

<b>Part II Signature Block</b>																
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																
<b>Sign Here</b>	<div> <div></div> <div>Signature of officer</div> </div> <div> <div>2019-10-31</div> <div>Date</div> </div>															
	<div> <div></div> <div>JAMES P MCMANUS CFO, SR VP</div> </div> <div>Type or print name and title</div>															
<b>Paid Preparer Use Only</b>	<table border="1"> <tr> <td>Print/Type preparer's name</td> <td>Preparer's signature</td> <td>Date</td> <td>Check <input type="checkbox"/> if self-employed</td> <td>PTIN P01286320</td> </tr> <tr> <td colspan="3">Firm's name ▶ ERNST &amp; YOUNG US LLP</td> <td colspan="2">Firm's EIN ▶ 34-6565596</td> </tr> <tr> <td colspan="3">Firm's address ▶ 560 MISSION STREET SUITE 1600 SAN FRANCISCO, CA 94105</td> <td colspan="2">Phone no (415) 894-8000</td> </tr> </table>	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN P01286320	Firm's name ▶ ERNST & YOUNG US LLP			Firm's EIN ▶ 34-6565596		Firm's address ▶ 560 MISSION STREET SUITE 1600 SAN FRANCISCO, CA 94105			Phone no (415) 894-8000	
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**Part III Statement of Program Service Accomplishments**Check if Schedule O contains a response or note to any line in this Part III ☒**1** Briefly describe the organization's mission

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

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

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

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

If "Yes," describe these changes on Schedule O

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

<b>4a</b>	(Code )	(Expenses \$	1,865,514,936	including grants of \$	8,519,150 )	(Revenue \$	2,250,281,063 )
	See Additional Data						

<b>4b</b>	(Code )	(Expenses \$	399,652,237	including grants of \$	)	(Revenue \$	432,442,611 )
	See Additional Data						

<b>4c</b>	(Code )	(Expenses \$	112,150,626	including grants of \$	)	(Revenue \$	79,874,767 )
	See Additional Data						

	(Code )	(Expenses \$	60,771,123	including grants of \$	)	(Revenue \$	64,690,275 )
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MULTICARE HEALTH SYSTEM'S OTHER PROGRAMS INCLUDE BEHAVIORAL HEALTH, HOME HEALTH SERVICES AND HOSPICE, ADULT DAY HEALTH AND PSYCHOLOGY CHILDREN'S THERAPY UNIT. DURING 2018 THE CLINICS PROVIDED 48,200 HOME HEALTH VISITS, THE HOME HEALTH AND HOSPICE PROGRAMS ADMITTED 3,500 AND 1,499 PATIENTS, RESPECTIVELY. MULTICARE GOOD SAMARITAN CHILDREN'S THERAPY UNIT (CTU) HELPS INFANTS, CHILDREN AND ADOLESCENTS WHO HAVE SPECIAL NEEDS. IN 2018 CTU SERVED 649 PATIENTS. MULTICARE BEHAVIORAL HEALTH SERVICES (BHS) OFFERS A FULL RANGE OF SERVICES AND AN INTEGRATED APPROACH TO WELLNESS. IN 2018 BHS SERVED 11,496 CLIENTS.

<b>4d</b>	Other program services (Describe in Schedule O )						
	(Expenses \$	60,771,123	including grants of \$	)	(Revenue \$	64,690,275 )	

<b>4e</b>	<b>Total program service expenses</b>	2,438,088,922					
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**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	<b>1</b> Yes	
<b>2</b> Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	<b>2</b> Yes	
<b>3</b> Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	<b>3</b>	No
<b>4 Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	<b>4</b> Yes	
<b>5</b> Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	<b>5</b>	No
<b>6</b> Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	<b>6</b>	No
<b>7</b> Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	<b>7</b>	No
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	<b>8</b>	No
<b>9</b> Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	<b>9</b>	No
<b>10</b> Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	<b>10</b>	No
<b>11</b> 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		
<b>a</b> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	<b>11a</b> Yes	
<b>b</b> Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	<b>11b</b> Yes	
<b>c</b> Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	<b>11c</b>	No
<b>d</b> Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	<b>11d</b> Yes	
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	<b>11e</b> Yes	
<b>f</b> Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	<b>11f</b> Yes	
<b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	<b>12a</b>	No
<b>b</b> Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	<b>12b</b> Yes	
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	<b>13</b>	No
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States?	<b>14a</b>	No
<b>b</b> Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	<b>14b</b>	No
<b>15</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	<b>15</b>	No
<b>16</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	<b>16</b>	No
<b>17</b> Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	<b>17</b>	No
<b>18</b> Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	<b>18</b>	No
<b>19</b> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	<b>19</b>	No
<b>20a</b> Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	<b>20a</b> Yes	
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	<b>20b</b> Yes	
<b>21</b> 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	<b>21</b> Yes	
<b>22</b> 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	<b>22</b>	No

**Part IV Checklist of Required Schedules (continued)**

		Yes	No
<b>23</b>	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> . . . . .	<b>23</b> Yes	
<b>24a</b>	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i> . . . . .	<b>24a</b> Yes	
<b>b</b>	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . . .	<b>24b</b>	No
<b>c</b>	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .	<b>24c</b>	No
<b>d</b>	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . . .	<b>24d</b>	No
<b>25a</b>	<b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> . . . . .	<b>25a</b>	No
<b>b</b>	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i> . . . . .	<b>25b</b>	No
<b>26</b>	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i> . . . . .	<b>26</b>	No
<b>27</b>	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> . . . . .	<b>27</b>	No
<b>28</b>	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)		
<b>a</b>	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	<b>28a</b>	No
<b>b</b>	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	<b>28b</b> Yes	
<b>c</b>	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	<b>28c</b>	No
<b>29</b>	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> . . . . .	<b>29</b>	No
<b>30</b>	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> . . . . .	<b>30</b>	No
<b>31</b>	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> . . . . .	<b>31</b>	No
<b>32</b>	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> . . . . .	<b>32</b>	No
<b>33</b>	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> . . . . .	<b>33</b>	No
<b>34</b>	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> . . . . .	<b>34</b> Yes	
<b>35a</b>	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	<b>35a</b> Yes	
<b>b</b>	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .	<b>35b</b> Yes	
<b>36</b>	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .	<b>36</b>	No
<b>37</b>	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> . . . . .	<b>37</b>	No
<b>38</b>	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O . . . . .	<b>38</b> Yes	

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

		Yes	No
<b>1a</b>	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable . . . . .	<b>1a</b> 1,641	
<b>b</b>	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable . . . . .	<b>1b</b> 0	
<b>c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? . . . . .	<b>1c</b> Yes	

<b>2a</b> 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 . . . . .		<b>2a</b>	16,611			
<b>b</b> If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)				<b>2b</b>	Yes	
<b>3a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year? . . . . .				<b>3a</b>	Yes	
<b>b</b> If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O . . . . .				<b>3b</b>	Yes	
<b>4a</b> 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)? . . . . .				<b>4a</b>		No
<b>b</b> If "Yes," enter the name of the foreign country <span style="border-bottom: 1px solid black; display: inline-block; width: 200px;"></span> See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)						
<b>5a</b> Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . . . .				<b>5a</b>		No
<b>b</b> Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?				<b>5b</b>		No
<b>c</b> If "Yes," to line 5a or 5b, did the organization file Form 8886-T? . . . . .				<b>5c</b>		
<b>6a</b> 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? . . . . .				<b>6a</b>		No
<b>b</b> If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . . . . .				<b>6b</b>		
<b>7 Organizations that may receive deductible contributions under section 170(c).</b>						
<b>a</b> 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? . . . . .				<b>7a</b>		No
<b>b</b> If "Yes," did the organization notify the donor of the value of the goods or services provided? . . . . .				<b>7b</b>		
<b>c</b> Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? . . . . .				<b>7c</b>		No
<b>d</b> If "Yes," indicate the number of Forms 8282 filed during the year . . . . .				<b>7d</b>		
<b>e</b> Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?				<b>7e</b>		No
<b>f</b> Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . . .				<b>7f</b>		No
<b>g</b> If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? . . . . .				<b>7g</b>		
<b>h</b> If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? . . . . .				<b>7h</b>		
<b>8 Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? . . . . .						
				<b>8</b>		
<b>9a</b> Did the sponsoring organization make any taxable distributions under section 4966? . . . . .				<b>9a</b>		
<b>b</b> Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . . . .				<b>9b</b>		
<b>10 Section 501(c)(7) organizations.</b> Enter						
<b>a</b> Initiation fees and capital contributions included on Part VIII, line 12 . . . . .				<b>10a</b>		
<b>b</b> Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities				<b>10b</b>		
<b>11 Section 501(c)(12) organizations.</b> Enter						
<b>a</b> Gross income from members or shareholders . . . . .				<b>11a</b>		
<b>b</b> Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them ) . . . . .				<b>11b</b>		
<b>12a Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?						
<b>b</b> If "Yes," enter the amount of tax-exempt interest received or accrued during the year				<b>12b</b>		
<b>13 Section 501(c)(29) qualified nonprofit health insurance issuers.</b>						
<b>a</b> Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O				<b>13a</b>		
<b>b</b> Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans . . . . .				<b>13b</b>		
<b>c</b> Enter the amount of reserves on hand . . . . .				<b>13c</b>		
<b>14a</b> Did the organization receive any payments for indoor tanning services during the tax year? . . . . .				<b>14a</b>		No
<b>b</b> If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O . . . . .				<b>14b</b>		
<b>15</b> Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N . . . . .						
<b>16</b> Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O . . . . .				<b>15</b>	Yes	
				<b>16</b>		No

**Part VI Governance, Management, and Disclosure** For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI. ☒

## Section A. Governing Body and Management

		Yes	No
<b>1a</b> Enter the number of voting members of the governing body at the end of the tax year	<b>1a</b> 9		
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
<b>b</b> Enter the number of voting members included in line 1a, above, who are independent	<b>1b</b> 8		
<b>2</b> 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?	<b>2</b>	Yes	
<b>3</b> 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?	<b>3</b>		No
<b>4</b> Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	<b>4</b>		No
<b>5</b> Did the organization become aware during the year of a significant diversion of the organization's assets?	<b>5</b>		No
<b>6</b> Did the organization have members or stockholders?	<b>6</b>		No
<b>7a</b> 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?	<b>7a</b>		No
<b>b</b> Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	<b>7b</b>		No
<b>8</b> Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
<b>a</b> The governing body?	<b>8a</b>	Yes	
<b>b</b> Each committee with authority to act on behalf of the governing body?	<b>8b</b>	Yes	
<b>9</b> 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	<b>9</b>		No

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

	Yes	No
<b>10a</b> Did the organization have local chapters, branches, or affiliates?	<b>10a</b>	No
<b>b</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?	<b>10b</b>	
<b>11a</b> Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	<b>11a</b>	Yes
<b>b</b> Describe in Schedule O the process, if any, used by the organization to review this Form 990		
<b>12a</b> Did the organization have a written conflict of interest policy? If "No," go to line 13	<b>12a</b>	Yes
<b>b</b> Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	<b>12b</b>	Yes
<b>c</b> Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	<b>12c</b>	Yes
<b>13</b> Did the organization have a written whistleblower policy?	<b>13</b>	Yes
<b>14</b> Did the organization have a written document retention and destruction policy?	<b>14</b>	Yes
<b>15</b> 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?		
<b>a</b> The organization's CEO, Executive Director, or top management official	<b>15a</b>	Yes
<b>b</b> Other officers or key employees of the organization	<b>15b</b>	Yes
If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)		
<b>16a</b> Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	<b>16a</b>	Yes
<b>b</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?	<b>16b</b>	Yes

## Section C. Disclosure

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

**18** Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
☐ Own website ☐ Another's website ☒ Upon request ☐ Other (explain in Schedule O)

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

**20** State the name, address, and telephone number of the person who possesses the organization's books and records.  
 JASON MITCHELL 737 S FAWCETT TACOMA, WA 98402 (253) 459-8331

**Part VII****Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**Check if Schedule O contains a response or note to any line in this Part VII ☐**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees****1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."

- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) 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, INTERIM CFO	56 00 ..... 4 00			X				1,590,839	0	556,972
(11) ANNA LOOMIS CFO, PART YEAR	56 00 ..... 4 00			X				742,199	0	80,857
(12) FLORENCE CHANG EXECUTIVE VICE PRESIDENT	60 00 ..... 0 00				X			1,176,346	0	246,522
(13) DAVID CARLSON SRVP, PROVIDER ENTERPRISES	58 00 ..... 2 00				X			706,275	0	117,723
(14) DAVID O'BRIEN SRVP/CHIEF EXEC-EAST WA	60 00 ..... 0 00				X			898,229	0	27,953
(15) LINDA CHEN PRES MARY BRIDGE, PART YEAR	60 00 ..... 0 00				X			818,079	0	3,357
(16) CHRISTI MCCARREN SRVP, RETAIL HEALTH&COMMUNI	58 00 ..... 2 00				X			575,968	0	26,532
(17) TIM BRICKER SRVP/CHIEF EXEC-S SOUND	60 00 ..... 0 00				X			789,962	0	122,977

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(18) JEFFREY POLTAWSKY ..... PRES MARY BRIDGE	60 00 ..... 0 00				X			340,948	0	23,708
(19) DAVID COONS ..... PHYSICIAN	50 00 ..... 0 00					X		1,616,641	0	46,228
(20) SURAJ SINGH ..... PHYSICIAN	50 00 ..... 0 00					X		1,700,072	0	27,444
(21) ROB TAMURIAN ..... PHYSICIAN	50 00 ..... 0 00					X		1,020,698	0	46,126
(22) MASOOD NEHAL ..... PHYSICIAN	50 00 ..... 0 00					X		1,123,873	0	33,274
(23) JOHN HUNG ..... PHYSICIAN	50 00 ..... 0 00					X		1,074,690	0	27,263
(24) SHELLY MULLIN ..... FORMER VP, FORMER KEY EMPL	50 00 ..... 0 00						X	841,951	0	41,638
(25) CLAIRE SPAIN-REMY ..... FORMER VP, FORMER KEY EMPL	0 00 ..... 0 00						X	122,965	0	0

<b>1b Sub-Total</b> . . . . .	▶			
<b>c Total from continuation sheets to Part VII, Section A</b> . . . . .	▶			
<b>d Total (add lines 1b and 1c)</b> . . . . .	▶	15,139,735	0	1,428,574

**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 ▶ 2,896

	Yes	No
<b>3</b> Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual . . . . .	3 Yes	
<b>4</b> 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 . . . . .	4 Yes	
<b>5</b> 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 . . . . .	5	No

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation
TRAVEL NURSE ACROSS AMERICA LLC 5020 NORTHSORE DR N LITTLE ROCK, AZ 72118	STAFFING	23,430,245
TACOMA ANESTHESIA ASSOCIATES INC PS 3633 PACIFIC AVE204 TACOMA, WA 98418	MEDICAL	10,431,093
SOUTH SOUND INPATIENT PHYSICIANS PLLC POBOX 742936 LOS ANGELES, CA 90074	MEDICAL	9,824,142
NAVITUS HEALTH SOLUTIONS LLC 2601 W BELTLINE HWY MADISON, WI 53713	PHARMACY BENEFITS MANAGEMENT	8,297,720
TRAUMA TRUST POBOX 5299 TACOMA, WA 98415	MEDICAL	8,228,354

**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 ▶ 285

**Part VIII Statement of Revenue**Check if Schedule O contains a response or note to any line in this Part VIII ☐**Contributions, Gifts, Grants and Other Similar Amounts**

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
<b>1a</b> Federated campaigns . . .	<b>1a</b>				
<b>b</b> Membership dues . . .	<b>1b</b>				
<b>c</b> Fundraising events . . .	<b>1c</b>				
<b>d</b> Related organizations	<b>1d</b>	11,169,253			
<b>e</b> Government grants (contributions)	<b>1e</b>	27,817,982			
<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>				
<b>g</b> Noncash contributions included in lines 1a - 1f \$ _____					
<b>h Total.</b> Add lines 1a-1f . . . . .		38,987,235			

**Program Service Revenue**

	Business Code				
<b>2a</b> HEALTHCARE SERVICES	622110	2,268,963,979	2,268,699,601	264,378	
<b>b</b> AMBULATORY SRVS & UCC	621493	428,551,090	428,426,919	124,171	
<b>c</b> OFFICES OF PHYSICIANS	621111	79,848,212	79,848,212		
<b>d</b> HOME HEALTH	621610	31,560,253	31,560,253		
<b>e</b> OUTPATIENT MENTAL HLTH	621420	11,408,424	11,408,424		
<b>f</b> All other program service revenue		7,345,307	7,345,307		
<b>g Total.</b> Add lines 2a-2f . . . . .		2,827,677,265			

**Other Revenue**

<b>3</b> Investment income (including dividends, interest, and other similar amounts) . . . . .		26,766,178			26,766,178
<b>4</b> Income from investment of tax-exempt bond proceeds					
<b>5</b> Royalties . . . . .					
<b>6a</b> Gross rents	(i) Real (ii) Personal				
<b>b</b> Less rental expenses					
<b>c</b> Rental income or (loss)					
<b>d</b> Net rental income or (loss) . . . . .					
<b>7a</b> Gross amount from sales of assets other than inventory	(i) Securities (ii) Other				
<b>b</b> Less cost or other basis and sales expenses					
<b>c</b> Gain or (loss)					
<b>d</b> Net gain or (loss) . . . . .		37,210,733			37,210,733
<b>8a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18 . . . . .	<b>a</b>				
<b>b</b> Less direct expenses . . . . .	<b>b</b>				
<b>c</b> Net income or (loss) from fundraising events . . . . .					
<b>9a</b> Gross income from gaming activities See Part IV, line 19 . . . . .	<b>a</b>				
<b>b</b> Less direct expenses . . . . .	<b>b</b>				
<b>c</b> Net income or (loss) from gaming activities . . . . .					
<b>10a</b> Gross sales of inventory, less returns and allowances . . . . .	<b>a</b>	850,959			
<b>b</b> Less cost of goods sold . . . . .	<b>b</b>	1,292,823			
<b>c</b> Net income or (loss) from sales of inventory . . . . .		-441,864			-441,864
Miscellaneous Revenue	Business Code				
<b>11a</b>					
<b>b</b>					
<b>c</b>					
<b>d</b> All other revenue . . . . .					
<b>e Total.</b> Add lines 11a-11d . . . . .					
<b>12 Total revenue.</b> See Instructions . . . . .		2,930,199,547	2,827,288,716	388,549	63,535,047

**Part IX Statement of Functional Expenses**

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

Check if Schedule O contains a response or note to any line in this Part IX ☒**Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.**

