS OFFERED SO THAT NO ELIGIBLE
FAMILY IS TURNED AWAY BECAUSE OF INABILITY TO PAY. IN ADDITION, THE
COMMUNITY PARTNERSHIP FUND OFFERS FINANCIAL SUPPORT TO COMMUNITY-BASED
ORGANIZATIONS THAT PROVIDE HOUSING ASSISTANCE TO HOMELESS INDIVIDUALS,
INCLUDING CATHOLIC COMMUNITY SERVICES, AUBURN YOUTH RESOURCES,
MULTI-SERVICE CENTER, AND THE KOREAN WOMEN'S ASSOCIATION.

PART III, LINE 4:

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Part VI Supplemental Information (Continuation)

1. FOOTNOTES:

THE FOOTNOTE ON PAGE 14 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 \$1,169,000 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

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Part VI Supplemental Information (Continuation)

COMMUNITY BENEFIT COST AND IS ENTERED ON PART III, LINE 3.

PART III, LINE 8:

COSTING METHODOLOGY:

THE SOURCE USED TO CALCULATE THE MEDICARE ALLOWABLE COSTS FOR TACOMA

GENERAL, ALLENMORE, GOOD SAMARITAN, AUBURN, DEACONESS AND VALLEY HOSPITALS

WAS THE 2017 MEDICARE COST REPORTS. 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 \$46.9 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

31.60% 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.

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

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Part VI Supplemental Information (Continuation)

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),

THE COLLECTIONS WILL NOT BE PURSUED.

PART V, SECTION A, FACILITIES INFORMATION

THE HOSPITAL FACILITIES PRIMARY WEBSITE ADDRESSES ARE:

1. TACOMA GENERAL HOSPITAL

WWW.MULTICARE.ORG/TACOMA-GENERAL-HOSPITAL/

2. GOOD SAMARITAN HOSPITAL

WWW.MULTICARE.ORG/GOOD-SAMARITAN-HOSPITAL/

3. AUBURN MEDICAL CENTER

WWW.MULTICARE.ORG/AUBURN-MEDICAL-CENTER/

4. ALLENMORE HOSPITAL

WWW.MULTICARE.ORG/ALLENMORE-HOSPITAL/

5. MARY BRIDGE CHILDREN'S HOSPITAL

WWW.MULTICARE.ORG/MARY-BRIDGE-HOSPITAL/

6. DEACONESS HOSPITAL

WWW.MULTICARE.ORG/DEACONESS-HOSPITAL/

7. VALLEY HOSPITAL

WWW.MULTICARE.ORG/VALLEY-HOSPITAL/

PART VI, LINE 2:

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Part VI Supplemental Information (Continuation)

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.

PART VI, LINE 3:

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

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Part VI Supplemental Information (Continuation)

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.

PART VI, LINE 4:

MULTICARE HEALTH SYSTEM IS A WASHINGTON STATE INTEGRATED DELIVERY SYSTEM
THAT OPERATES IN TWO REGIONS, THE PUGET SOUND AND THE INLAND NORTHWEST.
THE PRIMARY SERVICE AREA FOR THE PUGET SOUND IS DEFINED AS PIERCE AND
SOUTH KING COUNTIES, WHICH INCLUDES THE CITIES OF TACOMA, PUYALLUP,
UNIVERSITY PLACE, LAKEWOOD, BONNEY LAKE, GIG HARBOR, AUBURN, KENT, FEDERAL
WAY AND COVINGTON. THE SECONDARY SERVICE AREA IS DEFINED AS NE KING,
KITSAP AND THURSTON COUNTIES. THERE ARE TWELVE HOSPITALS IN PIERCE AND
SOUTH KING COUNTIES; SIX OF THEM ARE MULTICARE HOSPITALS. THE PUGET SOUND
REGION IS A MIX OF BOTH URBAN AND SUBURBAN COMMUNITIES. THE POPULATION OF
THE PUGET SOUND REGION, INCLUSIVE OF PRIMARY AND SECONDARY SERVICE AREAS,
IS 3,633,340 INDIVIDUALS; THE MEDIAN HOUSEHOLD INCOME IS \$73,640.

APPROXIMATELY 75% OF PIERCE COUNTY'S POPULATION IS CAUCASIAN; 7% IS
AFRICAN-AMERICAN, 6% IS ASIAN, 1% IS NATIVE-AMERICAN, 1% IS PACIFIC
ISLANDER, 10% ARE OF HISPANIC ORIGIN, AND 7% IS SOME OTHER RACE OR TWO OR
MORE RACES. OVER 12 PERCENT OF INDIVIDUALS IN THE COUNTY ARE LIVING IN
POVERTY. IN ADDITION, THE ROBERT WOOD JOHNSON FOUNDATION 2017 COUNTY
HEALTH RANKINGS REPORT THAT 11% OF THE PIERCE COUNTY POPULATION IS
UNINSURED.

THE PRIMARY SERVICE AREA FOR THE INLAND NORTHWEST REGION IS DEFINED AS
SPOKANE COUNTY WHICH INCLUDES THE CITIES OF SPOKANE, SPOKANE VALLEY,

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Part VI Supplemental Information (Continuation)

CHENEY AND LIBERTY LAKE. THE SECONDARY SERVICE AREA IS DEFINED AS ADAMS, LINCOLN, PEND OREILLE, STEVENS AND WHITMAN COUNTIES. THERE ARE SEVEN HOSPITALS IN SPOKANE COUNTY; TWO OF THEM ARE MULTICARE HOSPITALS. THE INLAND NORTHWEST REGION IS A MIX OF URBAN, SUBURBAN AND RURAL COMMUNITIES. THE INLAND NORTHWEST'S POPULATION, INCLUSIVE OF THE PRIMARY AND SECONDARY SERVICE AREAS, IS 649,780 INDIVIDUALS, WITH A MEDIAN HOUSEHOLD INCOME OF \$52,680.

AS OF THE 2010 UNITED STATES CENSUS, THE RACIAL MAKEUP OF SPOKANE COUNTY WAS 89.2% WHITE, 2.1% ASIAN, 1.7% AFRICAN-AMERICAN, 1.5% AMERICAN INDIAN, 0.4% PACIFIC ISLANDER, 1.2% FROM OTHER RACES, AND 3.8% FROM TWO OR MORE RACES. THOSE OF HISPANIC OR LATINO ORIGIN MADE UP 4.5% OF THE POPULATION. ABOUT 9% OF FAMILIES AND 14.1% OF THE POPULATION LIVE BELOW THE POVERTY LINE, INCLUDING 17% OF THOSE UNDER AGE 18 AND 8.5% OF THOSE AGE 65 OR OVER.

MULTICARE HEALTH SYSTEM INCLUDES A LARGE NETWORK OF PRIMARY AND SPECIALTY PROVIDERS, IS LICENSED FOR 1,978 BEDS AND OPERATES 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.

PART VI, LINE 5:

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

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Part VI Supplemental Information (Continuation)

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 BENEFITS 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. IN THE

PUGET SOUND REGION, 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 CAMP ERIN FOR CHILDREN SUFFERING LOSSES OF FAMILY MEMBERS;

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Part VI Supplemental Information (Continuation)

-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

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Part VI Supplemental Information (Continuation)

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.

IN THE INLAND NW:

-MAKE OUR CHURCHES HEALTHY PROJECT PROVIDES ACCESS TO HEALTH SERVICES AND
HEALTH EDUCATION AND ADDRESSES DISPARITIES AND CONCERNS OF THE AFRICAN
AMERICAN COMMUNITY. ORIGINAL CHURCHES INCLUDE HOPE BAPTIST AND HOLY TEMPLE
OF GOD IN CHRIST.