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.	8,519,150	8,519,150		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22.				
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16.				
<b>4</b> Benefits paid to or for members.				
<b>5</b> Compensation of current officers, directors, trustees, and key employees.	8,845,446	7,790,308	1,055,138	
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).	665,724	665,724		
<b>7</b> Other salaries and wages.	1,288,462,854	1,133,632,642	154,830,212	
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions).	41,280,557	36,356,362	4,924,195	
<b>9</b> Other employee benefits.	76,445,053	67,326,224	9,118,829	
<b>10</b> Payroll taxes.	80,580,431	70,078,036	10,502,395	
<b>11</b> Fees for services (non-employees):				
<b>a</b> Management.				
<b>b</b> Legal.	4,489,495	397,129	4,092,366	
<b>c</b> Accounting.	631,988	1,088	630,900	
<b>d</b> Lobbying.	329,090		329,090	
<b>e</b> Professional fundraising services. See Part IV, line 17.				
<b>f</b> Investment management fees.				
<b>g</b> Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	282,253,812	248,584,866	33,668,946	
<b>12</b> Advertising and promotion.	5,826,935	3,842,904	1,984,031	
<b>13</b> Office expenses.	13,068,405	11,509,526	1,558,879	
<b>14</b> Information technology.				
<b>15</b> Royalties.				
<b>16</b> Occupancy.	52,059,409	45,849,447	6,209,962	
<b>17</b> Travel.	9,893,510	5,464,588	4,428,922	
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials.	163,064	119,538	43,526	
<b>19</b> Conferences, conventions, and meetings.				
<b>20</b> Interest.	41,280,276	36,356,114	4,924,162	
<b>21</b> Payments to affiliates.				
<b>22</b> Depreciation, depletion, and amortization.	146,287,662	128,837,583	17,450,079	
<b>23</b> Insurance.	27,007,643	23,786,008	3,221,635	
<b>24</b> 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):				
<b>a</b> SUPPLIES	455,566,167	442,485,799	13,080,368	
<b>b</b> PROVISION FOR BAD DEBTS	53,676,629	53,676,629		
<b>c</b> WA HOSP SAFETY NET PRO	50,957,224	50,957,224		
<b>d</b> LICENSES	39,592,523	6,245,759	33,346,764	
<b>e</b> All other expenses	65,570,141	55,606,274	9,963,867	
<b>25</b> Total functional expenses. Add lines 1 through 24e.	2,753,453,188	2,438,088,922	315,364,266	0
<b>26</b> Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

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

				(A) Beginning of year		(B) End of year	
<b>Assets</b>	<b>1</b>	Cash—non-interest-bearing . . . . .			<b>1</b>		
	<b>2</b>	Savings and temporary cash investments . . . . .		357,444,178	<b>2</b>	370,871,294	
	<b>3</b>	Pledges and grants receivable, net . . . . .			<b>3</b>		
	<b>4</b>	Accounts receivable, net . . . . .		362,510,903	<b>4</b>	396,601,403	
	<b>5</b>	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L . . . . .			<b>5</b>		
	<b>6</b>	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L . . . . .			<b>6</b>		
	<b>7</b>	Notes and loans receivable, net . . . . .			<b>7</b>		
	<b>8</b>	Inventories for sale or use . . . . .		34,234,939	<b>8</b>	43,261,791	
	<b>9</b>	Prepaid expenses and deferred charges . . . . .		29,997,355	<b>9</b>	27,945,800	
	<b>10a</b>	Land, buildings, and equipment—cost or other basis. Complete Part VI of Schedule D	<b>10a</b>	3,128,549,517			
	<b>b</b>	Less: accumulated depreciation	<b>10b</b>	1,419,425,660	1,615,007,143	<b>10c</b>	1,709,123,857
	<b>11</b>	Investments—publicly traded securities . . . . .		1,452,694,844	<b>11</b>	1,181,678,148	
	<b>12</b>	Investments—other securities. See Part IV, line 11 . . . . .		170,205,982	<b>12</b>	309,038,000	
	<b>13</b>	Investments—program-related. See Part IV, line 11 . . . . .			<b>13</b>		
	<b>14</b>	Intangible assets . . . . .			<b>14</b>		
	<b>15</b>	Other assets. See Part IV, line 11 . . . . .		280,390,464	<b>15</b>	314,963,846	
<b>16</b>	<b>Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .		4,302,485,808	<b>16</b>	4,353,484,139		
<b>Liabilities</b>	<b>17</b>	Accounts payable and accrued expenses . . . . .		354,386,889	<b>17</b>	387,408,901	
	<b>18</b>	Grants payable . . . . .			<b>18</b>		
	<b>19</b>	Deferred revenue . . . . .			<b>19</b>		
	<b>20</b>	Tax-exempt bond liabilities . . . . .		1,287,092,589	<b>20</b>	1,266,586,741	
	<b>21</b>	Escrow or custodial account liability. Complete Part IV of Schedule D . . . . .			<b>21</b>		
	<b>22</b>	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 . . . . .			<b>22</b>		
	<b>23</b>	Secured mortgages and notes payable to unrelated third parties . . . . .			<b>23</b>		
	<b>24</b>	Unsecured notes and loans payable to unrelated third parties . . . . .		132,831	<b>24</b>	67,582	
	<b>25</b>	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 . . . . .		232,846,265	<b>25</b>	269,245,091	
	<b>26</b>	<b>Total liabilities.</b> Add lines 17 through 25 . . . . .		1,874,458,574	<b>26</b>	1,923,308,315	
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>						
	<b>27</b>	Unrestricted net assets		2,428,027,234	<b>27</b>	2,430,175,824	
	<b>28</b>	Temporarily restricted net assets . . . . .			<b>28</b>		
	<b>29</b>	Permanently restricted net assets			<b>29</b>		
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.</b>						
	<b>30</b>	Capital stock or trust principal, or current funds . . . . .			<b>30</b>		
	<b>31</b>	Paid-in or capital surplus, or land, building or equipment fund . . . . .			<b>31</b>		
	<b>32</b>	Retained earnings, endowment, accumulated income, or other funds			<b>32</b>		
<b>33</b>	<b>Total net assets or fund balances</b> . . . . .		2,428,027,234	<b>33</b>	2,430,175,824		
<b>34</b>	<b>Total liabilities and net assets/fund balances</b> . . . . .		4,302,485,808	<b>34</b>	4,353,484,139		

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	2,930,199,547
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	2,753,453,188
<b>3</b>	Revenue less expenses Subtract line 2 from line 1	<b>3</b>	176,746,359
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	2,428,027,234
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	-138,426,032
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	-36,171,737
<b>10</b>	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	2,430,175,824

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

- 1** Accounting method used to prepare the Form 990 ☐ Cash ☒ Accrual ☐ 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  
☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant?  
If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both  
☐ Separate basis ☒ Consolidated basis ☐ Both consolidated and separate basis
- c** If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?  
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O
- 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?
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

	Yes	No
<b>2a</b>		No
<b>2b</b>	Yes	
<b>2c</b>	Yes	
<b>3a</b>		No
<b>3b</b>		

# Additional Data

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

Form 990 (2018)

**Form 990, Part III, Line 4a:**

MULTICARE HEALTH SYSTEM (MHS) IS THE LARGEST COMMUNITY-BASED, LOCALLY GOVERNED HEALTHCARE TAX-EXEMPT ORGANIZATION IN THE STATE OF WASHINGTON. MHS OPERATES EIGHT COMMUNITY BASED HOSPITALS WITH 1,706 LICENSED ADULT BEDS AND 82 LICENSED PEDIATRIC BEDS. DURING 2018 MHS HOSPITALS ADMITTED 66,675 PATIENTS FOR A TOTAL OF 342,612 PATIENT DAYS, PERFORMED 51,154 SURGERIES AND DELIVERED 8,645 BABIES. THERE WERE 12,921 NEWBORN DAYS DURING 2018. THEY ALSO PROVIDED CARE FOR 307,578 OUTPATIENT VISITS AND 375,510 EMERGENCY ROOM VISITS, OF WHICH 1,462 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 IN PUGET SOUND AND EASTERN WA (SEE SCHEDULE O). IN 2018 MHS PROVIDED 87 GRANTS TO COMMUNITY ORGANIZATIONS.

**Form 990, Part III, Line 4b:**

MULTICARE HEALTH SYSTEM OPERATES A SYSTEM OF MULTI-SPECIALTY CLINICS, A GRID OF HIGHLY SPECIALIZED URGENT CARE CENTERS (INDIGO), 7-DAYS/WEEK NEIGHBORHOOD WALK-IN FRIENDLY URGENT CARE CENTERS (IMMEDIATE), ALL THROUGHOUT PIERCE, KING, THURNSTON, KITSAP AND SNOHOMISH COUNTIES AND THROUGH THE ACQUISITION OF THE ROCKWOOD CLINIC, MULTICARE OFFERS THE LARGEST OUTPATIENT DIAGNOSTIC AND TREATMENT CENTER IN THE EASTERN WA REGION IN 2018 THE INDIGO/IMMEDIATE/MULTICARE URGENT CARE CENTERS AND ROCKWOOD CLINICS PROVIDED 536,320 CLINIC VISITS AND PERFORMED SPECIALIST SURGERIES AS FOLLOWS PEDIATRIC, GENERAL, NEUROLOGIC, VASCULAR, SPINE, ORTHOPEDIC, GENERAL BREAST, PEDIATRIC ORTHOPEDIC, CARDIOTHORACIC, GENERAL BARIATRIC, COLORECTAL, PEDIATRIC NEUROSURGERY (SEE SCHEDULE O) DURING 2018 THE MULTI-SPECIALTY CLINICS PROVIDED CARE FOR 133,610 OUTPATIENTS VISITS AND 70,102 PHYSICIAN VISITS, AND PROCESSED 200,306 LABORATORY WORKLOAD UNITS, 29,197 IMAGING RELATIVE UNITS, 148,375 ONCOLOGY RELATIVE VALUE UNITS, 10,376 THERAPY VALUE UNITS AND 1,157 PHARMACY WORKLOAD UNITS

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**Form 990, Part III, Line 4c:**

MULTICARE HEALTH SYSTEM OPERATES PRIMARY CARE PHYSICIAN PRACTICES THROUGHOUT PIERCE AND SOUTH KING COUNTIES THESE PRACTICES PROVIDED 457,470  
PATIENT VISITS DURING 2018

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SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury

Internal Revenue Service

Name of the organization

MULTICARE HEALTH SYSTEM

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No 1545-0047

2018

Open to Public Inspection

Employer identification number

91-1352172

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

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

- 1

☐

A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2

☐

A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ) )
- 3

☒

A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4

☐

A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state
- 5

☐

An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II )
- 6

☐

A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7

☐

An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II )
- 8

☐

A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II )
- 9

☐

An agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture See instructions Enter the name, city, and state of the college or university
- 10

☐

An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III )
- 11

☐

An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**
- 12

☐

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

☐

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

☐

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

☐

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

☐

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

☐

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

Enter the number of supported organizations
- g

Provide the following information about the supported organization(s)

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

Part II

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv), 170(b)(1)(A)(vi), and 170(b)(1)(A)(ix)  
(Complete only if you checked the box on line 5, 7, 8, or 9 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support							
	Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant ")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	<b>Total.</b> 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	<b>Public support.</b> Subtract line 5 from line 4						

Section B. Total Support							
Calendar year (or fiscal year beginning in) ►		(a)2014	(b)2015	(c)2016	(d)2017	(e)2018	(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	<b>Total support.</b> Add lines 7 through 10						
12	Gross receipts from related activities, etc (see instructions)					<b>12</b>	
13	<b>First five years.</b> 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 <b>stop here</b> . . . . . ► <input type="checkbox"/>						

Section C. Computation of Public Support Percentage		
14	Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f))	14
15	Public support percentage for 2017 Schedule A, Part II, line 14	15
16a	<b>33 1/3% support test—2018.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization <span>▶ <input type="checkbox"/></span>	
b	<b>33 1/3% support test—2017.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization <span>▶ <input type="checkbox"/></span>	
17a	<b>10%-facts-and-circumstances test—2018.</b> 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 <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization <span>▶ <input type="checkbox"/></span>	
b	<b>10%-facts-and-circumstances test—2017.</b> 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 <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization <span>▶ <input type="checkbox"/></span>	
18	<b>Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions <span>▶ <input type="checkbox"/></span>	

**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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
<b>2</b> 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						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6 Total.</b> Add lines 1 through 5						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</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						
<b>c</b> Add lines 7a and 7b						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
<b>9</b> Amounts from line 6						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						

**14 First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ► ☐

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2018 (line 8, column (f) divided by line 13, column (f))	<b>15</b>	
<b>16</b> Public support percentage from 2017 Schedule A, Part III, line 15	<b>16</b>	

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for <b>2018</b> (line 10c, column (f) divided by line 13, column (f))	<b>17</b>	
<b>18</b> Investment income percentage from <b>2017</b> Schedule A, Part III, line 17	<b>18</b>	

**19a 33 1/3% support tests—2018.** 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—2017.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ► ☐

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

**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

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

Part IV

Supporting Organizations (continued)

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

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		
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		

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)		

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization (s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s)		
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		

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)		
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
2 Activities Test. Answer (a) and (b) below.	Yes	No
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.		
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.		
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.		
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.		

<b>Part V</b> <b>Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations</b>			
<div><div>1</div><div><input type="checkbox"/></div><div>Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). <b>See instructions.</b> All other Type III non-functionally integrated supporting organizations must complete Sections A through E.</div></div>			
<b>Section A - Adjusted Net Income</b>		(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	<b>Adjusted Net Income</b> (subtract lines 5, 6 and 7 from line 4)	8	
<b>Section B - Minimum Asset Amount</b>		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1	
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> 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	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	
<b>Section C - Distributable Amount</b>			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	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<div><div><input type="checkbox"/></div><div>Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions).</div></div>		

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 2018 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-2018	(iii) Distributable Amount for 2018
1 Distributable amount for 2018 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2018 (reasonable cause required-- explain in Part VI) See instructions			
3 Excess distributions carryover, if any, to 2018			
a From 2013. . . . .			
b From 2014. . . . .			
c From 2015. . . . .			
d From 2016. . . . .			
e From 2017. . . . .			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2018 distributable amount			
i Carryover from 2013 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2018 from Section D, line 7 \$			
a Applied to underdistributions of prior years			
b Applied to 2018 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2018, if any Subtract lines 3g and 4a from line 2 If the amount is greater than zero, explain in Part VI See instructions			
6 Remaining underdistributions for 2018 Subtract lines 3h and 4b from line 1 If the amount is greater than zero, explain in Part VI See instructions			
7 Excess distributions carryover to 2019. Add lines 3j and 4c			
8 Breakdown of line 7			
a Excess from 2014. . . . .			
b Excess from 2015. . . . .			
c Excess from 2016. . . . .			
d Excess from 2017. . . . .			
e Excess from 2018. . . . .			

## Additional Data

**Software ID:**

**Software Version:**

**EIN:** 91-1352172

**Name:** MULTICARE HEALTH SYSTEM

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

Facts And Circumstances Test

**SCHEDULE C**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Political Campaign and Lobbying Activities**

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

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

OMB No 1545-0047

**2018**

**Open to Public Inspection**

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

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

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

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

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

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

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

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

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

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

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ \$
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ☐ 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-
1				
2				
3				
4				
5				
6				

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

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

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

**Limits on Lobbying Expenditures**  
(The term "expenditures" means amounts paid or incurred.)**(a)** Filing  
organization's  
totals**(b)** Affiliated  
group totals

**1a** Total lobbying expenditures to influence public opinion (grass roots lobbying)

**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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) Total
<b>2a</b> Lobbying nontaxable amount					
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					
<b>c</b> Total lobbying expenditures					
<b>d</b> Grassroots nontaxable amount					
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					
<b>f</b> Grassroots lobbying expenditures					

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

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

		(a)		(b)
		Yes	No	Amount
<b>1</b>	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			
<b>a</b>	Volunteers?		No	
<b>b</b>	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		No	
<b>c</b>	Media advertisements?		No	
<b>d</b>	Mailings to members, legislators, or the public?		No	
<b>e</b>	Publications, or published or broadcast statements?		No	
<b>f</b>	Grants to other organizations for lobbying purposes?		No	
<b>g</b>	Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes		329,090
<b>h</b>	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
<b>i</b>	Other activities?		No	
<b>j</b>	Total. Add lines 1c through 1i			329,090
<b>2a</b>	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
<b>b</b>	If "Yes," enter the amount of any tax incurred under section 4912			
<b>c</b>	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
<b>d</b>	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
<b>1</b>	Were substantially all (90% or more) dues received nondeductible by members?	<b>1</b>	
<b>2</b>	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	<b>2</b>	
<b>3</b>	Did the organization agree to carry over lobbying and political expenditures from the prior year?	<b>3</b>	

**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."**

<b>1</b>	Dues, assessments and similar amounts from members	<b>1</b>	
<b>2</b>	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
<b>a</b>	Current year	<b>2a</b>	
<b>b</b>	Carryover from last year	<b>2b</b>	
<b>c</b>	Total	<b>2c</b>	
<b>3</b>	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	<b>3</b>	
<b>4</b>	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?	<b>4</b>	
<b>5</b>	Taxable amount of lobbying and political expenditures (see instructions)	<b>5</b>	

**Part IV Supplemental Information**

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

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

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493304012479

SCHEDULE D

(Form 990)

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](http://www.irs.gov/Form990) for the latest information.

OMB No 1545-0047

2018

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

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.

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

(a) Donor advised funds

(b) Funds and other accounts

5

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

Yes

No

6

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

Yes

No

Part II

Conservation Easements.

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

1

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

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

☐ Preservation of an historically important land area

☐ Protection of natural habitat

☐ Preservation of a certified historic structure

☐ Preservation of open space

2

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

Held at the End of the Year

2a

2b

2c

2d

3

Number of conservation easements on a certified historic structure included in (a)

4

Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register

3

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

4

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

5

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

Yes

No

6

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

7

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

8

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

Yes

No

9

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

Part III

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

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

1a

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

1b

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

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

► \$

(ii) Assets included in Form 990, Part X

► \$

2

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

a

Revenue included on Form 990, Part VIII, line 1

► \$

b

Assets included in Form 990, Part X

► \$

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

Cat No 52283D

Schedule D (Form 990) 2018

Part III

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

3

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

a

☐ Public exhibition

b

☐ Scholarly research

c

☐ Preservation for future generations

d

☐ Loan or exchange programs

e

☐ Other

4

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

5

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

☐ Yes

☐ No

Part IV

Escrow and Custodial Arrangements.

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

1a

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

☐ Yes

☐ No

b

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

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

	Amount
1c	
1d	
1e	
1f	

2a

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

☐ Yes

☐ No

b

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

☐

Part V

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

	(a)Current year	(b)Prior year	(c)Two years back	(d)Three years back	(e)Four years back
1a Beginning of year balance . . . . .					
b Contributions . . . . .					
c Net investment earnings, gains, and losses					
d Grants or scholarships . . . . .					
e Other expenditures for facilities and programs . . . . .					
f Administrative expenses . . . . .					
g End of year balance . . . . .					

2

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

a

Board designated or quasi-endowment ▶

b

Permanent endowment ▶

c

Temporarily restricted endowment ▶

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

3a

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

(i) unrelated organizations . . . . .