-FREE ONSITE FLU VACCINATIONS FOR EMPLOYER GROUPS.

-TUBERCULOSIS VACCINATIONS FOR WSU MEDICAL STUDENTS.

-TOBACCO CESSATION RESOURCES AND EDUCATION FOR PATIENTS AND COMMUNITY
MEMBERS IN PARTNERSHIP WITH SPOKANE REGIONAL HEALTH DISTRICT.

-WSDOT EDUCATIONAL OUTREACH IN SLEEP HEALTH, BODY MECHANICS, WARNING SIGNS
AND RISK DETECTION OF CHRONIC AND ACUTE CONDITIONS OF MAJOR HEALTH
PROBLEMS.

-VOLUNTEER MEDICAL DIRECTOR FOR EWU ATHLETICS.

-BREAST HEALTH SCREENING EVENT TO INCREASE ACCESS TO SCREENING AND RISK
AWARENESS EDUCATION.

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,

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Part VI Supplemental Information (Continuation)

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.

INLAND NORTHWEST:

ONSITE EMPLOYER BIOMETRIC SCREENINGS - PARAMETRIX, EXOTIC METALS, AND

WSDOT (PROVIDED ONLY BRIEFLY IN 2017 AS PROGRAM WAS ENDED AFTER

ACQUISITION).

IN 2015, MULTICARE LAUNCHED A COMMUNITY GRANTS PROGRAM: MULTICARE

COMMUNITY PARTNERSHIP FUND. IN 2017, OVER \$500,000 WAS AWARDED TO

COMMUNITY ORGANIZATIONS IN PIERCE, KING, AND KITSAP COUNTIES WHOSE

MISSIONS ARE AIMED AT IMPROVING THE LIVES OF RESIDENTS. ORGANIZATIONS

Schedule H (Form 990)

Part VI Supplemental Information (Continuation)

AWARDED GRANTS INCLUDE:

ASSOCIATED MINISTRIES OF TACOMA-PIERCE COUNTY

BACKPACKS 4 KIDS (OUR SAVIOR LUTHERAN CHURCH)

BIG BROTHERS BIG SISTERS OF PUGET SOUND

BOYS & GIRLS CLUBS OF SOUTH PUGET SOUND

CAROL MILGARD BREAST CENTER

CATHOLIC COMMUNITY SVCS OF KING COUNTY

CHILDREN'S MUSEUM OF TACOMA

COMMUNITIES IN SCHOOLS LAKEWOOD

COMMUNITIES IN SCHOOLS PUYALLUP

COMMUNITIES IN SCHOOLS TACOMA (OPEN MINDS)

COMMUNITY HEALTH CARE

CRYSTAL JUDSON FAMILY JUSTICE CENTER (GREATER TACOMA COMMUNITY FOUNDATION)

DOWNTOWN ON THE GO (TACOMA-PIERCE COUNTY CHAMBER FOUNDATION)

EATONVILLE FAMILY AGENCY (EATONVILLE AREA COUNCIL)

EMERGENCY FOOD NETWORK

FARESTART

FIRST 5 FUNDAMENTALS

FIRST WASHINGTON (FORMERLY WASHINGTON FIRST ROBOTICS)

FOUNDATION FOR HEALTHY GENERATIONS

FOUNDATION FOR TACOMA STUDENTS

GIVE & GROW

HILLTOP ARTISTS

KEY PENINSULA FREE CLINIC

KOREAN WOMEN'S ASSOCIATION (KWA)

LINDQUIST DENTAL CLINIC FOR CHILDREN

LIVING WELL KENT COLLABORATIVE

LUTHERAN COMMUNITY SERVICES NW

Schedule H (Form 990)

732271 08-21-17

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17091023 137451 MHS

2017.04000 MULTICARE HEALTH SYSTEM

MHS 1

Part VI Supplemental Information (Continuation)

MEDICAL TEAMS INTERNATIONAL

MERCY HOUSING NORTHWEST

MULTI-SERVICE CENTER

MUSEUM OF GLASS

NEW PHOEBE HOUSE ASSOCIATION

NEXUS YOUTH AND FAMILIES (FORMERLY AUBURN YOUTH RESOURCES)

NOURISH PIERCE COUNTY (FORMELY FISH FOOD BANKS OF PIERCE COUNTY)

NW FURNITURE BANK

PEACE COMMUNITY CENTER

PIERCE CENTER FOR ARTS & TECHNOLOGY (ARIVVA)

PLU TEAMS - GRCC

PUYALLUP VALLEY ST. FRANCIS HOUSE

RAINBOW CENTER

REBUILDING TOGETHER SOUTH SOUND

RED BARN YOUTH CENTER

ROTARY FIRST HARVEST

SEATTLE/KING COUNTY CLINIC (SEATTLE CENTER FOUNDATION)

SOUTH KITSAP PTSA COUNCIL

SOUTH SOUND PARENT TO PARENT

TACOMA HOUSING DEVELOPMENT GROUP

TACOMA MOUNTAIN RESCUE

TACOMA-PIERCE COUNTY HABITAT FOR HUMANITY

THE FIRST TEE OF SOUTH PUGET SOUND

THE REACH CENTER (TCH)

THE TACOMA CLUBHOUSE (ALLEN RENAISSANCE)

THE TEARS FOUNDATION

THE WISHING WELL FOUNDATION

TRINITY NEIGHBORHOOD HEALTH CLINIC (JUMPSTART)

Schedule H (Form 990)

Part VI Supplemental Information (Continuation)

VASHON YOUTH & FAMILY SERVICES

WESLEY HOMES FOUNDATION

YWCA PIERCE COUNTY

MULTICARE HAS ESTABLISHED COLLABORATIVE RELATIONSHIPS WITH SEVERAL
COMMUNITY PARTNERSHIP FUND RECIPIENTS. OUR SYSTEM CURRENTLY WORKS WITH
COMMUNITIES IN SCHOOLS OF PUYALLUP AND TACOMA TO IMPROVE ACCESS TO
PHYSICAL AND BEHAVIORAL HEALTH SERVICES FOR STUDENTS; GUIDES THE TEAMS
PROGRAM AT GREEN RIVER COMMUNITY COLLEGE AND PACIFIC LUTHERAN UNIVERSITY
TO IMPROVE HEALTH FOR SENIORS; PARTNERS WITH KOREAN WOMEN'S ASSOCIATION TO
DELIVER THE SCREENING, BRIEF INTERVENTION AND REFERRAL TO TREATMENT
(SBIRT) CONFERENCE AND INCREASE ACCESS TO AND IMPROVE OUTCOMES AROUND
BEHAVIORAL HEALTH, INCLUDING MINORITY BEHAVIORAL HEALTH; PARTNERS WITH THE
OASIS YOUTH CENTER, RAINBOW CENTER, AND PIERCE COUNTY AIDS FOUNDATION TO
IMPROVE LGBT PATIENT EXPERIENCES; AND SUPPORTS OPERATIONS AT TRINITY
NEIGHBORHOOD HEALTH CLINIC, WHICH PROVIDES FREE MEDICAL SERVICES.

MULTICARE INW REGION COLLABORATES WITH CATHOLIC CHARITIES' HOUSE OF
CHARITY AND VOLUNTEERS OF AMERICA'S HOPE HOUSE.

PART VI, LINE 6:

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 FIVE AFFILIATED
FOUNDATIONS: MARY BRIDGE CHILDREN'S FOUNDATION, MULTICARE HEALTH
FOUNDATION, GOOD SAMARITAN FOUNDATION, SOUTH KING HEALTH FOUNDATION, AND
INLAND NORTHWEST FOUNDATION, ALL WASHINGTON NONPROFIT CORPORATIONS.
MULTICARE HEALTH SYSTEM HAS 18,000 TEAM MEMBERS, INCLUDING EMPLOYEES,

Schedule H (Form 990)

Part VI Supplemental Information (Continuation)

PROVIDERS AND VOLUNTEERS. WE'VE BEEN CARING FOR OUR COMMUNITY FOR WELL
OVER A CENTURY, SINCE THE FOUNDING OF TACOMA'S FIRST HOSPITAL. AND TODAY,
WE ARE THE LARGEST COMMUNITY-BASED, LOCALLY GOVERNED HEALTH SYSTEM IN THE
STATE OF WASHINGTON.

OUR COMPREHENSIVE SYSTEM OF HEALTH INCLUDES NUMEROUS PRIMARY CARE, URGENT
CARE AND SPECIALTY SERVICES - INCLUDING IMMEDIATE CLINIC, MULTICARE INDIGO
URGENT CARE, PULSE HEART INSTITUTE AND MULTICARE ROCKWOOD CLINIC, THE
LARGEST MULTISPECIALTY CLINIC IN THE INLAND NORTHWEST REGION. SPECIALTY
SERVICES INCLUDE LEVEL II ADULT AND PEDIATRIC TRAUMA CENTER, LEVEL IV
NEONATAL INTENSIVE CARE UNIT, THE REGION'S ONLY LEVEL I TRAUMA
REHABILITATION CENTER AND AN INTERNATIONALLY RENOWNED THERAPY UNIT FOR
CHILDREN WITH SPECIAL NEEDS. THROUGH OUR AFFILIATION WITH NAVOS
(EFFECTIVE MAY 1, 2017) AND GREATER LAKES MENTAL HEALTH (EFFECTIVE JULY 1,
2018) WE ARE THE LARGEST BEHAVIORAL HEALTH PROVIDER IN WASHINGTON STATE.

OUR NETWORK OF CARE INCLUDES NINE HOSPITALS:

MULTICARE ALLENMORE HOSPITAL, TACOMA

MULTICARE AUBURN MEDICAL CENTER, AUBURN

MULTICARE COVINGTON MEDICAL CENTER, COVINGTON (2018)

MULTICARE DEACONESS HOSPITAL, SPOKANE

MULTICARE GOOD SAMARITAN HOSPITAL, PUYALLUP

MARY BRIDGE CHILDREN'S HOSPITAL, TACOMA

MULTICARE TACOMA GENERAL HOSPITAL, TACOMA

MULTICARE VALLEY HOSPITAL, SPOKANE VALLEY

NAVOS, SEATTLE

PART VI, LINE 7, LIST OF STATES RECEIVING COMMUNITY BENEFIT REPORT:

Schedule H (Form 990)

Part VI Supplemental Information (Continuation)

WA

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

OMB No 1545-0047

2017

Open to Public
Inspection

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

Name of the organization

MULTICARE HEALTH SYSTEM

Employer identification number
91-1352172

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

☒ Yes ☐ No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
MARY BRIDGE CHILDREN'S FOUNDATION P.O. BOX 5299 TACOMA, WA 98415	94-3030039	501(C)(3)	3,576,853.	0.			ASSISTANCE FOR OPERATING EXPENSES.
MULTICARE HEALTH FOUNDATION P.O. BOX 5299 TACOMA, WA 98415	91-1514257	501(C)(3)	1,757,352.	0.			ASSISTANCE FOR OPERATING EXPENSES
GOOD SAMARITAN FOUNDATION P.O. BOX 5299 TACOMA, WA 98415	91-2004312	501(C)(3)	1,500,626.	0.			ASSISTANCE FOR OPERATING EXPENSES
MULTICARE SOUTH KING HEALTH FOUNDATION - P.O. BOX 5299 - TACOMA, WA 98415	46-5636491	501(C)(3)	1,095,315.	0.			ASSISTANCE FOR OPERATING EXPENSES
MEDICAL TEAMS INTERNATIONAL PO BOX 500 PORTLAND, OR 97207	98-0878944	501(C)(3)	60,000.	0.			CONTRIBUTION FROM THE MULTICARE COMMUNITY PARTNERSHIP FUND: GENERAL SUPPORT TO PROVIDE FUNDS
FIRST FIVE FUNDAMENTALS 1501 PACIFIC AVE SE, STE 203 TACOMA, WA 98402	80-0209462	501(C)(3)	30,000.	0.			CONTRIBUTION FROM THE MULTICARE COMMUNITY PARTNERSHIP FUND, GENERAL SUPPORT FOR OPERATIONS

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

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

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

SEE PART IV FOR COLUMN (H) DESCRIPTIONS

Schedule I (Form 990) (2017)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II)

(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
KOREAN WOMEN'S ASSOCIATION 125 EAST 96TH STREET TACOMA, WA 98445	91-1066806	501(C)(3)	30,000.	0.			CONTRIBUTION FROM THE MULTICARE COMMUNITY PARTNERSHIP FUND TO IMPROVE BEHAVIORAL HEALTH
LINDQUIST DENTAL CLINIC FOR CHILDREN - PO BOX 1092 - TACOMA, WA 98444	91-0615378	501(C)(3)	25,000.	0.			CONTRIBUTION FROM THE MULTICARE COMMUNITY PARTNERSHIP FUND TO THE UNCOMPENSATED CARE FUND.
PIERCE CENTER FOR ARTS & TECHNOLOGY - 3640 S CEDAR ST, STE E 3640 S CEDAR ST, STE E	81-4175391	501(C)(3)	20,000.	0.			CONTRIBUTION FROM THE MULTICARE COMMUNITY PARTNERSHIP FUND, SUPPORT THE GENERAL OPERATIONS
FOUNDATION FOR TACOMA STUDENTS 919 S 9TH STREET TACOMA, WA 98407	27-3029219	501(C)(3)	15,000.	0.			CONTRIBUTION FROM THE MULTICARE COMMUNITY PARTNERSHIP FUND: GENERAL SUPPORT FOR OPERATIONS
NEXUS YOUTH RESOURCES 1000 AUBURN WAY S AUBURN, WA 98002	91-0903084	501(C)(3)	15,000.	0.			CONTRIBUTION FROM THE MULTICARE COMMUNITY PARTNERSHIP FUND, SUPPORT FOR OPERATIONS
MULTI-SERVICE CENTER PO BOX 23699 FEDERAL WAY, WA 98093	23-7120815	501(C)(3)	10,000.	0.			CONTRIBUTION FROM THE MULTICARE COMMUNITY PARTNERSHIP FUND, SUPPORT FOR OPERATIONS
TACOMA PIERCE COUNTY HABITAT FOR HUMANITY - 4824 S TACOMA WAY - TACOMA, WA 98409	58-1735531	501(C)(3)	10,000.	0.			CONTRIBUTION FROM THE MULTICARE COMMUNITY PARTNERSHIP FUND, SUPPORT FOR OPERATIONS
THE TEARS FOUNDATION 11102 SUNRISE BLVD E PUYALLUP, WA 98372	45-0500497	501(C)(3)	15,000.	0.			CONTRIBUTION FROM THE MULTICARE COMMUNITY PARTNERSHIP FUND, SUPPORT FOR OPERATIONS
BOYS & GIRLS CLUBS OF SOUTH PUGET SOUND - 3875 S 66TH STREET - TACOMA, WA 98409	91-0759832	501(C)(3)	10,000.	0.			CONTRIBUTION FROM THE MULTICARE COMMUNITY PARTNERSHIP FUND, SUPPORT FOR OPERATIONS

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II)