(ii) related organizations . . . . .

b

If "Yes" on 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 . . . . .		109,702,012		109,702,012
b Buildings . . . . .		1,868,000,252	677,068,427	1,190,931,825
c Leasehold improvements		97,933,964	65,006,211	32,927,753
d Equipment . . . . .		925,651,150	677,351,022	248,300,128
e Other . . . . .		127,262,139		127,262,139
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) . . . ▶				1,709,123,857

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) HEDGE FUNDS-PRIVATE INVESTMENTS FUNDS	204,633,000	F
(B) LIMITED PARTNERSHIPS-PRIVATE EQUITY	104,405,000	F
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 12 ) ▶	309,038,000	

Part VIII

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

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

Part IX

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

(a) Description	(b) Book value
(1) OTHER ASSETS	236,743,956
(2) EXECUTIVE CAA,TOP HAT 457 (B) & ACCRUED PENSION ASSET	76,392,773
(3) MARK TO MARKET BASIS SWAP	1,403,389
(4) BONDS HELD IN TRUST	423,728
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 15 ) . . . . . ▶	314,963,846

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	
ACCRUED INTEREST PAYABLE	16,363,526
DUE TO AFFILIATES	79,642,772
ACCRUED PENSION AND MALPRACTICE LIABILITY	127,406,125
INTEREST RATE SWAP	45,832,668
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25 ) ▶	269,245,091

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

☒

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

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

<b>1</b>	Total revenue, gains, and other support per audited financial statements . . . . .		<b>1</b>	
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12			
<b>a</b>	Net unrealized gains (losses) on investments . . . . .	<b>2a</b>		
<b>b</b>	Donated services and use of facilities . . . . .	<b>2b</b>		
<b>c</b>	Recoveries of prior year grants . . . . .	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII ) . . . . .	<b>2d</b>		
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .		<b>2e</b>	
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .		<b>3</b>	
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line <b>1</b>			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>		
<b>b</b>	Other (Describe in Part XIII ) . . . . .	<b>4b</b>		
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .		<b>4c</b>	
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12 ) . . . . .		<b>5</b>	

**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.

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

**Part XIII Supplemental Information**

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

Return Reference	Explanation
See Additional Data Table	

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

Return Reference	Explanation

# Additional Data

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

## Supplemental Information

Return Reference	Explanation
PART X, LINE 2	THE CONSOLIDATED AUDITED FINANCIAL STATEMENTS OF MULTICARE HEALTH SYSTEM FOOTNOTE READS " FINANCIAL ACCOUNTING STANDARD BOARD (FASB) ASC SUBTOPIC 740 10, INCOME TAXES, CLARIFIES TH E ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES RECOGNIZED IN MHS' CONSOLIDATED FINANCIAL STA TEMENTS THIS TOPIC ALSO PRESCRIBES A RECOGNITION THRESHOLD AND MEASUREMENT STANDARD FOR T HE FINANCIAL STATEMENT RECOGNITION AND MEASUREMENT OF AN INCOME TAX POSITION TAKEN OR EXPE CTED 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, THIS TOPIC PROVIDES GUIDANCE ON DERECOGNITION, CLASSIFICATION , INTEREST AND PENALTIES, ACCOUNTING IN INTERIM PERIODS, DISCLOSURE, AND TRANSITION ADOPT ION OF THIS TOPIC DID NOT HAVE A SIGNIFICANT IMPACT ON THE CONSOLIDATED FINANCIAL STATEMEN TS OF MHS OTHER THAN MEDIS, INC , WHICH IS A TAXABLE CORPORATION, ALL THE OTHER ENTITIES HAVE OBTAINED DETERMINATION LETTERS FROM THE INTERNAL REVENUE SERVICE THAT THEY ARE EXEMPT FROM FEDERAL INCOME TAXES UNDER SECTION 501(A) OF THE INTERNAL REVENUE CODE AS AN ORGANIZ ATION DESCRIBED IN 501(C)(3) OF THE INTERNAL REVENUE CODE, EXCEPT FOR TAX ON UNRELATED BUS INESS 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/Form990EZ](http://www.irs.gov/Form990EZ) for instructions and the latest information.

OMB No 1545-0047

2018

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

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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)			47,658,740		47,658,740	1 770 %
b Medicaid (from Worksheet 3, column a)			741,719,000	528,053,000	213,666,000	7 910 %
c Costs of other means-tested government programs (from Worksheet 3, column b)			0	0		
d Total Financial Assistance and Means-Tested Government Programs			789,377,740	528,053,000	261,324,740	9 680 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)	374	95,005	14,366,558	891,462	13,475,096	0 500 %
f Health professions education (from Worksheet 5)	9	219	17,310,238	553,122	16,757,116	0 620 %
g Subsidized health services (from Worksheet 6)	29	67,781	64,787,065	30,502,987	34,284,078	1 270 %
h Research (from Worksheet 7)	1	1	855,930	189,227	666,703	0 020 %
i Cash and in-kind contributions for community benefit (from Worksheet 8)			1,334,257	0	1,334,257	0 050 %
j Total. Other Benefits	413	163,006	98,654,048	32,136,798	66,517,250	2 460 %
k Total. Add lines 7d and 7j	413	163,006	888,031,788	560,189,798	327,841,990	12 140 %

**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
<b>1</b> Physical improvements and housing	2	532	991,364	55,106	936,258	0.030 %
<b>2</b> Economic development						
<b>3</b> Community support						
<b>4</b> Environmental improvements						
<b>5</b> Leadership development and training for community members						
<b>6</b> Coalition building						
<b>7</b> Community health improvement advocacy	29	5,190,146	1,062,411	24,636	1,037,775	0.040 %
<b>8</b> Workforce development						
<b>9</b> Other						
<b>10 Total</b>	31	5,190,678	2,053,775	79,742	1,974,033	0.070 %

**Part III Bad Debt, Medicare, & Collection Practices**

**Section A. Bad Debt Expense**

		Yes	No
<b>1</b> Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?	<b>1</b>	Yes	
<b>2</b> Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount.	<b>2</b>	53,676,629	
<b>3</b> 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.	<b>3</b>	1,634,000	
<b>4</b> 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**

<b>5</b> Enter total revenue received from Medicare (including DSH and IME).	<b>5</b>	392,107,730
<b>6</b> Enter Medicare allowable costs of care relating to payments on line 5.	<b>6</b>	454,907,323
<b>7</b> Subtract line 6 from line 5. This is the surplus (or shortfall).	<b>7</b>	-62,799,593
<b>8</b> Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used.		
<input type="checkbox"/> Cost accounting system	<input checked="" type="checkbox"/> Cost to charge ratio	<input type="checkbox"/> Other

**Section C. Collection Practices**

<b>9a</b> Did the organization have a written debt collection policy during the tax year?	<b>9a</b>	Yes	
<b>b</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.	<b>9b</b>	Yes	

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

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

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

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

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

**8**

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

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

**Part V Facility Information** (continued)**Section B. Facility Policies and Practices**(Complete a separate Section B for each of the hospital facilities or facility reporting groups listed in Part V, Section A)  
FACILITY REPORTING GROUP - A**Name of hospital facility or letter of facility reporting group** \_\_\_\_\_**Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A):** \_\_\_\_\_

		Yes	No
<b>Community Health Needs Assessment</b>			
<b>1</b>	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? . . . . .	<b>1</b>	No
<b>2</b>	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 . . . . .	<b>2</b>	No
<b>3</b>	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)	<b>3</b>	Yes
<b>a</b>	<input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
<b>b</b>	<input checked="" type="checkbox"/> Demographics of the community		
<b>c</b>	<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		
<b>d</b>	<input checked="" type="checkbox"/> How data was obtained		
<b>e</b>	<input checked="" type="checkbox"/> The significant health needs of the community		
<b>f</b>	<input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
<b>g</b>	<input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
<b>h</b>	<input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
<b>i</b>	<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)		
<b>j</b>	<input type="checkbox"/> Other (describe in Section C)		
<b>4</b>	Indicate the tax year the hospital facility last conducted a CHNA 20 <u>16</u>		
<b>5</b>	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 . . . . .	<b>5</b>	Yes
<b>6 a</b>	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C . . . . .	<b>6a</b>	Yes
<b>b</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 . . . . .	<b>6b</b>	Yes
<b>7</b>	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)	<b>7</b>	Yes
<b>a</b>	<input checked="" type="checkbox"/> Hospital facility's website (list url) <u>HTTP //WWW MULTICARE ORG/COMMUNITY-HEALTH-NEEDS-ASSESSMENT/</u>		
<b>b</b>	<input type="checkbox"/> Other website (list url) _____		
<b>c</b>	<input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
<b>d</b>	<input checked="" type="checkbox"/> Other (describe in Section C)		
<b>8</b>	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 . . . . .	<b>8</b>	Yes
<b>9</b>	Indicate the tax year the hospital facility last adopted an implementation strategy 20 <u>16</u>		
<b>10</b>	Is the hospital facility's most recently adopted implementation strategy posted on a website? . . . . .	<b>10</b>	Yes
<b>a</b>	If "Yes" (list url) <u>HTTP //WWW MULTICARE ORG/COMMUNITY-HEALTH-NEEDS-ASSESSMENT/</u>		
<b>b</b>	If "No," is the hospital facility's most recently adopted implementation strategy attached to this return? . . . . .	<b>10b</b>	
<b>11</b>	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		
<b>12a</b>	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)? . . . . .	<b>12a</b>	No
<b>b</b>	If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax? . . . . .	<b>12b</b>	
<b>c</b>	If "Yes" on line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$ _____		

Part V

Facility Information (continued)

Financial Assistance Policy (FAP)

FACILITY REPORTING GROUP - A			Yes	No
Name of hospital facility or letter of facility reporting group				
Did the hospital facility have in place during the tax year a written financial assistance policy that				
13	Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP	13	Yes	
a	<input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 300 000000000000 % and FPG family income limit for eligibility for discounted care of 500 000000000000 %			
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 discount			
g	<input type="checkbox"/> Residency			
h	<input type="checkbox"/> Other (describe in Section C)			
14	Explained the basis for calculating amounts charged to patients?	14	Yes	
15	Explained the method for applying for financial assistance? If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply)	15	Yes	
a	<input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application			
b	<input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application			
c	<input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process			
d	<input type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications			
e	<input type="checkbox"/> Other (describe in Section C)			
16	Was widely publicized within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply)	16	Yes	
a	<input checked="" type="checkbox"/> The FAP was widely available on a website (list url) HTTP //WWW MULTICARE ORG/FINANCIAL-ASSISTANCE/			
b	<input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url) HTTP //WWW MULTICARE ORG/FINANCIAL-ASSISTANCE/			
c	<input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url) HTTP //WWW MULTICARE ORG/FINANCIAL-ASSISTANCE/			
d	<input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
e	<input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)			
f	<input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
g	<input checked="" type="checkbox"/> Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention			
h	<input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP			
i	<input checked="" type="checkbox"/> The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations			
j	<input checked="" type="checkbox"/> Other (describe in Section C)			

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

## FACILITY REPORTING GROUP - A

**Name of hospital facility or letter of facility reporting group** \_\_\_\_\_

	Yes	No
<b>17</b> 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? . . . . .	<b>17</b> Yes	
<b>18</b> 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		
<b>a</b> <input type="checkbox"/> Reporting to credit agency(ies) <b>b</b> <input type="checkbox"/> Selling an individual's debt to another party <b>c</b> <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 <b>d</b> <input type="checkbox"/> Actions that require a legal or judicial process <b>e</b> <input type="checkbox"/> Other similar actions (describe in Section C) <b>f</b> <input checked="" type="checkbox"/> None of these actions or other similar actions were permitted		
<b>19</b> 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? . . . . .	<b>19</b>	No
If "Yes," check all actions in which the hospital facility or a third party engaged		
<b>a</b> <input type="checkbox"/> Reporting to credit agency(ies) <b>b</b> <input type="checkbox"/> Selling an individual's debt to another party <b>c</b> <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 <b>d</b> <input type="checkbox"/> Actions that require a legal or judicial process <b>e</b> <input type="checkbox"/> Other similar actions (describe in Section C)		
<b>20</b> 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)		
<b>a</b> <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>b</b> <input checked="" type="checkbox"/> Made a reasonable effort to orally notify individuals about the FAP and FAP application process <b>c</b> <input checked="" type="checkbox"/> Processed incomplete and complete FAP applications <b>d</b> <input checked="" type="checkbox"/> Made presumptive eligibility determinations <b>e</b> <input type="checkbox"/> Other (describe in Section C) <b>f</b> <input type="checkbox"/> None of these efforts were made		

**Policy Relating to Emergency Medical Care**

<b>21</b> 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? . . . . .	<b>21</b> Yes	
If "No," indicate why		
<b>a</b> <input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions <b>b</b> <input type="checkbox"/> The hospital facility's policy was not in writing <b>c</b> <input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C) <b>d</b> <input type="checkbox"/> Other (describe in Section C)		

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

**Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)**

FACILITY REPORTING GROUP - A

**Name of hospital facility or letter of facility reporting group** \_\_\_\_\_

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

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

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

If "Yes," explain in Section C

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

If "Yes," explain in Section C

	Yes	No
<b>22</b>		
<b>23</b>		No
<b>24</b>		No

**Part V Facility Information** (continued)**Section B. Facility Policies and Practices**(Complete a separate Section B for each of the hospital facilities or facility reporting groups listed in Part V, Section A)  
FACILITY REPORTING GROUP - B**Name of hospital facility or letter of facility reporting group** \_\_\_\_\_**Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A):** \_\_\_\_\_

	Yes	No
<b>Community Health Needs Assessment</b>		
<b>1</b> 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? . . . . .	<b>1</b>	No
<b>2</b> 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 . . . . .	<b>2</b>	Yes
<b>3</b> 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)	<b>3</b>	No
<b>a</b> <input type="checkbox"/> A definition of the community served by the hospital facility		
<b>b</b> <input type="checkbox"/> Demographics of the community		
<b>c</b> <input type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
<b>d</b> <input type="checkbox"/> How data was obtained		
<b>e</b> <input type="checkbox"/> The significant health needs of the community		
<b>f</b> <input type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
<b>g</b> <input type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
<b>h</b> <input type="checkbox"/> The process for consulting with persons representing the community's interests		
<b>i</b> <input type="checkbox"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)		
<b>j</b> <input type="checkbox"/> Other (describe in Section C)		
<b>4</b> Indicate the tax year the hospital facility last conducted a CHNA 20 ____		
<b>5</b> 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 . . . . .	<b>5</b>	
<b>6 a</b> Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C . . . . .	<b>6a</b>	
<b>b</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 . . . . .	<b>6b</b>	
<b>7</b> 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)	<b>7</b>	
<b>a</b> <input type="checkbox"/> Hospital facility's website (list url) _____		
<b>b</b> <input type="checkbox"/> Other website (list url) _____		
<b>c</b> <input type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
<b>d</b> <input type="checkbox"/> Other (describe in Section C)		
<b>8</b> 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 . . . . .	<b>8</b>	
<b>9</b> Indicate the tax year the hospital facility last adopted an implementation strategy 20 ____		
<b>10</b> Is the hospital facility's most recently adopted implementation strategy posted on a website? . . . . .	<b>10</b>	
<b>a</b> If "Yes" (list url) _____		
<b>b</b> If "No," is the hospital facility's most recently adopted implementation strategy attached to this return? . . . . .	<b>10b</b>	
<b>11</b> 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		
<b>12a</b> 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)? . . . . .	<b>12a</b>	No
<b>b</b> If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax? . . . . .	<b>12b</b>	
<b>c</b> If "Yes" on line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$ _____		

Part V

Facility Information (continued)

Financial Assistance Policy (FAP)

FACILITY REPORTING GROUP - B			
Name of hospital facility or letter of facility reporting group			
Did the hospital facility have in place during the tax year a written financial assistance policy that			
13	Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP	13	Yes
a <input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 300 000000000000 % and FPG family income limit for eligibility for discounted care of 500 000000000000 %			
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 discount			
g <input type="checkbox"/> Residency			
h <input type="checkbox"/> Other (describe in Section C)			
14	Explained the basis for calculating amounts charged to patients?	14	Yes
15	Explained the method for applying for financial assistance? If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply)	15	Yes
a <input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application			
b <input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application			
c <input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process			
d <input type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications			
e <input type="checkbox"/> Other (describe in Section C)			
16	Was widely publicized within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply)	16	Yes
a <input checked="" type="checkbox"/> The FAP was widely available on a website (list url) HTTP //WWW MULTICARE ORG/FINANCIAL-ASSISTANCE/			
b <input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url) HTTP //WWW MULTICARE ORG/FINANCIAL-ASSISTANCE/			
c <input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url) HTTP //WWW MULTICARE ORG/FINANCIAL-ASSISTANCE/			
d <input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
e <input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)			
f <input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
g <input checked="" type="checkbox"/> Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention			
h <input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP			
i <input checked="" type="checkbox"/> The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations			
j <input checked="" type="checkbox"/> Other (describe in Section C)			

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

## FACILITY REPORTING GROUP - B

**Name of hospital facility or letter of facility reporting group** \_\_\_\_\_

	Yes	No
<b>17</b> 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? . . . . .	<b>17</b> Yes	
<b>18</b> 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		
<b>a</b> <input type="checkbox"/> Reporting to credit agency(ies) <b>b</b> <input type="checkbox"/> Selling an individual's debt to another party <b>c</b> <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 <b>d</b> <input type="checkbox"/> Actions that require a legal or judicial process <b>e</b> <input type="checkbox"/> Other similar actions (describe in Section C) <b>f</b> <input checked="" type="checkbox"/> None of these actions or other similar actions were permitted		
<b>19</b> 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? . . . . .	<b>19</b>	No
If "Yes," check all actions in which the hospital facility or a third party engaged		
<b>a</b> <input type="checkbox"/> Reporting to credit agency(ies) <b>b</b> <input type="checkbox"/> Selling an individual's debt to another party <b>c</b> <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 <b>d</b> <input type="checkbox"/> Actions that require a legal or judicial process <b>e</b> <input type="checkbox"/> Other similar actions (describe in Section C)		
<b>20</b> 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)		
<b>a</b> <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>b</b> <input checked="" type="checkbox"/> Made a reasonable effort to orally notify individuals about the FAP and FAP application process <b>c</b> <input checked="" type="checkbox"/> Processed incomplete and complete FAP applications <b>d</b> <input checked="" type="checkbox"/> Made presumptive eligibility determinations <b>e</b> <input type="checkbox"/> Other (describe in Section C) <b>f</b> <input type="checkbox"/> None of these efforts were made		

**Policy Relating to Emergency Medical Care**

<b>21</b> 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? . . . . .	<b>21</b> Yes	
If "No," indicate why		
<b>a</b> <input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions <b>b</b> <input type="checkbox"/> The hospital facility's policy was not in writing <b>c</b> <input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C) <b>d</b> <input type="checkbox"/> Other (describe in Section C)		

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

**Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)**

FACILITY REPORTING GROUP - B

**Name of hospital facility or letter of facility reporting group** \_\_\_\_\_

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

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

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

If "Yes," explain in Section C

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

If "Yes," explain in Section C

	Yes	No
<b>22</b>		
<b>23</b>		No
<b>24</b>		No

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

[illegible]

**Part V**   **Facility Information** *(continued)***Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**

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

How many non-hospital health care facilities did the organization operate during the tax year? 89

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

**Part VI Supplemental Information**

Provide the following information

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

**990 Schedule H, Supplemental Information**

Form and Line Reference	Explanation
PART I, LINE 3C	PATIENTS MAY BE DETERMINED AS PRESUMPTIVELY ELIGIBLE FOR CHARITY IF THEY QUALIFY FOR MEDICAID OR IF THEY ARE HOMELESS

**990 Schedule H, Supplemental Information**

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

**990 Schedule H, Supplemental Information**

Form and Line Reference	Explanation
PART I, LN 7 COL(F)	<p>THE AMOUNT OF BAD DEBTS THAT WERE EXCLUDED FROM THE TOTAL EXPENSES WHEN CALCULATING THE PERCENTAGE IN COLUMN (F) WAS \$53,676,629 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 \$1,634,000 OF BAD DEBT SHOULD BE INCLUDED AS COMMUNITY BENEFIT AS A NOT-FOR-PROFIT, PATIENT CARE IS PROVIDED TO ALL, REGARDLESS OF THE ABILITY TO PAY FOR THAT CARE MAKING QUALITY PATIENT CARE AVAILABLE TO ALL IN OUR COMMUNITY, REGARDLESS OF THEIR ECONOMIC MEANS, QUALIFIES BAD DEBTS AS A COMMUNITY BENEFIT AS PART OF OUR COMMUNITY NEEDS ASSESSMENT, WE STUDIED THE INCOME CHARACTERISTICS OF THE UNINSURED POPULATION IN OUR COMMUNITY AS PART OF THIS STUDY, WE ALSO LOOKED AT WHAT PORTION OF UNINSURED INDIVIDUALS IN THE HOSPITAL'S SERVICE AREA WOULD BE ELIGIBLE FOR THE HOSPITAL'S FINANCIAL ASSISTANCE POLICY WE APPLIED THIS PERCENTAGE TO OUR TOTAL AMOUNT OF BAD DEBT EXPENSE RECORDED TO ESTIMATE THE PORTION OF SELF-PAY BAD DEBT THAT WAS REASONABLY ATTRIBUTABLE TO INDIVIDUALS ELIGIBLE FOR THE HOSPITAL'S FINANCIAL ASSISTANCE POLICY BUT NOT PREVIOUSLY RECORDED AS SUCH WE SUBTRACTED THE ACTUAL AMOUNT OF FINANCIAL ASSISTANCE RECORDED FROM THIS CALCULATED FIGURE THE RESULT IS OUR ESTIMATE OF THE AMOUNT THAT SHOULD BE CONSIDERED COMMUNITY BENEFIT COST AND IS ENTERED ON PART III, LINE 3</p>

Form and Line Reference	Explanation
<p>PART II, COMMUNITY BUILDING ACTIVITIES</p>	<p>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 DIMES, COMMUNITIES IN SCHOOLS, HABITAT FOR HUMANITY, SAFE STREETS COALITION, THE YWCA, WHICH OPERATES A DOMESTIC VIOLENCE SHELTER FOR WOMEN AND CHILDREN, THE AMERICAN CANCER SOCIETY, AND MANY OTHER ORGANIZATIONS. THE FOLLOWING ACTIVITIES, AVAILABLE TO ALL COMMUNITY MEMBERS, PROVIDE OPPORTUNITIES FOR IMPROVED PHYSICAL, MENTAL, AND EMOTIONAL HEALTH. INLAND NORTHWEST REGION -DOMESTIC VIOLENCE ADVOCACY SERVICES AND RESOURCES ASSISTANCE IN COLLABORATION WITH THE YWCA,-EAT, SLEEP AND CONSOLE PROGRAM ADDRESSING BABIES BORN WITH DRUG ADDICTION SYMPTOMS,-HOUSE OF CHARITY RESPIRE CARE FOR HOMELESS IN COLLABORATION WITH CATHOLIC CHARITIES OF THE WASHINGTON,-PREVENT SUICIDE SPOKANE COALITION,-REGIONAL EMERGENCY &amp; DISASTER HEALTHCARE COALITION LEADERSHIP PARTICIPATION AND CENTRAL COMMAND CENTER,-SPOKANE REGIONAL OPIOID TASK FORCE,-END THE VIOLENCE CAMPAIGN,-SMILE SPOKANE LEADERSHIP IMPACT NETWORK PARTICIPATING MEMBER TO IMPROVE ORAL HEALTH CARE AND EDUCATION IN SPOKANE COUNTY,-UNDERSERVED ELEMENTARY AND MIDDLE SCHOOL STUDENT OUTREACH PROGRAMS WITH PINES MIDDLE SCHOOL, BROADWAY ELEMENTARY AND REGAL ELEMENTARY PROVIDING SCHOOL SUPPLIES, SCIENCE EDUCATION AND WINTER CLOTHING,-ANNUAL TREE OF GIVING, -SPOKANE VALLEY PARTNERS COLLABORATION SUPPORTING THE FOOD BANK, CLOTHING BANK, EMERGENCY ASSISTANCE, FOOD4THOUGHT PROGRAM, FOOD EXPRESS, INLAND NW BABY DIAPER BANK, CAREER CLOTHING BANK AND A SUMMER FOOD DRIVE,-ANNUAL BRIDGE TO BRUNCH COMMUNITY 5K RUN/WALK PROVIDED BY MULTICARE AS A COMMUNITY EVENT SUPPORTING AND RAISING AWARENESS FOR COMMUNITY CANCER FUND,-CLINICAL, EMOTIONAL AND FINANCIAL ONGOING SUPPORT OF FREEMAN HIGH SCHOOL STUDENTS, STAFF AND FAMILIES FOLLOWING THE 2017 SCHOOL SHOOTING,-HOOPFEST, PROVIDING 2-DAYS OF MEDICAL AND VOLUNTEER SUPPORT FOR 6000 TEAMS AND 225,000 FANS,-AMERICAN HEART AND STROKE WALK AND ANNUAL FUNDRAISING SUPPORT CAMPAIGN,OPERATION HEALTHY FAMILY PARTNERSHIP FOR ORAL HEALTH EDUCATION &amp; LINK TO DENTAL CARE,-BIG TABLE PARTNERSHIP FOR ORAL HEALTH,-WSU HEALTHY PEOPLE HEALTHY PETS PARTNERSHIP TO PROVIDE VACCINATIONS TO HOMELESS AND LOW-INCOME INDIVIDUALS AND THEIR PETS,-ACCOUNTABLE COMMUNITY OF HEALTH PARTNER FOR IMPROVING ACCESS TO CARE FOR LOW INCOME MEDICAID POPULATION IN BEHAVIORAL HEALTH, OPIOID USE, CHRONIC DISEASE MANAGEMENT, ORAL HEALTH AND HEALTH EQUITY,-TELEPSYCH SERVICES FOR ED/INPATIENT CARE,-OUT OF THE DARKNESS WALK FOR SUICIDE PREVENTION,-SECONDHARVEST'S TOM'S TURKEY DRIVE PROVIDING LOCAL FAMILIES WITH THANKSGIVING MEALS,-SPOKANE TREATMENT AND RECOVERY SERVICES PARTNERSHIP,-PARTNERSHIP WITH FREEMAN SCHOOLS SCOTTIE DASH TO SUPPORT ACADEMIC, SPORT, EXTRACURRICULAR AND FACILITY NEEDS,-VALLEYFEST COMMUNITY CELEBRATION TITLE SPONSOR PROVIDING VISUAL AND PERFORMING ARTS, EDUCATION, SCIENCE, AND RECREATION TO THE COMMUNITY IN SPOKANE VALLEY AND BEYOND,-SPOKANE COUNTY MEALS ON WHEELS WERE SUPPLIED SAFETY EQUIPMENT, SO MEALS COULD SAFELY BE DISTRIBUTED DURING HEAVY FIRE SEASON,-FAMILY PROMISE OF SPOKANE HOMELESS SHELTER WAS PROVIDED SAFETY EQUIPMENT TO HELP REMODEL THEIR NEW AND LARGER SHELTER,-MULTICARE DEACONESS HOSPITAL RONALD MCDONALD FAMILY ROOMS PROVIDED FOR ANY FAMILIES WITH A CHILD IN THE HOSPITAL PUGET SOUND REGION -TACOMA TRAUMASTRUST 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. 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 RESO</p>

Form and Line Reference	Explanation
PART II, COMMUNITY BUILDING ACTIVITIES	URCES, MULTI-SERVICE CENTER, AND THE KOREAN WOMEN'S ASSOCIATION

**990 Schedule H, Supplemental Information**

Form and Line Reference	Explanation
PART III, LINE 8	<p>COSTING METHODOLOGY THE SOURCE USED TO CALCULATE THE MEDICARE ALLOWABLE COSTS FOR TACOMA GENERAL, ALLENMORE, GOOD SAMARITAN, AUBURN, COVINGTON, DEACONESS AND VALLEY HOSPITALS WAS THE 2018 MEDICARE COST REPORTS SINCE MARY BRIDGE CHILDREN'S HOSPITAL FILES A LOW MEDICARE UTILIZATION COST REPORT, THE PROVIDER STATISTICAL AND REIMBURSEMENT SYSTEM REPORT (PS&amp;R) WAS USED THE COST TO CHARGE RATIO, AS CALCULATED FROM THE INCOME STATEMENT, WAS APPLIED TO THE PS&amp;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 \$62.8 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 28.12% OF HOSPITAL REVENUES THE HOSPITAL PROVIDES CARE REGARDLESS OF THIS SHORTFALL AND THEREBY RELIEVES THE FEDERAL GOVERNMENT OF THE BURDEN OF PAYING THE FULL COST FOR MEDICARE BENEFICIARIES</p>

# 990 Schedule H, Supplemental Information

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

**990 Schedule H, Supplemental Information**

Form and Line Reference	Explanation
PART VI, LINE 2	MULTICARE WORKS COLLABORATIVELY WITH REGIONAL AGENCIES AND ORGANIZATIONS TO IDENTIFY THE HEALTH CARE NEEDS OF THE COMMUNITIES WE SERVE AND TO DEVELOP PROGRAMS AND SERVICES TO MEET THOSE NEEDS. COMMUNITY PARTNERS INCLUDE THE TACOMA-PIERCE COUNTY HEALTH DEPARTMENT, THE PIERCE COUNTY MEDICAL SOCIETY, THE UNITED WAY OF PIERCE COUNTY, YMCA OF PIERCE AND KITSAP COUNTIES, THE CITY OF TACOMA, THE TACOMA PUBLIC SCHOOL DISTRICT, AND MANY OTHERS. WE UTILIZE THE DATA FROM OUR COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA), THE HEALTH DEPARTMENT'S COMMUNITY HEALTH ASSESSMENT (CHA), AS WELL AS FEDERAL- AND STATE-LEVEL DATA TO DETERMINE THE MOST PRESSING HEALTH CARE NEEDS FOR OUR SERVICE AREAS. FOR MORE DETAILED INFORMATION, SEE PART V, SECTION C SUPPLEMENTAL INFORMATION FOR PART V, SECTION B.

**990 Schedule H, Supplemental Information**

Form and Line Reference	Explanation
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 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

# 990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART VI, LINE 4	<p>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 ACCORDING TO THE MOST RECENT US CENSUS DATA, 74.8% OF PIERCE COUNTY'S POPULATION IS CAUCASIAN, 7.6% IS AFRICAN-AMERICAN, 6.9% IS ASIAN, 1.8% IS NATIVE-AMERICAN, 1.7% IS NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER, 11.1% ARE OF HISPANIC OR LATINO ORIGIN, AND 7.3% IS SOME OTHER RACE OR TWO OR MORE RACES. OVER 10 PERCENT OF INDIVIDUALS IN THE COUNTY ARE LIVING IN POVERTY. THE MEDIAN HOUSEHOLD INCOME IS \$63,881. IN ADDITION, THE ROBERT WOOD JOHNSON FOUNDATION 2018 COUNTY HEALTH RANKINGS REPORT THAT 7% 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, CHENEY, MEDICAL LAKE, AIRWAY HEIGHTS 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. ACCORDING TO THE MOST RECENT US CENSUS DATA, THE RACIAL AND ETHNIC MAKEUP OF SPOKANE COUNTY WAS 89.1% WHITE, 2.4% ASIAN, 2% BLACK OR AFRICAN AMERICAN, 1.8% AMERICAN INDIAN OR ALASKA NATIVE, 0.4% NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER, AND 4.1% IDENTIFYING AS TWO OR MORE RACES. THOSE OF HISPANIC OR LATINO ORIGIN MADE UP 5.9% OF THE POPULATION. ABOUT 14.1% OF THE POPULATION LIVES BELOW THE POVERTY LINE. MULTICARE HEALTH SYSTEM INCLUDES A LARGE NETWORK OF PRIMARY AND SPECIALTY PROVIDERS, IS LICENSED FOR 1,992 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.</p>

Form and Line Reference	Explanation
PART VI, LINE 5	<p>MULTICARE HEALTH SYSTEM IS GOVERNED BY A BOARD OF DIRECTORS WHOSE MEMBERS REPRESENT THE COMMUNITY, HOSPITAL AND MEDICAL STAFF LEADERSHIP CONSISTENT WITH THE IRS "COMMUNITY BENEFIT STANDARD," A MAJORITY OF THE BOARD OF DIRECTORS ARE NEITHER EMPLOYEES, CONTRACTORS NOR FAMILY MEMBERS OF THE ORGANIZATION MULTICARE HEALTH SYSTEM HAS AN OPEN MEDICAL STAFF, EXTENDING STAFF PRIVILEGES TO ALL QUALIFIED PHYSICIANS FOR ALL AREAS AND DEPARTMENTS OF ITS FACILITY AS A NOT-FOR-PROFIT ORGANIZATION, SURPLUS FUNDS GENERATED BY HOSPITAL OPERATIONS ARE RE-INVESTED BY THE ORGANIZATION TO FUND CAPITAL IMPROVEMENTS AND ACQUIRE STATE OF THE ART MEDICAL EQUIPMENT WITH THE INTENT OF CONTINUALLY IMPROVING PATIENT CARE ON AN ANNUAL BASIS, STAFF FROM MANY DEPARTMENTS CONDUCT COMMUNITY BENEFIT PROGRAMS AND SERVICES TO CONTINUOUSLY PROVIDE HEALTH EDUCATION, PROMOTION AND WELLNESS SERVICES TO IMPROVE THE HEALTH STATUS OF THE COMMUNITY MULTICARE HEALTH SYSTEM PARTICIPATES IN A WIDE VARIETY OF ACTIVITIES THAT PROMOTE THE HEALTH OF THE COMMUNITIES WE SERVE IN THE PUGET SOUND REGION, THESE INCLUDE TACOMA TRAUMA TRUST, A COLLABORATION OF MULTICARE, CHI FRANCISCAN HEALTH SYSTEM AND MADIGAN ARMY MEDICAL CENTER TO PROVIDE ADULT TRAUMA CARE, FALLS PREVENTION PROGRAM FOR THE ELDERLY, SEXUAL ASSAULT PREVENTION PROGRAM AND THE FORENSIC NURSE EXAMINER PROGRAM, PROVIDING CARE TO ADULT SEXUAL ASSAULT VICTIMS, BEHAVIORAL HEALTH CRISIS INTERVENTION PROGRAM, MARY BRIDGE CENTER FOR CHILDHOOD SAFETY AND MARY BRIDGE CHILDREN'S ADVOCACY CENTER, BRIDGES A CENTER FOR GRIEVING CHILDREN, HOME HEALTH, HOSPICE AND PALLIATIVE CARE SERVICES, GRIEF AND LOSS SERVICES, 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 HEALTH EQUITY &amp; WELLNESS 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, PARTNERSHIPS WITH AREA COLLEGE NURSING PROGRAMS AND A NURSE RESIDENCY PROGRAM, NURSE CAMP, A WEEK-LONG PROGRAM FOR HIGH SCHOOL STUDENTS SEEKING TO EXPLORE NURSING AND THE ALLIED HEALTH PROFESSIONS, FREE SPORTS PHYSICALS FOR TACOMA SCHOOL DISTRICT STUDENTS, READY, SET, GO! 5210, A COMMUNITY-WIDE PUBLIC-PRIVATE PARTNERSHIP TO PROMOTE HEALTHY LIFESTYLES FOR CHILDREN 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, PARENTS NIGHT OUT HOST SITE FOR PARENTS WITH SPECIAL NEEDS CHILDREN, SIGN LANGUAGE CLASSES THROUGH PIERCE COUNTY LIBRARY, PROJECT ACCESS AND PROJECT NW TO HELP 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 PATIENTS IN THE INLAND NW (EASTERN WA-SPOKANE) PROJECT ACCESS, PROVIDING CHARITABLE CARE FOR THOSE NEEDING PRIMARY AND SPECIALTY CARE SERVICES, SEXUAL ASSAULT PREVENTION PROGRAM AND THE FORENSIC NURSE EXAMINER PROGRAM PROVIDING CARE TO ADULT SEXUAL ASSAULT VICTIMS, PARTNERING RELATIONSHIP WITH INW BEHAVIORAL HEALTH HOSPITAL FOR PSYCHIATRIC CARE, AMERICAN BEHAVIORAL HEALTH SERVICES PARTNERSHIP, TUBERCULOSIS TESTING FOR WSU MEDICAL STUDENTS, FLU VACCINATIONS FOR EWU &amp; WSU STUDENTS, AMERICAN HEART ASSOCIATION BROWN BAG LUNCH PROVIDER PRESENTATIONS, 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 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 EDUCATIONAL PROGRAMS ON TOBACCO CESSATION, HEALTHY AGING, CHILDBIRTH, INFANT CARE, HEALTH AND WELLNESS, AND NUTRITION, FREE MAMMOGRAMS TO QUALIFYING INDIVIDUALS, FREE OR LOW COST SCREENINGS AT A VARIETY OF HEALTH FAIRS HELD THROUGHOUT THE YEAR, AND 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 &amp; INNOVATION, CARE MANAGEMENT, POWER OF ATTORNEY, AND NOTARY SERVICE CHARITY MEDICATIONS, CHILDREN'S THERAPY UNIT, ASSISTIVE TECHNOLOGY PROGRAM, COMMUNITY EDUCATION TRANSFUSION FREE MEDICAL &amp; SURGICAL PROGRAM, MULTICARE GOOD</p>