(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
WESLEY HOMES FOUNDATION 815 S 216 ST DES MOINES, WA 98198	91-1732317	501(C)(3)	12,500.	0.			CONTRIBUTION FROM THE MULTICARE COMMUNITY PARTNERSHIP FUND, SUPPORT FOR OPERATIONS
CATHOLIC COMMUNITY SERVICES OF WESTERN WA - 1323 S YAKIMA AVE - TACOMA, WA 98405	91-1585652	501(C)(3)	10,000.	0.			CONTRIBUTION FROM THE MULTICARE COMMUNITY PARTNERSHIP FUND: GENERAL SUPPORT FOR OPERATIONS
ASSOCIATED MINISTRIES OF TACOMA PIERCE COUNTY - 901 S 13TH ST - TACOMA, WA 98405	91-0847534	501(C)(3)	5,000.	0.			CONTRIBUTION FROM THE MULTICARE COMMUNITY PARTNERSHIP FUND: SUPPORT FOR OPERATIONS
EMERGENCY FOOD NETWORK 3318 92ND ST S LAKEWOOD, WA 98499	94-3131776	501(C)(3)	10,000.	0.			CONTRIBUTION FROM THE MULTICARE COMMUNITY PARTNERSHIP FUND: GENERAL SUPPORT
HILLTOP ARTISTS PO BOX 6829 TACOMA, WA 98417	91-1667476	501(C)(3)	7,500.	0.			CONTRIBUTION FROM THE MULTICARE COMMUNITY PARTNERSHIP FUND: GENERAL SUPPORT FOR OPERATIONS
LUTHERAN COMMUNITY SERVICES NORTH WEST - 223 N YAKIMA AVE - TACOMA, WA 98403	93-0386860	501(C)(3)	7,500.	0.			CONTRIBUTION FROM THE MULTICARE COMMUNITY PARTNERSHIP FUND, SUPPORT FOR OPERATIONS.
PEACE COMMUNITY CENTER 2106 S CUSHMAN AVE TACOMA, WA 98405	91-1746986	501(C)(3)	5,000.	0.			CONTRIBUTION FROM THE MULTICARE COMMUNITY PARTNERSHIP FUND, SUPPORT FOR OPERATIONS
RED BARN YOUTH CENTER PO BOX 1032 VAUGHN, WA 98394	46-1318527	501(C)(3)	5,000.	0.			CONTRIBUTION FROM THE MULTICARE COMMUNITY PARTNERSHIP FUND, SUPPORT FOR OPERATIONS
EATONVILLE FAMILY AGENCY P.O. BOX 1764 EATONVILLE, WA 98328	91-1059530	501(C)(3)	10,000.	0.			CONTRIBUTION FROM THE MULTICARE COMMUNITY PARTNERSHIP FUND: GENERAL SUPPORT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II)

(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
RAINBOW CENTER 2215 PACIFIC AVE TACOMA, WA 98402	91-1859897	501(C)(3)	10,000.	0.			CONTRIBUTION FROM THE MULTICARE COMMUNITY PARTNERSHIP FUND: GENERAL SUPPORT
SOUTH SOUND PARENT TO PARENT 1012 HOMANN DR SE LACEY, WA 98503	91-1496512	501(C)(3)	7,100.	0.			CONTRIBUTION FROM THE MULTICARE COMMUNITY PARTNERSHIP FUND: GENERAL SUPPORT
THE FIRST TREE OF SOUTH PUGET SOUND 7108 LAKEWOOD DR SW TACOMA, WA 98467	45-1781054	501(C)(3)	10,000.	0.			CONTRIBUTION FROM THE MULTICARE COMMUNITY PARTNERSHIP FUND: SUPPORT FOR OPERATIONS
SOUTH KITSAP PTSA COUNCIL 2288 FIRCREST DR SE PORT ORCHARD, WA 98366	27-2273046	501(C)(3)	7,129.	0.			CONTRIBUTION FROM THE MULTICARE COMMUNITY PARTNERSHIP FUND: GENERAL SUPPORT
MERCY HOUSING NORTHWEST 6930 MARTIN LUTHER KING JR WAY SEATTLE, WA 98118	91-1546525	501(C)(3)	6,000.	0.			CONTRIBUTION FROM THE MULTICARE COMMUNITY PARTNERSHIP FUND: GENERAL SUPPORT
PLU TEAMS - GRCC 12180 PARK AVE S TACOMA, WA 98447	91-0565571	501(C)(3)	5,405.	0.			CONTRIBUTION FROM THE MULTICARE COMMUNITY PARTNERSHIP FUND: SUPPORT TEAMS FOR HEALTHIER
COMMUNITY HEALTH CARE 1019 PACIFIC AVE TACOMA, WA 98402	91-1349657	501(C)(3)	5,000.	0.			CONTRIBUTION FROM THE MULTICARE COMMUNITY PARTNERSHIP FUND: GENERAL SUPPORT
BACKPACK FOR KIDS/OUR SAVIOUR LUTHERAN CHURCH - 4519 112TH ST E - TACOMA, WA 98446	91-0850441	501(C)(3)	5,000.	0.			CONTRIBUTION FROM THE MULTICARE COMMUNITY PARTNERSHIP FUND: GENERAL SUPPORT
BIG BROTHERS BIG SISTERS 1600 S GRAHAM ST SEATTLE, WA 98108	91-0673185	501(C)(3)	5,000.	0.			CONTRIBUTION FROM THE MULTICARE COMMUNITY PARTNERSHIP FUND: GENERAL SUPPORT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II)

(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
CAROL MILGARD BREAST CENTER 4525 S 19TH ST TACOMA, WA 98405	26-2377858	501(C)(3)	5,000.	0.			CONTRIBUTION FROM THE MULTICARE COMMUNITY PARTNERSHIP FUND: SUPPORT FOR OPERATIONS.
CHILDREN'S MUSEUM OF TACOMA 1501 PACIFIC AVE, STE 202 TACOMA, WA 98402	94-3036465	501(C)(3)	7,500.	0.			CONTRIBUTION FROM THE MULTICARE COMMUNITY PARTNERSHIP FUND: GENERAL SUPPORT
COMMUNITIES IN SCHOOLS LAKEWOOD 6402 100TH ST SW LAKEWOOD, WA 98499	91-1732922	501(C)(3)	5,000.	0.			CONTRIBUTION FROM THE MULTICARE COMMUNITY PARTNERSHIP FUND: GENERAL SUPPORT
COMMUNITIES IN SCHOOLS PUYALLUP 302 SECOND ST SE PUYALLUP, WA 98372	26-0028759	501(C)(3)	5,000.	0.			CONTRIBUTION FROM THE MULTICARE COMMUNITY PARTNERSHIP FUND: GENERAL SUPPORT
GREATER LAKES MENTAL HEALTH 9330 59TH AVE SW LAKEWOOD, WA 98499	91-6064184	501(C)(3)	5,000.	0.			CONTRIBUTION FROM THE MULTICARE COMMUNITY PARTNERSHIP FUND: SUPPORT FOR OPERATIONS
NEW PHOEBE HOUSE ASSOCIATION P.O. BOX 5245 TACOMA, WA 98415	33-1023012	501(C)(3)	5,000.	0.			CONTRIBUTION FROM THE MULTICARE COMMUNITY PARTNERSHIP FUND: GENERAL SUPPORT
REBUILDING SOUTH SOUND 712 54TH AVE E TACOMA, WA 98424	91-2147601	501(C)(3)	5,000.	0.			CONTRIBUTION FROM THE MULTICARE COMMUNITY PARTNERSHIP FUND: GENERAL SUPPORT
SEATTLE-KING COUNTY CLINIC 305 HARRISON STREET SEATTLE, WA 98109	91-1003385	501(C)(3)	5,000.	0.			CONTRIBUTION FROM THE MULTICARE COMMUNITY PARTNERSHIP FUND: SUPPORT FOR OPERATIONS
TACOMA HOUSING DEVELOPMENT GROUP 902 S L ST TACOMA, WA 98405	81-0557198	501(C)(3)	10,000.	0.			CONTRIBUTION FROM THE MULTICARE COMMUNITY PARTNERSHIP FUND: GENERAL SUPPORT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II)