Form and Line Reference	Explanation
PART VI, LINE 5	<p>SAMARITAN READERS, FAMILY BIRTH CENTER CLASSES AND SERVICES, AND MOBILE HEALTH SERVICES, P ALLIATIVE CARE, PHYSICAL MEDICINE &amp; REHABILITATION, AND VOLUNTEER SERVICES INLAND NORTHWEST HOSPITAL OFFERINGS &amp; PARTNERSHIPS INCLUDE BUT ARE NOT LIMITED TO BREASTFEEDING CLASSES, CHILD BIRTH EDUCATION, SAFE INFANT SLEEP, EASTERN WASHINGTON UNIVERSITY AND WASHINGTON STATE UNIVERSITY STUDENT, HEALTH TB TESTING &amp; FLU VACCINATION PROGRAM, ALS CAREGIVER SUPPORT GROUP, SCLERODERMA SUPPORT GROUP, SPOKANE COMMUNITY COLLEGES AND WASHINGTON STATE UNIVERSITY NURSING, ROUNDING CONFERENCE IN 2015, MULTICARE LAUNCHED A COMMUNITY GRANTS PROGRAM MULTICARE COMMUNITY PARTNERSHIP FUND IN 2018, \$500,000 WAS AWARDED TO COMMUNITY ORGANIZATIONS IN PIERCE, KING, THURSTON AND KITSAP COUNTIES WHOSE MISSIONS ARE AIMED AT IMPROVING THE LIVES OF RESIDENTS IN 2018, THE INLAND NORTHWEST REGION ALSO LAUNCHED THE MULTICARE COMMUNITY PARTNERSHIP FUND PROGRAM, AND \$250,000 WAS AWARDED TO COMMUNITY ORGANIZATIONS THROUGHOUT THE EASTERN WA REGION WHOSE MISSIONS ARE ALIGNED WITH MULTICARE MORE INFORMATION ON THE ORGANIZATIONS AWARDED GRANTS IN 2018 CAN BE FOUND AT <a href="https://www.multicare.org/communitypartnership/">HTTPS://WWW.MULTICARE.ORG/COMMUNITYPARTNERSHIP/</a> AND WITHIN MULTICARE'S FORM 990, SCHEDULE I DOCUMENTS MULTICARE HAS ESTABLISHED COLLABORATIVE RELATIONSHIPS WITH SEVERAL COMMUNITY PARTNERSHIP FUND RECIPIENTS CURRENTLY, WE WORK 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 THE CATHOLIC CHARITIES OF EASTERN WASHINGTON'S HOUSE OF CHARITY TO PROVIDE RESPITE CARE THE HOMELESS, WHILE ALSO BEING A RESOURCE TO MANY NEEDING HEALTH, FOOD SECURITY, TRANSPORTATION, AND HOUSING ASSISTANCE SOLUTIONS MULTICARE HEALTH SYSTEM USES PRESUMPTIVE CHARITY PROCESS USING A THRESHOLD AND HOLDBACK TEST TO DETERMINE ELIGIBILITY FOR HOMELESS PATIENTS AND THOSE WHO QUALIFY FOR MEDICAID FOR ALL OTHER PATIENTS MULTICARE HEALTH SYSTEM USES FPG TO DETERMINE ELIGIBILITY</p>

**990 Schedule H, Supplemental Information**

Form and Line Reference	Explanation
PART VI, LINE 6	<p>MULTICARE HEALTH SYSTEM ("MULTICARE") IS A WASHINGTON NOT-FOR-PROFIT CORPORATION, AND ORGANIZED AS A TAX-EXEMPT ENTITY UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE OF 1986. MULTICARE HAS FOUR AFFILIATED FOUNDATIONS: MULTICARE HEALTH FOUNDATION, MARY BRIDGE CHILDREN'S FOUNDATION, GOOD SAMARITAN FOUNDATION, AND SOUTH KING HEALTH FOUNDATION, ALL WASHINGTON NONPROFIT CORPORATIONS. MULTICARE HEALTH SYSTEM HAS 18,000 TEAM MEMBERS, INCLUDING EMPLOYEES, 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 MULTICARE IMMEDIATE CLINICS, MULTICARE INDIGO URGENT CARE CENTERS, 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 (2017) AND GREATER LAKES MENTAL HEALTH (2018) WE ARE THE LARGEST BEHAVIORAL HEALTH PROVIDER IN WASHINGTON STATE. OUR NETWORK OF CARE INCLUDES NINE HOSPITALS: MULTICARE TACOMA GENERAL HOSPITAL, TACOMA, MULTICARE ALLENMORE HOSPITAL, TACOMA, MARY BRIDGE CHILDREN'S HOSPITAL, TACOMA, MULTICARE GOOD SAMARITAN HOSPITAL, PUYALLUP, MULTICARE AUBURN MEDICAL CENTER, AUBURN, MULTICARE COVINGTON MEDICAL CENTER, COVINGTON, MULTICARE DEACONESS HOSPITAL, SPOKANE, MULTICARE VALLEY HOSPITAL, SPOKANE VALLEY, NAVOS, SEATTLE.</p>

**990 Schedule H, Supplemental Information**

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

Additional Data

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

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

Section A. Hospital Facilities  (list in order of size from largest to smallest—see instructions) How many hospital facilities did the organization operate during the tax year? 8		Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER—24 hours	ER—other	Other (Describe)	Facility reporting group
1	MULTICARE TACOMA GENERAL HOSPITAL (TG) 315 MARTIN LUTHER KING JR WAY TACOMA, WA 98405 WWW MULTICARE ORG/TACOMA-GENERAL-HOSPI 00000176	X	X		X		X	X			A
2	MULTICARE GOOD SAMARITAN HOSPITAL (GSH) 401 15TH AVE SE PUYALLUP, WA 98372 WWW MULTICARE ORG/GOOD-SAMARITAN-HOSPI 00000081	X	X		X			X			A
3	MULTICARE DEACONESS HOSPITAL (DEAC) 800 W 5TH AVENUE SPOKANE, WA 99204 WWW MULTICARE ORG/DEACONESS-HOSPITAL/ 60769397	X	X					X			B
4	MULTICARE AUBURN MEDICAL CENTER (AUB) 202 NORTH DIVISION STREET AUBURN, WA 98001 WWW MULTICARE ORG/AUBURN-MEDICAL-CENTE 60311052	X	X					X			A
5	MARY BRIDGE CHILDREN'S HOSPITAL (MBRIDGE) 315 MARTIN LUTHER KING JR WAY TACOMA, WA 98405 WWW MULTICARE ORG/MARY-BRIDGE-HOSPITAL 00000175	X	X	X	X			X			A

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

Section A. Hospital Facilities		Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER—24 hours	ER—other	Other (Describe)	Facility reporting group
(list in order of size from largest to smallest—see instructions) How many hospital facilities did the organization operate during the tax year? <b>8</b>											
Name, address, primary website address, and state license number											
6	MULTICARE ALLENMORE HOSPITAL (ALLENMORE) 1901 SOUTH UNION TACOMA, WA 98411 WWW.MULTICARE.ORG/ALLENMORE-HOSPITAL/ 00000176	X	X					X			A
7	MULTICARE VALLEY HOSPITAL (VALLEY) 12606 EAST MISSION AVE SPOKANE VALLEY, WA 99216 WWW.MULTICARE.ORG/VALLEY-HOSPITAL/ 60769398	X	X					X			B
8	MULTICARE COVINGTON HOSPITAL (COV) 17700 SE 272ND ST COVINGTON, WA 98042 HTTPS://WWW.MULTICARE.ORG/COVINGTON-ME 60803817	X	X					X			B

Form 990 Part V Section C Supplemental Information for Part V, Section B.	
<b>Section C. Supplemental Information for Part V, Section B.</b> Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.	
Form and Line Reference	Explanation
PART V, SECTION B	FACILITY REPORTING GROUP A

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

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

Form and Line Reference	Explanation
FACILITY REPORTING GROUP A CONSISTS OF	- FACILITY 1 MULTICARE TACOMA GENERAL HOSPITAL (TG), - FACILITY 4 MULTICARE AUBURN MEDICAL CENTER (AUB), - FACILITY 6 MULTICARE ALLENMORE HOSPITAL (ALLENMORE), - FACILITY 2 MULTICARE GOOD SAMARITAN HOSPITAL (GSH), - FACILITY 5 MARY BRIDGE CHILDREN'S HOSPITAL (M BRIDGE)

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

Form and Line Reference	Explanation
GROUP A-FACILITY 1 -- TG,GSH,AUB,ALLENM ,M BRIDGE PART V, SECTION B, LINE 5	COMMUNITY ENGAGEMENT DATA METHODS MULTICARE HEALTH SYSTEM (MULTICARE) WORKED WITH TACOMA- PIERCE COUNTY HEALTH DEPARTMENT AND PUBLIC HEALTH SEATTLE-KING COUNTY TO CONDUCT A COMPREH ENSIVE COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) IN ITS HOSPITAL SERVICE AREAS, FEATURING I NPUT FROM COMMUNITY LEADERS AND RESIDENTS REPRESENTING MULTIPLE SECTORS AND POPULATION GRO UPS IT INCLUDES PRIMARY DATA GATHERED FROM A COMMUNITY SURVEY, WORKSHOPS, AND STAKEHOLDER INTERVIEWS, IN ADDITION TO INFORMATION COLLECTED FROM SECONDARY QUANTITATIVE SOURCES COM MUNITY SURVEY MORE THAN 700 PIERCE COUNTY AND SOUTH KING COUNTY RESIDENTS WERE SURVEYED AB OUT THEIR COMMUNITY HEALTH NEEDS THE SURVEY, CONDUCTED IN 2015, SOUGHT RESIDENTS' VIEWS O N HEALTH STATUS, SOCIAL CONNECTEDNESS, HEALTHCARE, AND OTHER ISSUES THAT IMPACT QUALITY OF LIFE COMMUNITY ENGAGEMENT PROCESS TO COMPLEMENT THE COMMUNITY SURVEY, A COMMUNITY ENGAGE MENT PROCESS FURTHER SOLICITED INPUT FROM THE PUBLIC THIS PROCESS INCLUDED THREE STAGES CONDUCTING KEY LEADER INTERVIEWS, NOTING OVERARCHING THEMES, HOLDING COMMUNITY WORKSHOPS, DOCUMENTING MOST IMPORTANT ISSUES PER RESIDENTS, INVITING KEY STAKEHOLDERS TO REFLECT ON A ND PRIORITIZE HEALTH NEEDS FOR EACH MULTICARE HOSPITAL GROUPS WERE FACILITATED BY THE HEAL TH DEPARTMENT AND MULTICARE HEALTH SYSTEM KEY LEADER INTERVIEWS A SERIES OF INTERVIEWS WE RE 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 CO UNTY, AND IN KING COUNTY, A TOTAL OF 11 COALITIONS AND 99 INDIVIDUALS OR KEY INFORMANTS PR OVIDED INFORMATION LEADERS REPRESENTED MULTIPLE SECTORS, INCLUDING LOCAL GOVERNMENT, EDUC ATION, BUSINESS, SOCIAL AND HEALTH SERVICES, AND THE MILITARY MANY OF THESE LEADERS REPRE SENTED COMMUNITY ORGANIZATIONS THAT SERVE LOW-INCOME AND MINORITY RESIDENTS QUESTIONS ASK ED 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 S TRONG? PLEASE TELL US WHY THESE PEOPLE, PLACES, AND THINGS ARE IMPORTANT [THESE COULD INC LUDE 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, COORD INATION, ETC IN THIS AREA? KEY COMMUNITY LEADERS & ORGANIZATIONS INVOLVED IN THE 2016 CHN A INCLUDE CINDAN GIZZI, COMMUNITY ASSESSMENT MANAGER, TACOMA-PIERCE COUNTY HEALTH DEPARTME NTKAREN MEYER, COMMUNITY LIAISON SPECIALIST, TACOMA-PIERCE COUNTY HEALTH DEPARTMENTINGRID PAYNE, PROJECT MANAGER, TACOMA-PIERCE COUNTY HEALTH DEPARTMENTANNIE JONES BARNES, NORTHWES T LEADERSHIP FOUNDATIONDONA PO

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

Form and Line Reference	Explanation
GROUP A-FACILITY 1 -- TG,GSH,AUB,ALLENM ,M BRIDGE PART V, SECTION B, LINE 5	<p>NEPINTO, UNITED WAY OF PIERCE COUNTY LYLE QUASIM, BLACK COLLECTIVEMARILEE HILL-ANDERSON, S UMNER SCHOOL DISTRICTPAT JOHNSON, MAYOR OF BUCKLEYTIFFANY SPIER, SOUTH SOUND MILITARY AND COMMUNITIES PARTNERSHIPTRACEY DETTY, TACOMA POLICE DEPARTMENTEASTSIDE HUMAN SERVICES FORUM NORTH URBAN HUMAN SERVICES ALLIANCESEATTLE HUMAN SERVICES COALITIONSOUTH KING COUNTY COUNCIL OF HUMAN SERVICESKING COUNTY TRAFFIC SAFETY TASK FORCESAFE STREETS SEATTLE/SOUTH KING C OUNTYSAFE KIDS EASTSIDECENTRAL REGION EMS &amp; TRAUMA CARE COUNCIL BEHAVIORAL HEALTH PARTNERS HIP GROUPALAN ABE, PROGRAM MANAGER - INJURY PREVENTION, KING COUNTY EMERGENCY MEDICAL SERV ICESCAROL ALLEN, COORDINATOR, ACCESS TO BABY AND CHILD DENTISTRY PROGRAM, PUBLIC HEALTH- SEATTLE &amp; KINGCOUNTYJENNIFER DEYOUNG, HEALTH REFORM ANALYST, PUBLIC HEALTH-SEATTLE &amp; KING CO UNTYTONY GOMEZ, RS, MANAGER, VIOLENCE AND INJURY PREVENTION, PUBLIC HEALTH-SEATTLE &amp; KING COUNTYSCOTT NEAL, TOBACCO PROGRAM MANAGER, PUBLIC HEALTH-SEATTLE &amp; KING COUNTYLISA PODELL, INTERIM HEALTH REFORM ANALYST, PUBLIC HEALTH-SEATTLE &amp; KING COUNTYWHITNEY TAYLOR, FIREARM VIOLENCE PREVENTION/CHILD FATALITY REVIEW PROGRAM MANAGER, PUBLIC HEALTH-SEATTLE &amp; KING C OUNTYCOMMUNITY WORKSHOPS SEVEN COMMUNITY WORKSHOPS WERE HELD THROUGHOUT PIERCE COUNTY PAR TICIPANTS WERE ASKED TO CONSIDER THE FOLLOWING QUESTIONS 1 HOW DO YOU DEFINE A HEALTHY CO MMUNITY (OR NEIGHBORHOOD)? 2 WHAT DO YOU THINK ARE THE STRENGTHS AND ASSETS OF YOUR COMMU NITY? 3 WHAT DO YOU THINK MAKES IT CHALLENGING TO BE HEALTHY HERE? OR, WHAT ARE THE BARRI ERS TO BEING HEALTHY? 4 WHAT DO YOU NEED TO BE HEALTHY? PARTICIPANTS AT COMMUNITY WORKSHO PS WERE DIVERSE IN TERMS OF RACE/ETHNICITY, AGE, AND SOCIOECONOMIC STATUS INTERNAL STAKEHO LDER REVIEW MEETINGS FINALLY, THE ASSESSMENT PROCESS INVOLVED INVITING KEY LEADERS AT MULT ICARE TO REVIEW THE RESULTS OF THE PREVIOUS COMMUNITY INPUT, AS WELL AS RELEVANT HEALTH IN DICATOR DATA, IN MAY OF 2016 DURING THESE MEETINGS, PHYSICIAN, NURSE, CLINIC, AND OUTPATI ENT LEADERS WERE PRESENTED WITH SELECTED HEALTH PRIORITIES FOR EACH HOSPITAL, AS DETERMINE D BY THE RESPECTIVE HEALTH DEPARTMENTS USING THE FOLLOWING CRITERIA WAS A HEALTH CONCERN O R INDICATOR SIGNIFICANTLY WORSE IN THE HOSPITAL SERVICE AREA THAN IN THE STATE? WERE RELAT IVELY LARGE NUMBERS OF PEOPLE IMPACTED BY A HEALTH CONCERN OR INDICATOR? WAS A HEALTH CONC ERN REPEATEDLY VOICED DURING THE COMMUNITY ENGAGEMENT PORTION OF THE ASSESSMENT (E G , SUR VEY, WORKSHOPS OR INTERVIEWS)?</p>

<b>Form 990 Part V Section C Supplemental Information for Part V, Section B.</b>	
<b>Section C. Supplemental Information for Part V, Section B.</b> Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.	
Form and Line Reference	Explanation
GROUP A-FACILITY 1 -- TG,GSH,AUB,ALLENM ,M BRIDGE PART V, SECTION B, LINE 6A	THE HOSPITAL FACILITY'S CHNA WAS CONDUCTED WITH MORE HOSPITAL FACILITIES, AS FOLLOWS TACOMA GENERAL HOSPITALGOOD SAMARITAN HOSPITALAUBURN MEDICAL CENTERALLENMORE HOSPITALMARY BRIDGE CHILDREN'S HOSPITAL

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

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

Form and Line Reference	Explanation
GROUP A-FACILITY 1 -- TG,GSH,AUB,ALLENM ,M BRIDGE 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 DEPARTMENTCHI FRANCISCAN HEALTH

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

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

Form and Line Reference	Explanation
GROUP A-FACILITY 1 -- TG,GSH,AUB,ALLENM ,M BRIDGE 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

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

Form and Line Reference	Explanation
GROUP A-FACILITY 1 -- TG,GSH,AUB,ALLENM ,M BRIDGE PART V, SECTION B, LINE 11	GROUP A- 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,-TOBACCO USE,-BEHAVIORAL HEALTH,-CHILDHO OD IMMUNIZATIONS, -CULTURAL COMPETENCY ACCESS TO CARE - MULTICARE TACOMA GENERAL, ALLENMOR E, GOOD SAMARITAN, AND AUBURN MEDICAL CENTER ARE FOCUSING THEIR ATTENTION ON ADDRESSING CA RE ACCESS MULTICARE CURRENTLY SUPPORTS CARE ACCESS THROUGH COMMUNITY PARTNERSHIPS, INCLUD ING PROJECT ACCESS, WHICH PROVIDES MEDICAL AND DENTAL CARE FOR UNINSURED AND LOW-INCOME IN DIVIDUALS, MEDICAL TEAMS INTERNATIONAL, WHICH OFFERS NO-COST URGENT DENTAL CARE SERVICES, AND TRINITY NEIGHBORHOOD HEALTH CLINIC, WHICH OFFERS FREE MEDICAL CARE WE PROVIDE FINANCI AL 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 HEAL TH 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 CA RE 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 E LECTRONIC PATIENT HEALTH RECORD SYSTEM, WHERE THEY CAN VIEW THEIR MEDICAL RECORDS, TEST RE SULTS, AND UPCOMING APPOINTMENTS THEY ARE ALSO ABLE TO COMMUNICATE DIRECTLY WITH THEIR HE ALTH CARE PROVIDER AND MAKE AN APPOINTMENT AT A CLINIC LOCATED CLOSE TO THEIR HOME COMMUN ITY-BASED MULTICARE SERVICES INCLUDE NUTRITION CONSULTATION, WEIGHT MANAGEMENT, SPORTS NUT RITION, COMMUNITY OUTREACH, TOBACCO CESSATION PROGRAM, MOBILE IMMUNIZATION CLINICS, ADULT DAY HEALTH, PARENT PARTNERSHIP PROGRAMS FOR FAMILIES AT RISK, WIC, MOBILE MENTAL HEALTH OU TREACH SERVICES, PERINATAL OUTREACH SERVICES, SUPPORT GROUP FOR LGBT YOUTH, SENIOR WELLNES S AND CORPORATE WELLNESS PROGRAMS THE FOLLOWING STRATEGIES AND ACTIVITIES WILL BE EMPLOYE D TO INCREASE ACCESS TO HEALTH CARE SERVICES FOR ALL MEMBERS OF THE COMMUNITY WOMEN'S HEAL TH- 1 EXPLORE THE DEVELOPMENT OF A COMMUNITY RESOURCE TOOLKIT THAT FOCUSES ON HPV PREVENT ION AND SCREENING 2 EXPLORE PROMOTING WOMEN'S HEALTH SERVICES AT COMMUNITY OUTREACH EVEN TS 3 PROMOTE BREAST HEALTH IN PARTNERSHIP WITH THE CAROL MILGARD BREAST CENTER (CMBC), T HROUGH EXPLORING THE USE OF MOBILE MAMMOGRAPHY CLINICS IN HIGH-NEEDS AREAS, INCLUDING LOC AL 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 SUPPO RTING FUTURE FOCUS GROUPS DEDICATED TO ASSESSING BARRIERS AND OPPORTUNITIES FOR BREAST HEA LTH IN LATINA COMMUNITIES ORAL HEALTH- 1 CONTINUE TO SUPPORT MEDICAL TEAMS INTERNATIONAL 'S MOBILE DENTAL PROGRAM THROU