(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
CRYSTAL JUDSON FAMILY JUSTICE CENTER - 718 COURT E - TACOMA, WA 98402	91-1007459	501(C)(3)	5,000.	0.			CONTRIBUTION FROM THE MULTICARE COMMUNITY PARTNERSHIP FUND: GENERAL SUPPORT
FARESTART 700 VIRGINIA STREET SEATTLE, WA 98101	91-1546757	501(C)(3)	5,000.	0.			CONTRIBUTION FROM THE MULTICARE COMMUNITY PARTNERSHIP FUND: GENERAL SUPPORT
FIRST WASHINGTON 21238 68TH STREET KENT, WA 98032	45-2443839	501(C)(3)	5,000.	0.			CONTRIBUTION FROM THE MULTICARE COMMUNITY PARTNERSHIP FUND: GENERAL SUPPORT
FOUNDATION FOR HEALTHY GENERATIONS 419 3RD AVE SEATTLE, WA 98119	91-6186093	501(C)(3)	5,000.	0.			CONTRIBUTION FROM THE MULTICARE COMMUNITY PARTNERSHIP FUND: GENERAL SUPPORT
KEY PENINSULA FREE CLINIC 8903 KEY PENINSULA HWY LAKEBAV, WA 98349	46-2454053	501(C)(3)	5,000.	0.			CONTRIBUTION FROM THE MULTICARE COMMUNITY PARTNERSHIP FUND: GENERAL SUPPORT
MUSEUM OF GLASS 1801 DOCK ST TACOMA, WA 98402	91-1669422	501(C)(3)	5,000.	0.			CONTRIBUTION FROM THE MULTICARE COMMUNITY PARTNERSHIP FUND: GENERAL SUPPORT
PUYALLUP VALLEY ST FRANCIS HOUSE P.O. BOX 156 PUYALLUP, WA 98371	91-1621772	501(C)(3)	5,000.	0.			CONTRIBUTION FROM THE MULTICARE COMMUNITY PARTNERSHIP FUND: GENERAL SUPPORT
ROTARY FIRST HARVEST P.O. BOX 4098 SEATTLE, WA 98194	91-1229941	501(C)(3)	5,000.	0.			CONTRIBUTION FROM THE MULTICARE COMMUNITY PARTNERSHIP FUND: GENERAL SUPPORT
THE REACH HOUSE 714 S 27TH ST TACOMA, WA 98409	91-0570872	501(C)(3)	5,000.	0.			CONTRIBUTION FROM THE MULTICARE COMMUNITY PARTNERSHIP FUND: GENERAL SUPPORT

Schedule I (Form 990)

Part IV Supplemental Information

PART II, LINE 1, COLUMN (H):

NAME OF ORGANIZATION OR GOVERNMENT: MEDICAL TEAMS INTERNATIONAL

(H) PURPOSE OF GRANT OR ASSISTANCE: CONTRIBUTION FROM THE MULTICARE

COMMUNITY PARTNERSHIP FUND: GENERAL SUPPORT TO PROVIDE FUNDS TO LOW

INCOME PEOPLE WHO DO NOT HAVE ACCESS OR CANNOT AFFORD PRIVATE INSURANCES.

NAME OF ORGANIZATION OR GOVERNMENT: KOREAN WOMEN'S ASSOCIATION

(H) PURPOSE OF GRANT OR ASSISTANCE: CONTRIBUTION FROM THE MULTICARE

COMMUNITY PARTNERSHIP FUND TO IMPROVE BEHAVIORAL HEALTH EQUITY INITIATIVE

NAME OF ORGANIZATION OR GOVERNMENT: PLU TEAMS - GRCC

(H) PURPOSE OF GRANT OR ASSISTANCE: CONTRIBUTION FROM THE MULTICARE

COMMUNITY PARTNERSHIP FUND: SUPPORT TEAMS FOR HEALTHIER LIVING

NAME OF ORGANIZATION OR GOVERNMENT:

THE TACOMA CLUBHOUSE ALLEN RENAISSANCE

(H) PURPOSE OF GRANT OR ASSISTANCE: CONTRIBUTION FROM THE MULTICARE

COMMUNITY PARTNERSHIP FUND: GENERAL SUPPORT FOR THE AFTER SCHOOL PROGRAM

NAME OF ORGANIZATION OR GOVERNMENT: VASHON YOUTH & FAMILY SERVICES

(H) PURPOSE OF GRANT OR ASSISTANCE: CONTRIBUTION FROM THE MULTICARE

COMMUNITY PARTNERSHIP FUND: GENERAL SUPPORT FOR THE AFTER SCHOOL PROGRAM

**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.

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

OMB No 1545-0047

2017

Open to Public
Inspection

Name of the organization

MULTICARE HEALTH SYSTEM

Employer identification number

91-1352172

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|--|---|
| <input type="checkbox"/> First-class or charter travel | <input checked="" type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input checked="" type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (such as, maid, chauffeur, chef) |

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?

3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- | | |
|---|---|
| <input checked="" type="checkbox"/> Compensation committee | <input checked="" type="checkbox"/> Written employment contract |
| <input checked="" type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization

- a** Receive a severance payment or change-of-control payment?
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
- 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.

Only section 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?
- b** Any related organization?
- If "Yes" on line 5a or 5b, describe in Part III.

6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of

- a** The organization?
- b** Any related organization?
- If "Yes" on line 6a or 6b, describe in Part III.

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III.

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.

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1b	X	
2	X	
4a	X	
4b	X	
4c		X
5a		X
5b		X
6a		X
6b		X
7	X	
8		X
9		

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

Schedule J (Form 990) 2017

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 aren't 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				
(1) WILLIAM ROBERTSON PRESIDENT & CEO	(i) 1,028,630. (ii) 0.	256,100. 0.	6,450. 0.	441,301. 0.	19,945. 0.	1,752,426. 0.	0.
(2) ANNA LOOMIS CFO	(i) 586,588. (ii) 0.	129,279. 0.	20,344. 0.	177,729. 0.	18,793. 0.	932,733. 0.	18,094.
(3) FLORENCE CHANG EXECUTIVE VICE PRESIDENT	(i) 795,895. (ii) 0.	160,727. 0.	8,211. 0.	164,281. 0.	25,583. 0.	1,154,697. 0.	0.
(4) DAVID CARLSON SRVP, PROVIDER ENTERPRISES & PRES MMA	(i) 365,584. (ii) 0.	160,000. 0.	102,580. 0.	46,550. 0.	13,688. 0.	688,402. 0.	0.
(5) DAVID O'BRIEN SRVP/CHIEF EXEC- EASTERN WA	(i) 286,813. (ii) 0.	100,000. 0.	54,237. 0.	0. 0.	10,530. 0.	451,580. 0.	0.
(6) LINDA CHEN PRESIDENT MARY BRIDGE	(i) 339,608. (ii) 0.	77,368. 0.	1,418. 0.	53,857. 0.	17,103. 0.	489,354. 0.	0.
(7) CHRISTI MCCARREN SRVP, RETAIL HEALTH&COMMUNI	(i) 407,383. (ii) 0.	71,642. 0.	74,208. 0.	17,699. 0.	11,284. 0.	582,216. 0.	15,797.
(8) TIM BRICKER SRVP/CHIEF EXEC- SOUTH SOUND REGION	(i) 420,668. (ii) 0.	108,646. 0.	70,805. 0.	58,533. 0.	36,515. 0.	695,167. 0.	0.
(9) DAVID COONS PHYSICIAN	(i) 1,381,470. (ii) 0.	197,627. 0.	33,774. 0.	37,276. 0.	24,439. 0.	1,674,586. 0.	30,680.
(10) SURAJ SINGH PHYSICIAN	(i) 1,039,279. (ii) 0.	217,578. 0.	11,013. 0.	46,037. 0.	25,408. 0.	1,339,315. 0.	0.
(11) ROB TAMURIAN PHYSICIAN	(i) 916,708. (ii) 0.	116,523. 0.	1,283. 0.	27,228. 0.	25,908. 0.	1,087,650. 0.	0.
(12) BENJAMIN CHEN PHYSICIAN	(i) 904,805. (ii) 0.	134,279. 0.	21,499. 0.	13,910. 0.	12,308. 0.	1,086,801. 0.	0.
(13) JOHN HUNG PHYSICIAN	(i) 868,056. (ii) 0.	155,422. 0.	11,283. 0.	34,768. 0.	24,264. 0.	1,093,793. 0.	0.
(14) CLAIRE SPAIN-REMY FORMER SRVP, FORMER KEY EMPLOYEE	(i) 0. (ii) 0.	0. 0.	439,160. 0.	380. 0.	0. 0.	439,540. 0.	0.
(15) GLENN KASMAN FORMER REG. PRES. EAST	(i) 32,477. (ii) 0.	65,963. 0.	1,010,358. 0.	46,124. 0.	2,969. 0.	1,157,891. 0.	150,343.
(16) SHELLY MULLIN FORMER VP, FORMER KEY EMPLOYEE	(i) 428,540. (ii) 0.	70,447. 0.	28,959. 0.	17,750. 0.	15,907. 0.	561,603. 0.	26,787.

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

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 2017. THE

PHYSICIANS ARE OFFERED A SIMILAR BENEFIT ALLOWANCE BUT THE AMOUNT IS CAPPED

AT \$10,000. IN 2017 THE REPORTED HIGHEST COMPENSATED EMPLOYEES, 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

\$57,600 FOR 2017. THE AMOUNT WAS PART OF TAXABLE WAGES AND REPORTED ON HIS

W-2.

PART I, LINES 4A-B:

LINE 4A- IN 2017 THE FOLLOWING INDIVIDUALS RECEIVED SEVERANCE PAYMENTS:

CLAIRE SPAIN-REMY IN THE AMOUNT OF \$439,160 AND GLENN KASMAN IN THE AMOUNT

OF \$781,415.

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.

LINE 4B - THE FOLLOWING REPORTED PEOPLE PARTICIPATED IN A 457(F) DEFERRED

COMPENSATION PLAN AND RECEIVED A PAYOUT IN 2017: DAVIS COONS \$30,680, GLENN

KASMAN \$150,343, CHRISTI MCCARREN \$15,797, ANNA LOONIS \$18,094, SHELLY

MULLIN, \$26,787.

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 \$427,713 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

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.

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 THE SENIOR VICE PRESIDENTS WHO ARE "DISQUALIFIED" AS DEFINED

UNDER THE INTERMEDIATE SANCTIONS REGULATIONS OF THE IRS, INCENTIVES ARE AT

THE DISCRETION OF THE COMPENSATION COMMITTEE. FOR ALL OTHER SENIOR 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 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

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.

EMPLOYEES IS BASED ON THE TOTAL AMOUNT PAID DURING THE YEAR FOR

MANAGEMENT AND LEADERSHIP OF MULTICARE HEALTH SYSTEM ENTITIES

(91-1514257, 94-3030039, 91-2004312, 46-5636491, 47-5457904), 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

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

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

Part III	Supplemental Information
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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.

AN AVERAGE OF 60 HOURS PER WEEK TO PERFORM HIS OR HER RESPONSIBILITIES.

SCHEDULE K
(Form 990)

Department of the Treasury
Internal Revenue Service

ENTITY

1

Supplemental Information on Tax-Exempt Bonds

- Complete if the organization answered "Yes" on Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.
► Attach to Form 990. ► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2017
Open to Public Inspection

Name of the organization

MULTICARE HEALTH SYSTEM

Employer identification number
91-1352172

Part I Bond Issues SEE PART VI FOR COLUMNS (A) AND (F) CONTINUATIONS

(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) Pooled financing	
						Yes	No	Yes	No	Yes	No
WASHINGTON HEALTH CARE FACILITIES A SERIES 2009 A, B	91-1108929	93978E3U4	05/01/09	100,000,000.	CONSTRUCTION OF THE GOOD SAMARITAN TOWER		X		X		X
WASHINGTON HEALTH CARE FACILITIES B SERIES 2010 A	91-1108929	93978E6W7	01/05/10	105,127,578.	USED TO REFUND THE WHCA SERIES 1998 ISSUED ON 08/		X		X		X
WASHINGTON HEALTH CARE FACILITIES C SERIES 2012 A, B	91-1108929	93978HHC2	11/13/12	140,628,741.	AUBURN ACQUISITION, TG CAMPUS REFRESH, COVINGTON		X		X		X
WASHINGTON HEALTH CARE FACILITIES D SERIES 2015 A, B	91-1108929	93978HNH4	04/16/15	420,539,219.	REFUND THE SERIES 2004 & SERIES 2008 BONDS, CONSTR		X		X		X

Part II Proceeds

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Amount of bonds retired				57,055,000.				7,730,000.
2 Amount of bonds legally defeased								
3 Total proceeds of issue		100,000,000.		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		1,032,608.				1,336,000.		3,145,115.
8 Credit enhancement from proceeds		556,507.		574.				
9 Working capital expenditures from proceeds								
10 Capital expenditures from proceeds		98,410,885.				139,292,741.		192,374,556.
11 Other spent proceeds				105,127,004.				225,019,548.
12 Other unspent proceeds								
13 Year of substantial completion		2010		2010		2013		2017
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	

732121 10-18-17 LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 100

Schedule K (Form 990) 2017

SCHEDULE K
(Form 990)

Department of the Treasury
Internal Revenue Service

ENTITY

2

Supplemental Information on Tax-Exempt Bonds

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

▶ Attach to Form 990. ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2017

Open to Public
Inspection

Name of the organization

MULTICARE HEALTH SYSTEM

Employer identification number
91-1352172

Part I Bond Issues SEE PART VI FOR COLUMNS (A) AND (F) CONTINUATIONS

(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Deleted		(h) On behalf of issuer		(i) Pooled financing	
						Yes	No	Yes	No	Yes	No
WASHINGTON HEALTH CARE FACILITIES A SERIES 2017 B	91-1108929	93978HTS4	11/14/17	299,865,868	REFUND THE SERIES 2007				X		X
WASHINGTON HEALTH CARE FACILITIES B SERIES 2017 C, D, E	91-1108929	93978HTS3	11/14/17	191,010,000	REFUND 2012B DEBT & ROCKWOOD ACQUISITION				X		X
C											
D											

Part II Proceeds

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Amount of bonds retired								
2 Amount of bonds legally defeased								
3 Total proceeds of issue		299,865,868		191,010,000				
4 Gross proceeds in reserve funds								
5 Capitalized interest from proceeds								
6 Proceeds in refunding escrows								
7 Issuance costs from proceeds								
8 Credit enhancement from proceeds								
9 Working capital expenditures from proceeds								
10 Capital expenditures from proceeds								
11 Other spent proceeds		299,865,868		191,010,000				
12 Other unspent proceeds								
13 Year of substantial completion	2017		2017					
14 Were the bonds issued as part of a current refunding issue?	X		X					
15 Were the bonds issued as part of an advance refunding issue?		X		X				
16 Has the final allocation of proceeds been made?	X		X					
17 Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X					