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

Form and Line Reference	Explanation
GROUP A-FACILITY 1 -- TG,GSH,AUB,ALLENM ,M BRIDGE PART V, SECTION B, LINE 11	GH REFERRALS AND SHARED MARKETING EFFORTS 2 EXPLORE INCREASED SHARED MARKETING EFFORTS T O PROMOTE LINDQUIST DENTAL CLINIC FOR CHILDREN (LDCC) THAT MAY INCLUDE SOCIAL MEDIA, CO-LI NING 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 OBES ITY - ALL OF MULTICARE'S HOSPITALS WILL CONTINUE TO ADDRESS THE GROWING PROBLEM OF CHILDHO OD AND ADULT OBESITY MULTICARE PARTNERS WITH COMMUNITY ORGANIZATIONS SUCH AS FIRST 5 FUND AMENTALS TO SUPPORT HEALTHY CHILDREN AND FAMILIES, COMMUNITIES IN SCHOOLS OF TACOMA AND PU YALLUP, WHICH WORKS TO IMPROVE PHYSICAL HEALTH OUTCOMES FOR STUDENTS, AND PACIFIC LUTHERAN UNIVERSITY FOUNDATION TEAMS PROGRAM, WHICH SUPPORTS HEALTHY LIFESTYLES FOR SENIORS THE F OLLOWING 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 CO LLABORATION WITH COMMUNITY PARTNERS ON PROGRAMS AND POLICIES TO IMPROVE THE HEALTH OF OUR COMMUNITY 3 SURVEILLANCE OF PARTICIPATION AT COMMUNITY PROGRAMS, CLASSES, AND EVENTS, IN CLUDING 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 SU PPLEMENTAL 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 HE ALTHY FOOD AT WORKSITES 8 INCREASE ACCESS TO AND PROMOTION OF PHYSICAL ACTIVITY AMONG MU LTICARE EMPLOYEES AND THEIR FAMILIES TOBACCO USE - ALL MULTICARE HOSPITALS WILL WORK TO IN CREASE 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 PROMO TE PARTNERSHIPS WITH THE TACOMA-PIERCE COUNTY HEALTH DEPARTMENT 3 PROMOTE INSURANCE-COVE RED 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 BE HAVIORAL HEALTH - ALL MULTICARE HOSPITALS WILL FOCUS ON IMPROVING BEHAVIORAL HEALTH OUTCOM ES 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 WIL L FOCUS ON THE FOLLOWING STRATEGIES AND ACTIVITIES 1 INCREASE ACCESS TO BEHAVIORAL HEALT H SERVICES 2 PROMOTE INTEGRATION OF PHYSICAL AND BEHAVIORAL HEALTH CARE 2 INTEGRATE CH EMICAL DEPENDENCY TREATMENT IN

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

Form and Line Reference	Explanation
GROUP A-FACILITY 1 -- TG,GSH,AUB,ALLENM ,M BRIDGE PART V, SECTION B, LINE 11	TO 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 CHILDHO OD IMMUNIZATIONS - GOOD SAMARITAN HOSPITAL, MARY BRIDGE CHILDREN'S HOSPITAL, AND AUBURN ME DICAL CENTER WILL FOCUS ON ENSURING THAT ALL KIDS RECEIVE THE RECOMMENDED SERIES OF CHILDH OOD IMMUNIZATIONS, THROUGH THE FOLLOWING STRATEGIES 1 SUPPORT AND PROMOTE ACCESS TO MULT ICARE MARY BRIDGE IMMUNIZATION CLINICS 2 PROMOTE PARTNERSHIPS WITH THE TACOMA- PIERCE COU NTY HEALTH DEPARTMENT 3 CONTINUE TO PROMOTE THE USE OF THE WASHINGTON STATE IMMUNIZATION INFORMATION SYSTEM (IIS) CULTURAL COMPETENCY - ALL MULTICARE HOSPITALS WILL FOCUS ON PROV IDING CULTURALLY COMPETENT HEALTH CARE TO ALL MEMBERS OF THE COMMUNITY MULTICARE VALUES C ULTURAL DIVERSITY WE DELIVER EQUITABLE CARE TO ALL PATIENTS, REGARDLESS OF ETHNICITY, RAC E, DISABILITY, OR SOCIOECONOMIC STATUS BECAUSE LANGUAGE CAN SERVE AS A BARRIER FOR SOME P EOPLE TO ACCESS HEALTH CARE SERVICES, WE PROVIDE INTERPRETERS FOR A LARGE NUMBER OF FOREIG N LANGUAGES, AS WELL AS TELECOMMUNICATIONS DEVICES TO HELP HEARING IMPAIRED PATIENTS IN A DDITION, MANY PATIENT MATERIALS ARE AVAILABLE IN MULTIPLE LANGUAGES WE CONTINUALLY ASSESS LANGUAGE AND COMMUNICATION NEEDS FREE HEALTH SCREENINGS AND RESOURCES AND YOUTH SPORTS P HYSICALS ARE PROVIDED IN THE COMMUNITY, TARGETING LOW-INCOME, UNDERSERVED POPULATIONS IN ADDITION, MULTICARE PARTNERS WITH BOTH THE PIERCE COUNTY AIDS FOUNDATION AND OASIS YOUTH C ENTER/RAINBOW CENTER TO IMPROVE LGBT PATIENT EXPERIENCES MULTICARE WILL FOCUS ON THE FOLL OWING STRATEGIES TO IMPROVE CULTURAL COMPETENCY 1 PROMOTE CULTURAL DIVERSITY AND HEALTH EQUITY AWARENESS AMONG MULTICARE STAFF 2 INCREASE ACCESS TO INTERPRETER SERVICES 3 CON TINUE TO PROMOTE HEALTH EQUITY COMMUNITY PARTNERSHIPS 4 CONTINUE TO PROVIDE OUTREACH SER VICES TO ETHNIC MINORITY AND LOW-INCOME COMMUNITIES

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

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

Form and Line Reference	Explanation
GROUP A-FACILITY 1 -- TG,GSH,AUB,ALLENM ,M BRIDGE PART V, SECTION B, LINE 16J	MULTICARE'S TACOMA GENERAL, GOOD SAMARITAN, AUBURN, ALLENMORE AND MARY BRIDGE HOSPITALS 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 LINE 16ITHE FAP AND THE PLAIN LANGUAGE SUMMARY ARE TRANSLATED IN THE MULTICARE PATIENT GUIDE IN 19 LANGUAGES AND CAN BE FOUND AT HTTPS //WWW MULTICARE ORG/FOR-PATIENTS/

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

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

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

Form and Line Reference	Explanation
PART V, SECTION B	FACILITY REPORTING GROUP B

Form 990 Part V Section C Supplemental Information for Part V, Section B.	
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Form and Line Reference	Explanation
FACILITY REPORTING GROUP B CONSISTS OF	- FACILITY 7 MULTICARE VALLEY HOSPITAL (VALLEY), - FACILITY 8 MULTICARE COVINGTON HOSPITAL (COV), - FACILITY 3 MULTICARE DEACONESS HOSPITAL (DEAC)

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

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

Form and Line Reference	Explanation
GROUP B-FACILITY 3 -- DEACONESS, VALLEY, COVINGTON PART V, SECTION B, LINE 2	MULTICARE DEACONESS AND VALLEY HOSPITALS, PART OF A FORMER FOR-PROFIT ORGANIZATION, 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 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. FROM 2017 - 2019 THE TWO HOSPITALS ARE ALIGNING 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. MULTICARE COVINGTON HOSPITAL (A 58-BED HOSPITAL) OPENED ON 04/23/2018. AS PART OF THE MULTICARE HEALTH SYSTEM IT HAS THE SAME FINANCIAL ASSISTANCE POLICY, APPLICATIONS, THRESHOLDS AND PROCESSES LIKE THE OTHER HOSPITALS IN THE HEALTHCARE SYSTEM SINCE ITS' INCEPTION. MULTICARE COVINGTON HOSPITAL CONDUCTS CHNA FOR THE AREA IT SERVES, SOUTHERN KING COUNTY, TO BE ISSUED BY DECEMBER 31ST, 2019.

<b>Form 990 Part V Section C Supplemental Information for Part V, Section B.</b>	
<b>Section C. Supplemental Information for Part V, Section B.</b> Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.	
Form and Line Reference	Explanation
GROUP B-FACILITY 3 -- DEACONESS,VALLEY, COVINGTON PART V, SECTION B, LINE 11	GROUP B- INLAND NORTHWEST (INLAND NW) HOSPITALS HAVE NO PRIOR CHNA, AND THEREFORE ARE NOT ADDRESSING COMMUNITY HEALTH PRIORITIES AS LAID OUT BY THE 2016 CHNA INLAND NW WILL COMPLETE THE 2019 CHNA AND IMPLEMENTATION STRATEGIES

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

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

Form and Line Reference	Explanation
GROUP B-FACILITY 3 -- DEACONESS, VALLEY, COVINGTON PART V, SECTION B, LINE 16J	MULTICARE'S DEACONESS, VALLEY AND COVINGTON HOSPITALS 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 LINE 16ITHE FAP AND THE PLAIN LANGUAGE SUMMARY ARE TRANSLATED IN THE MULTICARE PATIENT GUIDE IN 19 LANGUAGES AND CAN BE FOUND AT HTTPS //WWW MULTICARE ORG/FOR-PATIENTS/

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Form and Line Reference	Explanation
SCHEDULE H, PART V, SECTION C, LINE 3E	THE SIGNIFICANT HEALTH NEEDS ARE A PRIORITIZED DESCRIPTION OF THE SIGNIFICANT HEALTH NEEDS OF THE COMMUNITY AND IDENTIFIED THROUGH THE CHNA

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

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

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

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

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

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

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

Name and address	Type of Facility (describe)
16 16 - CHILDREN'S THERAPY UNIT 402 15TH AVE SE PUYALLUP, WA 98372	OUTPATIENT CHILDREN'S THERAPY UNIT
1 17 - HEALTH RESOURCE CENTER 2622 S MERIDIAN PUYALLUP, WA 98372	OP PHYSICIAN CLINIC
2 18 - CARDIAC REHABILITATION CENTER 16515 MERIDIAN E SUITE 200B PUYALLUP, WA 98372	CARDIAC REHABILITATION
3 19 - PET-CT CLINIC 400 15TH AVE SE PUYALLUP, WA 98372	IMAGING TESTING FACILITY
4 20 - MULTICARE REGIONAL CANCER CENTER AUBURN 121 N DIVISION ST STE 100 AUBURN, WA 98001	OP PHYSICIAN CLINIC
5 21 - MARY BRIDGE WOMAN'S & CHILDREN'S CLINIC 3504 12TH AVE NW OLYMPIA, WA 98506	OP PHYSICIAN CLINIC
6 22 - MULTICARE ORTHO&SPORTS MEDICINE MOUNTAIN 1550 S UNION AVE STE 210 TACOMA, WA 98405	OP SURG,RX,LAB, CHIRO
7 23 - MULTICARE WEST TACOMA CLINIC & UCC 2209 N PEARL ST STE 100 TACOMA, WA 98406	OP SURG,RX,LAB, CHIRO
8 24 - MULTICARE FREDERICKSON CLINIC 5612 176TH STREET FEDERAL WAY, WA 98375	PRIMARY CARE PRACTICE
9 25 - MULTICARE KENT UCC & HEALTHWORKS 222 STATE AVE N KENT, WA 98030	URGENT CARE CLINIC AND OCC MEDICINE
10 26 - MULTICARE LAKEWOOD UCC & HEALTHWORKS 5700 100TH ST SW LAKEWOOD, WA 98499	URGENT CARE CLINIC AND OCC MEDICINE
11 27 - MULTICARE SPANAWAY URGENT CARE 225 176TH ST S SPANAWAY, WA 98387	URGENT CARE CLINIC
12 28 - MULTICARE UNIVERSITY PLACE URGENT CARE 4310 BRIDGEPORT WAY W UNIVERSITY PLACE, WA 98466	URGENT CARE CLINIC
13 29 - MARY BRIDGE PEDIATRIC UC-GIG HARBOR 4545 PT FOSDICK DR NW GIG HARBOR, WA 98335	URGENT CARE CLINIC
14 30 - MARY BRIDGE PEDIATRIC UC-OLYMPIA 3504 12TH AVENUE NE OLYMPIA, WA 98506	URGENT CARE CLINIC

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

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

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

Name and address	Type of Facility (describe)
<b>31</b> 31 - MULTICARE MAPLE VALLEY CLINIC 24080 SE KENT KANGLEY ROAD MAPLE VALLEY, WA 98038	OP PHYSICIAN CLINIC
<b>1</b> 32 - MULTICARE EATONVILLE FAMILY PRACTICE 118 WASHINGTON AVE N EATONVILLE, WA 98328	OP PHYSICIAN CLINIC
<b>2</b> 33 - MULTICARE ORTHOPEDIC SPINE AND HAND 1450 5TH ST SE STE 4200 PUYALLUP, WA 98372	OP SURG,RX,LAB, CHIRO
<b>3</b> 34 - MULTICARE ORTHOPEDICS & SPORTS AUBURN 121 N DIVISION ST STE 310 AUBURN, WA 98001	OP SURG,RX,LAB, CHIRO
<b>4</b> 35 - MULTICARE HEALTHWORKS KENT 6719 S 211TH AT STE 102 KENT, WA 98032	OCCUPATIONAL MEDICINE CLINIC
<b>5</b> 36 - MULTICARE HEALTHWORKS FIFE 502 54TH AVE E FIFE, WA 98424	OCCUPATIONAL MEDICINE CLINIC
<b>6</b> 37 - MULTICARE HEALTHWORKS TACOMA 3124 S 19TH ST TACOMA, WA 98405	OCCUPATIONAL MEDICINE CLINIC
<b>7</b> 38 - MULTICARE GOOD SAMARITAN CANCER CENTER 1519 4TH ST SE PUYALLUP, WA 98371	OP SURG,RX,LAB,ONCOLOGY,URGENT CARE
<b>8</b> 39 - MULTICARE BONNEY LAKE WIC CLINIC 10004 204TH AVE SE BONNEY LAKE, WA 98391	WOMEN,INFANT,CHILD CLINIC
<b>9</b> 40 - MULTICARE INDIGO TACOMA 1812 S MILDRED ST STE H TACOMA, WA 98465	URGENT CARE CLINIC
<b>10</b> 41 - MULTICARE INDIGO TUKWILLA 17275 SOUTHCENTER PKWY STE 160 TUKWILLA, WA 98188	URGENT CARE CLINIC
<b>11</b> 42 - MULTICARE INDIGO MILL CREEK 800 164TH ST SE STE P MILL CREEK, WA 98012	URGENT CARE CLINIC
<b>12</b> 43 - MULTICARE INDIGO SEATTLE 118 NE 45TH ST SUITE A SEATTLE, WA 98105	URGENT CARE CLINIC
<b>13</b> 44 - MULTICARE INDIGO BOTHELL 24118 BOTHELL EVERETT HWY BUILDING E SU BOTHELL, WA 98021	URGENT CARE CLINIC
<b>14</b> 45 - MULTICARE INDIGO ISSAQUAH 6140 E LAKE SAMMAMISH PKWY SE SUITE F ISSAQUAH, WA 98029	URGENT CARE CLINIC

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

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

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

Name and address	Type of Facility (describe)
46 46 - MULTICARE INDIGO COVINGTON 27111 167TH PL SE SUITES 101 103 105 COVINGTON, WA 98042	URGENT CARE CLINIC
1 47 - MULTICARE INDIGO LAKE STEVENS 809 VERNON RD LAKE STEVENS, WA 98258	URGENT CARE CLINIC
2 48 - MULTICARE INDIGO OLYMPIA 345 COOPER POINT RD NW STE 10 OLYMPIA, WA 98502	URGENT CARE CLINIC
3 49 - MULTICARE INDIGO PUYALLUP 15125 MERIDIAN AVE E STE 101 PUYALLUP, WA 98375	URGENT CARE CLINIC
4 50 - MULTICARE INDIGO KIRKLAND 12475 TOTEM LAKE BLVD NE KIRKLAND, WA 98034	URGENT CARE CLINIC
5 51 - MULTICARE INDIGO LACEY 5128 YELM HWY D5128 STE DF LACEY, WA 98503	URGENT CARE CLINIC
6 52 - MULTICARE IMMEDIATE SEATTLE CAPITOL HILL 1512 BROADWAY SEATTLE, WA 98122	URGENT CARE CLINIC
7 53 - MULTICARE IMMEDIATE SEATTLE QUEEN ANNE 610 - 1ST AVENUE NORTH SEATTLE, WA 98109	URGENT CARE CLINIC
8 54 - MULTICARE IMMEDIATE SEATTLE CROWN HILL 9000 HOLMAN ROAD NW SUITE A1 SEATTLE, WA 98117	URGENT CARE CLINIC
9 55 - MULTICARE IMMEDIATE SEATTLE-LAKE CITY 3050 NE 127TH STREET SEATTLE, WA 98125	URGENT CARE CLINIC
10 56 - MULTICARE IMMEDIATE SHORELINE 20120 BALLINGER WAY NE SHORELINE, WA 98155	URGENT CARE CLINIC
11 57 - MULTICARE IMMEDIATE BURIED 15870-1ST AVE 15870 - 1ST AVENUE SOUTH BURIED, WA 98148	URGENT CARE CLINIC
12 58 - MULTICARE IMMEDIATE BURIED 15500-1ST AVE 15500 - 1ST AVENUE SOUTH 106 BURIED, WA 98148	URGENT CARE CLINIC
13 59 - MULTICARE IMMEDIATE BELLEVUE 15600 NE 8TH STREET SUITE A-4 BELLEVUE, WA 98008	URGENT CARE CLINIC
14 60 - MULTICARE IMMEDIATE KIRKLAND 13718 - 100TH AVENUE EAST KIRKLAND, WA 98034	URGENT CARE CLINIC

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

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

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

Name and address	Type of Facility (describe)
<b>61</b> 61 - MULTICARE IMMEDIATE REDMOND 13131 NE 85TH STREET KIRKLAND, WA 98033	URGENT CARE CLINIC
<b>1</b> 62 - MULTICARE IMMEDIATE BOTHELL 23131 BOTHELL EVERETT HWY BOTHELL, WA 98021	URGENT CARE CLINIC
<b>2</b> 63 - MULTICARE IMMEDIATE LYNWOOD 4725 - 196TH STREET LYNNWOOD, WA 98036	URGENT CARE CLINIC
<b>3</b> 64 - MULTICARE IMMEDIATE EVERETT 607 SE EVERETT MALL WAY SUITE 2 EVERETT, WA 98208	URGENT CARE CLINIC
<b>4</b> 65 - MULTICARE IMMEDIATE POULSBO 20730 BOND ROAD NE SUITE 205 POULSBO, WA 98370	URGENT CARE CLINIC
<b>5</b> 66 - MULTICARE INDIGO RAINIER 3820 RAINIER AVE S SEATTLE, WA 98118	URGENT CARE CLINIC
<b>6</b> 67 - MULTICARE INDIGO POINT RUSTON 5005 RUSTON WAY TACOMA, WA 98407	URGENT CARE CLINIC
<b>7</b> 68 - MULTICARE INDIGO FEDERAL WAY 31861 GATEWAY CENTER BLVD S FEDERAL WAY, WA 98003	URGENT CARE CLINIC
<b>8</b> 69 - MULTICARE INDIGO SOUTH HILL 4911 SOUTH REGAL STREET SPOKANE, WA 99223	URGENT CARE CLINIC
<b>9</b> 70 - MULTICARE INDIGO SPOKANE VALLEY 15605 E SPRAGUE AVE SPOKANE, WA 99223	URGENT CARE CLINIC
<b>10</b> 71 - MULTICARE INDIGO NORTH SPOKANE 9420 NORTH NEWPART HWY SPOKANE, WA 99218	URGENT CARE CLINIC
<b>11</b> 72 - MULTICARE ROCKWOOD URGENT CARE DOWNTOWN 400 E 5TH AVE SPOKANE, WA 99202	URGENT CARE CLINIC
<b>12</b> 73 - CONVENIENCE CARE BY WOODCREECK PEDIATRIC 1706 S MERIDIAN PUYALLUP, WA 98371	URGENT CARE CLINIC
<b>13</b> 74 - CONVENIENCE CARE BY WOODCREECK PEDIATRIC 11102 SUNRISE BLVD PUYALLUP, WA 98374	URGENT CARE CLINIC
<b>14</b> 75 - MULTICARE PUYALLUP URGENT CARE 220 15TH AVE SE PUYALLUP, WA 98372	URGENT CARE CLINIC

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

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

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

Name and address	Type of Facility (describe)
76 76 - MULTICARE ROCKWOOD CHENEY 19 NORTH STREET CHENEY, WA 99004	PRIMARY CARE PRACTICE
1 77 - MULTICARE ROCKWOOD DEER PARK 20 E J ST DEER PARK, WA 99006	PRIMARY CARE PRACTICE
2 78 - MULTICARE ROCKWOOD LIBERTY LAKE 1326 N STANFORD LIBERTY LAKE, WA 99019	PRIMARY CARE PRACTICE
3 79 - MULTICARE ROCKWOOD MEDICAL LAKE 725 N STANLEY ST MEDICAL LAKE, WA 99022	PRIMARY CARE PRACTICE
4 80 - MULTICARE ROCKWOOD NORTHPOINTE 605 E HOLLAND STREET SPOKANE, WA 99218	PRIMARY CARE PRACTICE
5 81 - MULTICARE ROCKWOOD PRAIRIE FAMILY MED 3016 E 57TH AVE SPOKANE, WA 99223	PRIMARY CARE PRACTICE
6 82 - MULTICARE ROCKWOOD QUAIL RUN CLINIC 2214 E 29TH AVE SPOKANE, WA 99203	PRIMARY CARE PRACTICE
7 83 - MULTICARE ROCKWOOD SOUTH VALLEY CLINIC 13221 E 32ND AVE SPOKANE, WA 99216	PRIMARY CARE PRACTICE
8 84 - MULTICARE SUMNER ASSOCIATES 5814 GRAHAM AVE SUMNER, WA 98390	PRIMARY CARE PRACTICE
9 85 - MULTICARE ROCKWOOD VALLEY CLINIC 14408 E SPRAGUE AVE SPOKANE VALLEY, WA 99216	PRIMARY CARE PRACTICE
10 86 - OLYMPIC SPORTS AND SPINE LLC 6050 TACOMA MALL BLVD TACOMA, WA 98409	PHYSICAL AND OCCUPATIONAL THERAPY
11 87 - AUBURN IMAGING PARTNERS 125 3RD STREET AUBURN, WA 98002	IMAGING TESTING FACILITY
12 88 - VP SURGERY OF AUBURN 1002 15TH AVE SW AUBURN, WA 98001	OP SURG,RX,LAB, CHIRO
13 89 - REDICLINIC OF WA LLC 9 E GREENWAY PLAZA STE 2950 HOUSTON, TX 77046	PHARMACY AND PRIMARY CARE

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

Schedule I  
(Form 990)

Department of the  
Treasury  
Internal Revenue Service

Name of the organization  
MULTICARE HEALTH SYSTEM

Grants and Other Assistance to Organizations,  
Governments and Individuals in the United States

Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22.  
▶ Attach to Form 990.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No 1545-0047

2018

Open to Public  
Inspection

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

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

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . 91

3 Enter total number of other organizations listed in the line 1 table . . . . . 0

**Part III** **Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22  
Part III can be duplicated if additional space is needed

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

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

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

Additional Data

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

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MARY BRIDGE CHILDREN'S FOUNDATION PO BOX 5299 TACOMA, WA 98415	94-3030039	501(C)(3)	3,688,730				ASSISTANCE FOR OPERATING EXPENSES
MULTICARE HEALTH FOUNDATION PO BOX 5299 TACOMA, WA 98415	91-1514257	501(C)(3)	1,711,555				ASSISTANCE FOR OPERATING EXPENSES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GOOD SAMARITAN FOUNDATION PO BOX 5299 TACOMA, WA 98415	91-2004312	501(C)(3)	1,639,736				ASSISTANCE FOR OPERATING EXPENSES
MULTICARE SOUTH KING HEALTH FOUNDATION PO BOX 5299 TACOMA, WA 98415	46-5636491	501(C)(3)	734,129				ASSISTANCE FOR OPERATING EXPENSES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MEDICAL TEAMS INTERNATIONAL 9680 153RD AVE REDMOND, WA 98052	93-0878944	501(C)(3)	60,000				CONTRIBUTION FROM THE MULTICARE COMMUNITY PARTNERSHIP FUND, GENERAL SUPPORT FOR OPERATIONS
FIRST FIVE FUNDAMENTALS 1501 PACIFIC AVE SE STE 203 TACOMA, WA 98402	80-0209462	501(C)(3)	25,000				CONTRIBUTION FROM THE MULTICARE COMMUNITY PARTNERSHIP FUND, GENERAL SUPPORT FOR OPERATIONS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LINDQUIST DENTAL CLINIC FOR CHILDREN 130 131ST ST S TACOMA, WA 98444	91-0615378	501(C)(3)	25,000				CONTRIBUTION FROM THE MULTICARE COMMUNITY PARTNERSHIP FUND TO THE UNCOMPENSATED CARE FUND
VINE MAPLE PLACE PO BOX 1092 MAPLE VALLEY, WA 98038	91-2082308	501(C)(3)	20,000				CONTRIBUTION FROM THE MULTICARE COMMUNITY PARTNERSHIP FUND, SUPPORT THE GENERAL OPERATIONS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SAFE STREETS CAMPAIGN 622 TACOMA AVE S TACOMA, WA 98402	91-1704402	501(C)(3)	15,000				CONTRIBUTION FROM THE MULTICARE COMMUNITY PARTNERSHIP FUND GENERAL SUPPORT FOR OPERATIONS
THE TEARS FOUNDATION 11102 SUNRISE BLVD E PUYALLUP, WA 98373	45-0500497	501(C)(3)	15,000				CONTRIBUTION FROM THE MULTICARE COMMUNITY PARTNERSHIP FUND, SUPPORT FOR OPERATIONS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BOYS & GIRLS CLUBS OF SOUTH PUGET SOUND 3875 S 66TH STREET TACOMA, WA 98409	91-0759832	501(C)(3)	10,000				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				CONTRIBUTION FROM THE MULTICARE COMMUNITY PARTNERSHIP FUND, SUPPORT FOR OPERATIONS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NOURISH PIERCE COUNTY 1702 S 72ND ST TACOMA, WA 98408	91-1198391	501(C)(3)	10,000				CONTRIBUTION FROM THE MULTICARE COMMUNITY PARTNERSHIP FUND, SUPPORT FOR OPERATIONS
SHARE & CARE HOUSE PO BOX 800 PUYALLUP, WA 98371	91-1741654	501(C)(3)	10,000				CONTRIBUTION FROM THE MULTICARE COMMUNITY PARTNERSHIP FUND, SUPPORT FOR OPERATIONS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AMARA'S PIERCE COUNTY EMERGENCY SANCTUARY 1901 JEFFERSON AVE TACOMA, WA 98402	91-0577487	501(C)(3)	7,500				CONTRIBUTION FROM THE MULTICARE COMMUNITY PARTNERSHIP FUND, SUPPORT FOR OPERATIONS
ASIAN COUNSELING AND REFERRAL SERVICES 3639 MLK JRWAY SEATTLE, WA 98402	91-0916176	501(C)(3)	7,500				CONTRIBUTION FROM THE MULTICARE COMMUNITY PARTNERSHIP FUND GENERAL SUPPORT FOR OPERATIONS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CIS TACOMA 2141 SJ ST TACOMA, WA 98405	91-2138848	501(C)(3)	7,500				CONTRIBUTION FROM THE MULTICARE COMMUNITY PARTNERSHIP FUND SUPPORT FOR OPERATIONS
FOOD BACKPACK FOR KIDS PO BOX 173 GIG HARBOR, WA 98335	80-0600633	501(C)(3)	7,500				CONTRIBUTION FROM THE MULTICARE COMMUNITY PARTNERSHIP FUND GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HILLTOP ARTISTS PO BOX 6829 TACOMA, WA 98417	91-1667476	501(C)(3)	7,500				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				CONTRIBUTION FROM THE MULTICARE COMMUNITY PARTNERSHIP FUND, SUPPORT FOR OPERATIONS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MERCY HOUSING NORTHWEST 6930 MARTIN LUTHER KING JR WAY SEATTLE, WA 98118	91-1546525	501(C)(3)	7,500				CONTRIBUTION FROM THE MULTICARE COMMUNITY PARTNERSHIP FUND, SUPPORT FOR OPERATIONS
PIERCE COUNTY AIDS FOUNDATION 3009 S 40TH ST TACOMA, WA 98409	91-1385245	501(C)(3)	7,500				CONTRIBUTION FROM THE MULTICARE COMMUNITY PARTNERSHIP FUND, SUPPORT FOR OPERATIONS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TACOMA HOUSING DEVELOPMENT GROUP 902 S L ST TACOMA, WA 98405	81-0557198	501(C)(3)	7,500				CONTRIBUTION FROM THE MULTICARE COMMUNITY PARTNERSHIP FUND GENERAL SUPPORT
NORTHWEST HARVEST PO BOX 12271 SEATTLE, WA 98102	91-0826037	501(C)(3)	7,000				CONTRIBUTION FROM THE MULTICARE COMMUNITY PARTNERSHIP FUND GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
A STEP AHEAD 10324 CANYON ROAD PUYALLUP, WA 98373	91-2145470	501(C)(3)	5,000				CONTRIBUTION FROM THE MULTICARE COMMUNITY PARTNERSHIP FUND GENERAL SUPPORT
BACKPACK KIDS 13614 111TH ST PUYALLUP, WA 98374	82-1240836	501(C)(3)	5,000				CONTRIBUTION FROM THE MULTICARE COMMUNITY PARTNERSHIP FUND SUPPORT FOR OPERATIONS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BIG BROTHERS BIG SISTERS 3640 S CEDAR ST TACOMA, WA 98409	91-0673185	501(C)(3)	5,000				CONTRIBUTION FROM THE MULTICARE COMMUNITY PARTNERSHIP FUND GENERAL SUPPORT
CATHERINE PLACE 932 S 8TH ST TACOMA, WA 98405	91-2089836	501(C)(3)	5,000				CONTRIBUTION FROM THE MULTICARE COMMUNITY PARTNERSHIP FUND GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CATHOLIC COMMUNITY SERVICES- KITSAPPIERCETHURSTON 1323 S YAKIMA AVE TACOMA, WA 98405	91-1585652	501(C)(3)	5,000				SUPPORT TEAMS FOR HEALTHIER LIVING
CHILDREN'S MUSEUM OF TACOMA 1501 PACIFIC AVE S TACOMA, WA 98402	94-3036465	501(C)(3)	5,000				CONTRIBUTION FROM THE MULTICARE COMMUNITY PARTNERSHIP FUND GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CIS PENINSULA PO BOX 684 VAUGHN, WA 98394	91-2024847	501(C)(3)	5,000				CONTRIBUTION FROM THE MULTICARE COMMUNITY PARTNERSHIP FUND GENERAL SUPPORT
CIS PUYALLUP 302 SECOND ST SE PUYALLUP, WA 98372	26-0028759	501(C)(3)	5,000				CONTRIBUTION FROM THE MULTICARE COMMUNITY PARTNERSHIP FUND GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CRYSTAL JUDSON FAMILY JUSTICE CENTER 718 COURT E TACOMA, WA 98402	91-1007459	501(C)(3)	5,000				CONTRIBUTION FROM THE MULTICARE COMMUNITY PARTNERSHIP FUND SUPPORT FOR OPERATIONS
FARESTART 700 VIRGINIA STREET SEATTLE, WA 98101	91-1546757	501(C)(3)	5,000				CONTRIBUTION FROM THE MULTICARE COMMUNITY PARTNERSHIP FUND GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FIRST WASHINGTON 21238 68TH STREET KENT, WA 98032	45-2443839	501(C)(3)	5,000				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				CONTRIBUTION FROM THE MULTICARE COMMUNITY PARTNERSHIP FUND GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GREATER MAPLE VALLEY COMMUNITY CENTER 22010 SE 248TH ST MAPLE VALLEY, WA 98038	51-0181410	501(C)(3)	5,000				CONTRIBUTION FROM THE MULTICARE COMMUNITY PARTNERSHIP FUND SUPPORT FOR OPERATIONS
KEY PENINSULA FREE CLINIC 8903 KEY PENINSULA HWY LAKEBAY, WA 98349	46-2454053	501(C)(3)	5,000				CONTRIBUTION FROM THE MULTICARE COMMUNITY PARTNERSHIP FUND GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
METROPOLITAN DEVELOPMENT COUNCIL 945 FAWCETT AVE TACOMA, WA 98402	91-0780533	501(C)(3)	5,000				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				CONTRIBUTION FROM THE MULTICARE COMMUNITY PARTNERSHIP FUND SUPPORT FOR OPERATIONS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MUSTARD SEED PO BOX 182 VAUGHN, WA 98394	91-1537566	501(C)(3)	5,000				CONTRIBUTION FROM THE MULTICARE COMMUNITY PARTNERSHIP FUND GENERAL SUPPORT
NEIGHBORHOOD CLINIC 1323 S YAKIMA AVE TACOMA, WA 98405	91-1318144	501(C)(3)	5,000				CONTRIBUTION FROM THE MULTICARE COMMUNITY PARTNERSHIP FUND GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NORTHWEST INFANT SURVIVAL & SIDS ALLIANCE 4649 SUNNYSIDE AVE N SEATTLE, WA 98103	91-1567341	501(C)(3)	5,000				CONTRIBUTION FROM THE MULTICARE COMMUNITY PARTNERSHIP FUND GENERAL SUPPORT
PEACE COMMUNITY CENTER 2106 CUSHMAN AVE TACOMA, WA 98405	91-1546757	501(C)(3)	5,000				CONTRIBUTION FROM THE MULTICARE COMMUNITY PARTNERSHIP FUND GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PIERCE COUNTY LIBRARY FOUNDATION 3005 112TH ST E TACOMA, WA 98446	51-0180293	501(C)(3)	5,000				CONTRIBUTION FROM THE MULTICARE COMMUNITY PARTNERSHIP FUND GENERAL SUPPORT
PLU-GRCC TEAMS FOR HEALTHIER LIVING 12180 PARK AVE S TACOMA, WA 98444	91-0565571	501(C)(3)	5,000				CONTRIBUTION FROM THE MULTICARE COMMUNITY PARTNERSHIP FUND GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PRECIPTION DRUG ASSISTANCE 1111 HARVARD AVE SEATTLE, WA 98122	33-1134368	501(C)(3)	5,000				CONTRIBUTION FROM THE MULTICARE COMMUNITY PARTNERSHIP FUND GENERAL SUPPORT
PUYALLUP VALLEY ST FRANCIS HOUSE PO BOX 156 PUYALLUP, WA 98371	91-1621772	501(C)(3)	5,000				CONTRIBUTION FROM THE MULTICARE COMMUNITY PARTNERSHIP FUND GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
REBUILDING TOGETHER SOUTH 4019 S ORCHARD ST TACOMA, WA 98466	91-2147601	501(C)(3)	5,000				CONTRIBUTION FROM THE MULTICARE COMMUNITY PARTNERSHIP FUND GENERAL SUPPORT
THE RESCUE MISSION PO BOX 1912 TACOMA, WA 98401	91-0565014	501(C)(3)	5,000				CONTRIBUTION FROM THE MULTICARE COMMUNITY PARTNERSHIP FUND GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ROTARY FIRST HARVEST PO BOX 4098 SEATTLE, WA 98194	91-1229941	501(C)(3)	5,000				CONTRIBUTION FROM THE MULTICARE COMMUNITY PARTNERSHIP FUND GENERAL SUPPORT
SEATTLEKING COUNTY CLINIC 305 HARRISON ST SEATTLE, WA 98109	91-1003385	501(C)(3)	5,000				GENERAL SUPPORT FOR THE AFTER SCHOOL PROGRAM