Part III Private Business Use

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

732121 10-18-17 LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 101

Schedule K (Form 990) 2017

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		.16 %		.00 %		.08 %		.89 %
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		.00 %		.00 %		.00 %		.00 %
6 Total of lines 4 and 5		.16 %		.00 %		.08 %		.89 %
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 non-governmental 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 III Private Business Use (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
3a Are there any management or service contracts that may result in private business use of bond-financed property?	X		X					
b If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?	X		X					
c Are there any research agreements that may result in private business use of bond-financed property?	X		X					
d If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?	X		X					
4 Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government 1.68 %		.63 %						%
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 .00 %		.00 %						%
6 Total of lines 4 and 5 1.68 %		.63 %						%
7 Does the bond issue meet the private security or payment test?		X		X				
8a Has there been a sale or disposition of any of the bond-financed property to a non-governmental person other than a 501(c)(3) organization since the bonds were issued?		X		X				
b If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of		%		%				%
c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?								
9 Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?	X		X					

Part IV Arbitrage

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

Part IV Arbitrage (Continued)

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

Part V Procedures To Undertake Corrective Action

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

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

SCHEDULE K, PART I, BOND ISSUES:

(A) ISSUER NAME: WASHINGTON HEALTH CARE FACILITIES SERIES 2009 A, B

(F) DESCRIPTION OF PURPOSE: CONSTRUCTION OF THE GOOD SAMARITAN TOWER

(A) ISSUER NAME: WASHINGTON HEALTH CARE FACILITIES SERIES 2010 A

(F) DESCRIPTION OF PURPOSE:

USED TO REFUND THE WHCA SERIES 1998 ISSUED ON 08/13/1998

(A) ISSUER NAME: WASHINGTON HEALTH CARE FACILITIES SERIES 2012 A, B

(F) DESCRIPTION OF PURPOSE:

AUBURN ACQUISITION, TG CAMPUS REFRESH, COVINGTON EMERGENCY DEPARTMENT

(A) ISSUER NAME: WASHINGTON HEALTH CARE FACILITIES SERIES 2015 A, B

(F) DESCRIPTION OF PURPOSE:

REFUND THE SERIES 2004 & SERIES 2008 BONDS, CONSTRUCTION AT AUBURN & COVING

SCHEDULE K, PART I, COLUMN C

THE FOLLOWING CUSIPS WERE ISSUED FOR THE FOLLOWING BOND SERIES:

\$48,145,000

WA HEALTH CARE FACILITIES AUTHORITY

REVENUE BONDS

MULTICARE HEALTH SYSTEM

SERIES 2009A

MATURITY/CUSIP

732123 10-18-17

SEE PART VI SUPPLEMENTAL INFORMATION SHEET

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

8/15/2044/ 93978HET8	
\$49,985,000	
WA HEALTH CARE FACILITIES AUTHORITY	
REVENUE BONDS	
MULTICARE HEALTH SYSTEM	
SERIES 2009B	
MATURITY/CUSIP	
8/15/2040/ 93978HEU5	
8/15/2041/ 93978HEV3	
8/15/2042/ 93978HEW1	
8/15/2043/ 93978HEX9	
8/15/2044/ 93978HEY7	
\$100,150,000	
WA HEALTH CARE FACILITIES AUTHORITY	
REVENUE BONDS	
MULTICARE HEALTH SYSTEM	
SERIES 2010A	
MATURITY/CUSIP	
8/15/2018/ 93978E6S6	
8/15/2019/ 93978E6T4	
8/15/2020/ 93978E6U1	
8/15/2021/ 93978E6V9	
8/15/2022/ 93978E6W7	
\$60,000,000	
WA HEALTH CARE FACILITIES AUTHORITY	
REVENUE BONDS	
MULTICARE HEALTH SYSTEM	
SERIES 2012A	
MATURITY/CUSIP	
8/15/2042/ 93978HHB4	
8/15/2046/ 93978HHA6	
\$87,710,000	
ISSUER	
BOND DESCRIPTION	
MULTICARE HEALTH SYSTEM	
SERIES 2015A	
MATURITY/CUSIP	

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

8/15/2018/ 93978HNN2
8/15/2019/ 93978HNP7
8/15/2020/ 93978HMQ5
8/15/2021/ 93978HMR3
8/15/2022/ 93978HMS1
8/15/2023/ 93978HNT9
8/15/2024/ 93978HMU6
8/15/2025/ 93978HMV4
8/15/2026/ 93978HWW2
8/15/2027/ 93978HXX0
8/15/2028/ 93978HMY8
8/15/2029/ 93978HMZ5
8/15/2030/ 93978HNA9
8/15/2031/ 93978HNB7
8/15/2032/ 93978HNC5
8/15/2033/ 93978HND3
8/15/2034/ 93978HNE1
8/15/2035/ 93978HNF8
8/15/2040/ 93978HNG6
8/15/2045/ 93978HNH4
\$285,680,000
ISSUER
REVENUE BONDS
MULTICARE HEALTH SYSTEM
SERIES 2015B
MATURITY/CUSIP
8/15/2018/ 93978HNN3
8/15/2019/ 93978HNN1
8/15/2020/ 93978HNP6
8/15/2021/ 93978HNQ4
8/15/2022/ 93978HNR2
8/15/2023/ 93978HNS0
8/15/2024/ 93978HNT8
8/15/2025/ 93978HNU5
8/15/2026/ 93978HNV3
8/15/2027/ 93978HNW1
8/15/2028/ 93978HNX9
8/15/2029/ 93978HNY7
8/15/2030/ 93978HNZ4
8/15/2031/ 93978HPA7

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

8/15/2032/ 93978HPB5
8/15/2033/ 93978HPC3
8/15/2034/ 93978HPD1
8/15/2035/ 93978HPE9
8/15/2039/ 93978HPP6
8/15/2043/ 93978HPG4

SCHEDULE K, PART IV, LINE 2C

FOR THE WASHINGTON HEALTH CARE FACILITIES AUTHORITY REVENUE BONDS

SERIES 2012 A, MULTICARE HEALTH SYSTEM ENGAGED BARTHE & WAHRMAN

PROFESSIONAL ASSOCIATION TO PERFORM A FIVE-YEAR ARBITRAGE REBATE

CALCULATION ON 11/28/2017 AND THE RESULT WAS THERE IS NO REBATE DUE TO

THE IRS.

(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions With Interested Persons

► Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No 1545-0047

2017

Open To Public Inspection

Name of the organization

MULTICARE HEALTH SYSTEM

Employer identification number

91-1352172

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

[illegible]

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

► \$ _____

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

▶ \$ _____

Part II	Loans to and/or From Interested Persons.
----------------	---

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26, or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22

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

Total

▶ \$

Part III	Grants or Assistance Benefiting Interested Persons.
-----------------	--

Complete if the organization answered "Yes" on Form 990, Part IV, line 27

[illegible]

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule L (Form 990 or 990-EZ) 2017

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
CAROLINE RUTTER, MD	FAMILY OF DIRECTOR	575,898.	EMPLOYEE OF		X
RICKY ROTH	FAMILY OF DIRECTOR	70,625.	EMPLOYEE OF		X
RACHEL ROTH	FAMILY OF DIRECTOR	26,772.	EMPLOYEE OF		X

Part V Supplemental Information

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

SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS:

(A) NAME OF PERSON: CAROLINE RUTTER, MD

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

FAMILY OF DIRECTOR

(C) AMOUNT OF TRANSACTION \$ 575,898.

(D) DESCRIPTION OF TRANSACTION: EMPLOYEE OF MULTICARE HEALTH SYSTEM

(E) SHARING OF ORGANIZATION REVENUES? = NO

(A) NAME OF PERSON: RICKY ROTH

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

FAMILY OF DIRECTOR

(C) AMOUNT OF TRANSACTION \$ 70,625.

(D) DESCRIPTION OF TRANSACTION: EMPLOYEE OF MULTICARE HEALTH SYSTEM

(E) SHARING OF ORGANIZATION REVENUES? = NO

(A) NAME OF PERSON: RACHEL ROTH

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

FAMILY OF DIRECTOR

(C) AMOUNT OF TRANSACTION \$ 26,772.

(D) DESCRIPTION OF TRANSACTION: EMPLOYEE OF MULTICARE HEALTH SYSTEM

Schedule L (Form 990 or 990-EZ) 2017

Part V Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule L (see instructions)

(E) SHARING OF ORGANIZATION REVENUES? = NO

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.

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

OMB No 1545-0047

2017

Open to Public
Inspection

Name of the organization

MULTICARE HEALTH SYSTEM

Employer identification number
91-1352172

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

WELL-BEING AND OTHER COMMUNITY "DETERMINANTS OF HEALTH" INDICATORS,

EXTENDS MULTICARE'S DIRECT COMMUNITY ENGAGEMENT AND IMPACT. IN 2017 MHS

PROVIDED OVER 55 GRANTS TO COMMUNITY ORGANIZATIONS.

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:

ANKLE SURGERY ETC.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

MULTICARE HEALTH SYSTEM'S OTHER PROGRAMS INCLUDE MULTICARE URGENT CARE

CLINICS, BEHAVIORAL HEALTH, HOME HEALTH SERVICES AND HOSPICE, ADULT DAY

HEALTH AND PSYCHOLOGY CHILDREN'S THERAPY UNIT. DURING 2017 THE CLINICS

PROVIDED 199,215 URGENT CARE VISITS AND 48,200 HOME HEALTH VISITS. THE

HOME HEALTH AND HOSPICE PROGRAMS ADMITTED 3,950 AND 1,641 PATIENTS,

RESPECTIVELY DURING 2017. MULTICARE GOOD SAMARITAN CHILDREN'S THERAPY

UNIT (CTU) HELPS INFANTS, CHILDREN AND ADOLESCENTS WHO HAVE SPECIAL

NEEDS. IN 2017 CTU SERVED 675 PATIENTS. MULTICARE BEHAVIORAL HEALTH

SERVICES (BHS) OFFERS A FULL RANGE OF SERVICES AND AN INTEGRATED

APPROACH TO WELLNESS. IN 2017 BHS SERVED 11,575 CLIENTS.

EXPENSES \$ 83,342,072. INCLUDING GRANTS OF \$ 0. REVENUE \$ 75,019,148.

FORM 990, PART VI, SECTION A, LINE 2:

JANINE TERRANO AND JOHN FOLSOM HAVE A BUSINESS RELATIONSHIP.

FORM 990, PART VI, SECTION B, LINE 11B:

PROCESS USED BY MANAGEMENT AND/OR GOVERNING BODY TO REVIEW 990

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule O (Form 990 or 990-EZ) (2017)

732211 09-07-17

Name of the organization

MULTICARE HEALTH SYSTEM

Employer identification number

91-1352172

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 FINANCE AND 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.

FORM 990, PART VI, SECTION B, LINE 12C:

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

Name of the organization MULTICARE HEALTH SYSTEM	Employer identification number 91-1352172
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INTEREST POLICY. CONFLICTS OF INTEREST ARE DOCUMENTED.

FORM 990, PART VI, SECTION B, LINE 15:

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 (91-1514257, 94-3030039, 91-2004312, 46-5636491,

47-5457904). 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

2017.

FORM 990, PART VI, SECTION C, LINE 19:

732212 09-07-17

Schedule O (Form 990 or 990-EZ) (2017)

114

17091023 137451 MHS

2017.04000 MULTICARE HEALTH SYSTEM

MHS 1

Name of the organization

MULTICARE HEALTH SYSTEM

Employer identification number

91-1352172

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.

FORM 990, PART IX, LINE 11G, OTHER FEES:

PROFESSIONAL SERVICES:

PROGRAM SERVICE EXPENSES 233,623,352.

MANAGEMENT AND GENERAL EXPENSES 0.

FUNDRAISING EXPENSES 0.

TOTAL EXPENSES 233,623,352.

TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A 233,623,352.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

CHANGES IN ACCRUED PENSION ASSET 26,191,121.

TRANSFER OF ASSETS FROM MCS LLC LIQUIDATION 20,923,141.

TRANSFER TACOMA GENERAL ENDOWMENT UPON DISSOLUTION 1,586,666.

TOTAL TO FORM 990, PART XI, LINE 9 48,700,928.

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

▶ Attach to Form 990.

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

OMB No 1545-0047

2017

Open to Public
Inspection

Name of the organization

MULTICARE HEALTH SYSTEM

Employer identification number
91-1352172

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
MULTICARE CONNECTED CARE, LLC - 47-2859356 222 N J ST., STE B TACOMA, WA 98403	HEALTHCARE ACO	WASHINGTON			MULTICARE HEALTH SYSTEM
NORTHSTAR PROPERTY ACQUISITIONS LLC - 82-1517201, 4720 MONTGOMERY LANE, STE 1000, BETHESDA, MD 20814	REAL PROPERTY ACQUISITION	WASHINGTON			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
MULTICARE HEALTH FOUNDATION - 91-1514257 409 S J STREET TACOMA, WA 98405	SOLICIT CONTRIBUTIONS	WASHINGTON	501(C)(3)	LINE 7	MULTICARE HEALTH SYSTEM		X
MARY BRIDGE CHILDREN'S FOUNDATION - 94-3030039, 409 S J STREET, TACOMA, WA 98405	SOLICIT CONTRIBUTIONS	WASHINGTON	501(C)(3)	LINE 7	MULTICARE HEALTH SYSTEM		X
GOOD SAMARITAN FOUNDATION - 91-2004312 402 15TH AVE SE SUITE 101 PUYALLUP, WA 98372	SOLICIT CONTRIBUTIONS	WASHINGTON	501(C)(3)	LINE 7	MULTICARE HEALTH SYSTEM		X
MULTICARE SOUTH KING HEALTH FOUNDATION - 46-5636491, 737 FAWCETT AVE, TACOMA, WA 98402	SOLICIT CONTRIBUTIONS	WASHINGTON	501(C)(3)	LINE 7	MULTICARE HEALTH SYSTEM		X

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

Schedule R (Form 990) 2017

Part V Continuation of Transactions With Related Organizations (Schedule R (Form 990), Part V, line 2)

(a) Name of other organization	(b) Transaction type (a-r)	(c) Amount involved	(d) Method of determining amount involved
(7) GOOD SAMARITAN FOUNDATION	C	1,261,902.	ACCRUAL
(8) MULTICARE SOUTH KING HEALTH FOUNDATION	C	154,005.	ACCRUAL
(9) MEDIS CORPORATION	K	768,976.	ACCRUAL
(10) CHVI PROFESSIONAL CORPORATION	P	24,893,164.	ACCRUAL
(11) MULTICARE HEALTH FOUNDATION	Q	757,689.	ACCRUAL
(12) MARY BRIDGE CHILDREN'S FOUNDATION	Q	1,893,510.	ACCRUAL
(13) GOOD SAMARITAN FOUNDATION	Q	750,844.	ACCRUAL
(14) MULTICARE SOUTH KING HEALTH FOUNDATION	Q	545,264.	ACCRUAL
(15) MEDIS CORPORATION	Q	334,523.	ACCRUAL
(16)			
(17)			
(18)			
(19)			
(20)			
(21)			
(22)			
(23)			
(24)			

Part VII	Supplemental Information.
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Provide additional information for responses to questions on Schedule R. See instructions.

[illegible]