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
VASHON YOUTH & FAMILY SERVICES PO BOX 237 VASHON, WA 98070	91-1025994	501(C)(3)	5,000				GENERAL SUPPORT FOR THE AFTER SCHOOL PROGRAM
SOMALI HEALTH BOARD 7050 32ND AVE S STE 103 SEATTLE, WA 98118	46-5114580	501(C)(3)	5,000				CONTRIBUTION FROM THE MULTICARE COMMUNITY PARTNERSHIP FUND GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SOUTH SOUND PARENT TO PARENT 2108 CANTON WAY SW OLYMPIA, WA 98502	91-1496512	501(C)(3)	5,000				CONTRIBUTION FROM THE MULTICARE COMMUNITY PARTNERSHIP FUND GENERAL SUPPORT
ST LEO FOOD CONNECTION 710 S 13TH ST TACOMA, WA 98405	91-0622353	501(C)(3)	5,000				CONTRIBUTION FROM THE MULTICARE COMMUNITY PARTNERSHIP FUND GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ST VINCENT PAUL COVINGTON 25810 156TH AVE SE SEATTLE, WA 98402	13-5562362	501(C)(3)	5,000				CONTRIBUTION FROM THE MULTICARE COMMUNITY PARTNERSHIP FUND GENERAL SUPPORT
ST VINCENT PAUL TACOMA 4009 S 56TH ST TACOMA, WA 98409	91-0580490	501(C)(3)	5,000				CONTRIBUTION FROM THE MULTICARE COMMUNITY PARTNERSHIP FUND GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
STOLEN YOUTH 1201 1ST AVE S STE 321 SEATTLE, WA 98134	45-4985230	501(C)(3)	5,000				CONTRIBUTION FROM THE MULTICARE COMMUNITY PARTNERSHIP FUND GENERAL SUPPORT
UNITED TERRITORIES OF PACIFIC ISLANDERS ALLIANCE PO BOX 68206 SEATTLE, WA 98168	61-1668192	501(C)(3)	5,000				CONTRIBUTION FROM THE MULTICARE COMMUNITY PARTNERSHIP FUND GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
YWCA PIERCE 405 BROADWAY TACOMA, WA 98402	91-0565026	501(C)(3)	5,000				CONTRIBUTION FROM THE MULTICARE COMMUNITY PARTNERSHIP FUND GENERAL SUPPORT
YWCA SEATTLE 1118 FIFTH AVE SEATTLE, WA 98101	91-0482890	501(C)(3)	5,000				CONTRIBUTION FROM THE MULTICARE COMMUNITY PARTNERSHIP FUND GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GREATER SPOKANE MEALS ON WHEELS PO BOX 14278 SPOKANE, WA 99214	91-1042546	501(C)(3)	25,000				CONTRIBUTION FROM THE MULTICARE COMMUNITY PARTNERSHIP FUND GENERAL SUPPORT
YWCA SPOKANE 930 N MONROE SPOKANE, WA 99201	91-0565025	501(C)(3)	17,500				CONTRIBUTION FROM THE MULTICARE COMMUNITY PARTNERSHIP FUND GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CATHOLIC CHARITIES OF EASTERN WA PO BOX 2253 SPOKANE, WA 99210	91-0569880	501(C)(3)	15,000				CONTRIBUTION FROM THE MULTICARE COMMUNITY PARTNERSHIP FUND GENERAL SUPPORT
PARTNERS WITH FAMILIES & CHILDREN SPOKANE 1321 W BROADWAY SPOKANE, WA 99201	68-0576560	501(C)(3)	15,000				CONTRIBUTION FROM THE MULTICARE COMMUNITY PARTNERSHIP FUND GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SPOKANE COUNTY UNITED WAY 920 N WASHINGTON ST SPOKANE, WA 99201	91-0606058	501(C)(3)	15,000				CONTRIBUTION FROM THE MULTICARE COMMUNITY PARTNERSHIP FUND GENERAL SUPPORT
FAMILY PROMISE OF SPOKANE 904 E HARTSON AVE SPOKANE, WA 99202	91-1707988	501(C)(3)	12,500				CONTRIBUTION FROM THE MULTICARE COMMUNITY PARTNERSHIP FUND GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AT THE CORE PO BOX 981 MEAD, WA 99021	49-2937061	501(C)(3)	10,000				CONTRIBUTION FROM THE MULTICARE COMMUNITY PARTNERSHIP FUND GENERAL SUPPORT
BIG TABLE PO BOX 372 SPOKANE, WA 99210	20-8931223	501(C)(3)	10,000				CONTRIBUTION FROM THE MULTICARE COMMUNITY PARTNERSHIP FUND GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SECOND HARVEST INLAND NW 1234 E FRONT AVE SPOKANE, WA 99202	23-7173826	501(C)(3)	10,000				CONTRIBUTION FROM THE MULTICARE COMMUNITY PARTNERSHIP FUND GENERAL SUPPORT
U-DISTRICT FOUNDATION MENTORING PROGRAM 730 N HAMILTON ST SPOKANE, WA 99202	30-0391912	501(C)(3)	10,000				CONTRIBUTION FROM THE MULTICARE COMMUNITY PARTNERSHIP FUND GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
VANESSA BEHAN CRISIS NURSERY 10004 E 8TH AVE SPOKANE, WA 99202	91-1196575	501(C)(3)	10,000				CONTRIBUTION FROM THE MULTICARE COMMUNITY PARTNERSHIP FUND GENERAL SUPPORT
WOMEN HELPING WOMEN FUND 1325 W 1ST AVE ST SPOKANE, WA 99201	91-1561874	501(C)(3)	10,000				CONTRIBUTION FROM THE MULTICARE COMMUNITY PARTNERSHIP FUND GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
EASTERN WA UNIVERSITY FOUNDATION- 3D 210 SHOWALTER HALL CHENEY, WA 99004	91-1019819	501(C)(3)	8,000				CONTRIBUTION FROM THE MULTICARE COMMUNITY PARTNERSHIP FUND GENERAL SUPPORT
RIVER CITY YOUTH OPERATIONS 1428 W BROADWAY AVE SPOKANE, WA 99201	26-1417578	501(C)(3)	6,000				CONTRIBUTION FROM THE MULTICARE COMMUNITY PARTNERSHIP FUND GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TRANSITIONS 3128 N HEMLOCK SPOKANE, WA 99205	91-1307272	501(C)(3)	6,000				CONTRIBUTION FROM THE MULTICARE COMMUNITY PARTNERSHIP FUND GENERAL SUPPORT
THE ALS SERVICE PO BOX 48177 SPOKANE, WA 99228	26-2613591	501(C)(3)	5,000				CONTRIBUTION FROM THE MULTICARE COMMUNITY PARTNERSHIP FUND GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DAYBRIDGE SERVICES 2917 N CINCINNATI SPOKANE, WA 99207	91-0741659	501(C)(3)	5,000				CONTRIBUTION FROM THE MULTICARE COMMUNITY PARTNERSHIP FUND GENERAL SUPPORT
ELEVATION A CHILDREN'S THERAPHY RESOURCE 325 S UNIVERSITY RD SPOKANE VALLEY, WA 99037	45-4130330	501(C)(3)	5,000				CONTRIBUTION FROM THE MULTICARE COMMUNITY PARTNERSHIP FUND GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FREE REIN THERAPEUTIC RIDING PO BOX 30893 SPOKANE, WA 99223	20-8377385	501(C)(3)	5,000				CONTRIBUTION FROM THE MULTICARE COMMUNITY PARTNERSHIP FUND GENERAL SUPPORT
FRONTIER BEHAVIORAL HEALTH 107 S DIVISION ST SPOKANE, WA 99201	91-0853801	501(C)(3)	5,000				CONTRIBUTION FROM THE MULTICARE COMMUNITY PARTNERSHIP FUND GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GIRLS ON THE RUN OF SPOKANE COUNTY PO BOX 1245 SPOKANE, WA 99210	46-2857911	501(C)(3)	5,000				CONTRIBUTION FROM THE MULTICARE COMMUNITY PARTNERSHIP FUND GENERAL SUPPORT
THE ISAAC FOUNDATION 28 W THIRD SPOKANE, WA 99201	39-2061069	501(C)(3)	5,000				CONTRIBUTION FROM THE MULTICARE COMMUNITY PARTNERSHIP FUND GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MISSION COMMUNITY OUTREACH CENTER 1906 E MISSION AVE SPOKANE, WA 99206	91-1703334	501(C)(3)	5,000				CONTRIBUTION FROM THE MULTICARE COMMUNITY PARTNERSHIP FUND GENERAL SUPPORT
OPERATION HEALTHY FAMILY 631 S RICHARD ALLEN CT SPOKANE, WA 99212	45-3903048	501(C)(3)	5,000				CONTRIBUTION FROM THE MULTICARE COMMUNITY PARTNERSHIP FUND GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PROJECT BEAUTY SHARE 2718 E SPRAGUE SPOKANE, WA 99202	27-1822098	501(C)(3)	5,000				CONTRIBUTION FROM THE MULTICARE COMMUNITY PARTNERSHIP FUND GENERAL SUPPORT
SPOKANE EASTSIDE REUNION ASSOCIATION 3001 E 5TH AVE SPOKANE, WA 99202	45-2464484	501(C)(3)	5,000				CONTRIBUTION FROM THE MULTICARE COMMUNITY PARTNERSHIP FUND GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WOMEN & CHILDREN'S FREE RESTAURANT & COMMUNITY 1408 N WASHINGTON ST SPOKANE, WA 99201	91-1399742	501(C)(3)	5,000				CONTRIBUTION FROM THE MULTICARE COMMUNITY PARTNERSHIP FUND GENERAL SUPPORT
WSU FOUNDATION COLLEGE OF NURSING PO BOX 641925 PULLMAN, WA 99164	91-1075542	501(C)(3)	5,000				CONTRIBUTION FROM THE MULTICARE COMMUNITY PARTNERSHIP FUND GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GREATER SPOKANE INCORPORATED 801 W RIVERSIDE AVE SPOKANE, WA 99201	91-1896341	501(C)(3)	5,000				CONTRIBUTION FROM THE MULTICARE COMMUNITY PARTNERSHIP FUND GENERAL SUPPORT

<b>Schedule J</b> (Form 990)	<b>Compensation Information</b>  <b>For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees</b> <b>▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.</b> <b>▶ Attach to Form 990.</b> <b>▶ Go to <u>www.irs.gov/Form990</u> for instructions and the latest information.</b>	OMB No 1545-0047  <div style="font-size: 2em; font-weight: bold; text-align: center;">2018</div> <div style="background-color: black; color: white; text-align: center; padding: 5px;"> <b>Open to Public Inspection</b> </div>
	<div style="display: flex; justify-content: space-between;"> <div style="width: 65%;">           Name of the organization            MULTICARE HEALTH SYSTEM         </div> <div style="width: 30%;">           Employer identification number            91-1352172         </div> </div>	
	<div style="background-color: black; color: white; padding: 2px 5px;"><b>Part I    Questions Regarding Compensation</b></div>	

		Yes	No
<b>1a</b> Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="width: 48%;"> <input type="checkbox"/> First-class or charter travel  <input type="checkbox"/> Travel for companions  <input type="checkbox"/> Tax indemnification and gross-up payments  <input checked="" type="checkbox"/> Discretionary spending account           </div> <div style="width: 48%;"> <input type="checkbox"/> Housing allowance or residence for personal use  <input type="checkbox"/> Payments for business use of personal residence  <input type="checkbox"/> Health or social club dues or initiation fees  <input type="checkbox"/> Personal services (e g , maid, chauffeur, chef)           </div> </div>			
<b>b</b> If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	<b>1b</b>	Yes	
<b>2</b> Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?	<b>2</b>		No
<b>3</b> Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="width: 48%;"> <input checked="" type="checkbox"/> Compensation committee  <input checked="" type="checkbox"/> Independent compensation consultant  <input type="checkbox"/> Form 990 of other organizations           </div> <div style="width: 48%;"> <input checked="" type="checkbox"/> Written employment contract  <input checked="" type="checkbox"/> Compensation survey or study  <input checked="" type="checkbox"/> Approval by the board or compensation committee           </div> </div>			
<b>4</b> 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 <div style="margin-top: 10px;"> <b>a</b> Receive a severance payment or change-of-control payment?           </div> <div style="margin-top: 10px;"> <b>b</b> Participate in, or receive payment from, a supplemental nonqualified retirement plan?           </div> <div style="margin-top: 10px;"> <b>c</b> Participate in, or receive payment from, an equity-based compensation arrangement?           </div> If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III	<b>4a</b>	Yes	
	<b>4b</b>	Yes	
	<b>4c</b>		No
<b>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</b>			
<b>5</b> 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 <div style="margin-top: 10px;"> <b>a</b> The organization?           </div> <div style="margin-top: 10px;"> <b>b</b> Any related organization?           </div> If "Yes," on line 5a or 5b, describe in Part III	<b>5a</b>		No
	<b>5b</b>		No
<b>6</b> 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 <div style="margin-top: 10px;"> <b>a</b> The organization?           </div> <div style="margin-top: 10px;"> <b>b</b> Any related organization?           </div> If "Yes," on line 6a or 6b, describe in Part III	<b>6a</b>		No
	<b>6b</b>		No
<b>7</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III	<b>7</b>		No
<b>8</b> 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	<b>8</b>		No
<b>9</b> If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	<b>9</b>		

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

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

See Additional Data Table**Schedule J (Form 990) 2018**

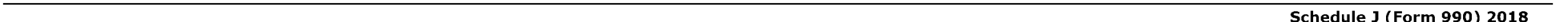
**Part III**   **Supplemental Information**

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

Return Reference	Explanation
PART I, LINE 1A	LINE 1A - THE EXECUTIVE BENEFIT ALLOWANCE IS A DISCRETIONARY SPENDING ACCOUNT AND THERE ARE NO RESTRICTIONS AS TO HOW THE FUNDS ARE TO BE SPENT. ALL VICE-PRESIDENTS, SR. VICE-PRESIDENTS AND OFFICERS, A TOTAL OF 8 REPORTED PEOPLE, RECEIVED EXECUTIVE BENEFIT ALLOWANCE IN 2018. THE PHYSICIANS ARE OFFERED A SIMILAR BENEFIT ALLOWANCE BUT THE AMOUNT IS CAPPED AT \$10,000. IN 2018 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. THE PAYMENTS WERE TAXED AND INCLUDED IN COLUMN B,(III)

Return Reference	Explanation
PART I, LINES 4A-B	<p>LINE 4A- IN 2018 THE FOLLOWING INDIVIDUALS RECEIVED SEVERANCE PAYMENTS CLAIRE SPAIN-REMY IN THE AMOUNT OF \$122,965, LINDA CHEN IN THE AMOUNT OF \$519,792 AND SHELLY MULLIN IN THE AMOUNT OF \$183,154 LINE 4B - THE FOLLOWING REPORTED PEOPLE PARTICIPATED IN A 457(F) DEFERRED COMPENSATION PLAN AND RECEIVED A PAYOUT IN 2018 DAVIS COONS \$12,339, CHRISTI MCCARREN \$15,307, ANNA LOOMIS \$18,307, SHELLY MULLIN, \$261,183, LINDA CHEN, \$113,740 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, AND FLORENCE CHANG, EXEC VP, EARNED SUPPLEMENTAL EXECUTIVE RETIREMENT PLAN (SERP) INCOME IN THE AMOUNTS OF \$526,755 AND \$193,012, RESPECTIVELY, WHICH ARE REFLECTED IN COLUMN C THE SERP PLAN HAS DEFERRALS INTO THE 457(F) CAA DEFERRED COMPENSATION PLAN MR ROBERTSON RECEIVED NO PAYOUTS FROM THE PLAN DURING THE YEAR AND THE PLAN IS SUBJECT TO SUBSTANTIAL RISK OF FORFEITURE</p>

Return Reference	Explanation
FORM 990, PART VII AND SCHEDULE J, PART III- SUPPLEMENTAL	<p>THE REPORTABLE COMPENSATION FOR THE OFFICERS OF THE CORPORATION AND KEY EMPLOYEES IS BASED ON THE TOTAL AMOUNT PAID DURING THE YEAR FOR MANAGEMENT AND LEADERSHIP OF MULTICARE HEALTH SYSTEM ENTITIES (91-1514257, 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 PEER GROUP COMPRISED OF SIMILAR HIGH PERFORMING HEALTHCARE INSTITUTIONS, PRIMARILY INTEGRATED HEALTHCARE ORGANIZATIONS COMPENSATION PAID IS DETERMINED TO BE REASONABLE AND NECESSARY BY THE COMPENSATION COMMITTEE OF THE BOARD OF DIRECTORS AND THE INDEPENDENT EXTERNAL CONSULTANT IN ADDITION, A SIGNIFICANT PORTION OF COMPENSATION IS AT RISK AND BASED ON ACHIEVEMENT OF GOALS SET BY THE BOARD OF DIRECTORS AT THE START OF EACH YEAR IN AREAS SUCH AS PATIENT SAFETY, QUALITY, WORKFORCE DEVELOPMENT, FINANCE AND OTHER MISSION-RELATED AREAS THE BOARD PLACES A HIGH PRIORITY ON THE NEED TO RECRUIT AND RETAIN A STRONG LEADERSHIP TEAM AND TO CREATE A HIGHLY MOTIVATED AND ENGAGED WORKFORCE TO DRIVE SUPERIOR ORGANIZATIONAL PERFORMANCE IN ORDER TO ACHIEVE TOP TIER INTEGRATED CARE DELIVERY SYSTEM STATUS THE COMPENSATION COMMITTEE ROUTINELY REVIEWS BENEFITS AND RETIREMENT PROGRAMS TO ENSURE THE PLANS ARE MARKET-BASED AND OTHERWISE CONSISTENT WITH IRS GUIDELINES THE OFFICERS OF MULTICARE HEALTH SYSTEM, 91-1352172, ALSO FULFILL OFFICER AND EXECUTIVE FUNCTIONS FOR ITS RELATED ENTITIES COMPENSATION DISCLOSED IS REPORTED TO THE RELATED ENTITIES TAX RETURNS IN ACCORDANCE WITH IRS REGULATIONS, BUT IS NOT CHARGED TO THE SUBSIDIARY OR AFFILIATE AN OFFICER LISTED DEVOTES AN AVERAGE OF 60 HOURS PER WEEK TO PERFORM HIS OR HER RESPONSIBILITIES</p>



# Additional Data

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
WILLIAM ROBERTSON PRESIDENT & CEO, INTERIM CFO	(i)	1,237,368	348,227	5,244	536,139	20,833	2,147,811	0
	(ii)	0	0	0	0	0	0	0
ANNA LOOMIS CFO, PART YEAR	(i)	547,040	159,082	36,077	66,308	14,549	823,056	18,307
	(ii)	0	0	0	0	0	0	0
FLORENCE CHANG EXECUTIVE VICE PRESIDENT	(i)	940,019	231,167	5,160	221,777	24,745	1,422,868	0
	(ii)	0	0	0	0	0	0	0
DAVID CARLSON SRVP, PROVIDER ENTERPRISES	(i)	592,699	104,192	9,384	90,500	27,223	823,998	0
	(ii)	0	0	0	0	0	0	0
DAVID O'BRIEN SRVP/CHIEF EXEC-EAST WA	(i)	595,563	215,246	87,420	11,000	16,953	926,182	0
	(ii)	0	0	0	0	0	0	0
LINDA CHEN PRES MARY BRIDGE, PART YEAR	(i)	67,769	83,672	666,638	324	3,033	821,436	113,740
	(ii)	0	0	0	0	0	0	0
CHRISTI MCCARREN SRVP, RETAIL HEALTH&COMMUNI	(i)	397,542	104,729	73,697	15,255	11,277	602,500	15,307
	(ii)	0	0	0	0	0	0	0
TIM BRICKER SRVP/CHIEF EXEC-S SOUND	(i)	644,690	142,512	2,760	98,500	24,477	912,939	0
	(ii)	0	0	0	0	0	0	0
JEFFREY POLTAWSKY PRES MARY BRIDGE	(i)	164,682	175,000	1,266	17,125	6,583	364,656	0
	(ii)	0	0	0	0	0	0	0
DAVID COONS PHYSICIAN	(i)	1,375,334	225,873	15,434	22,269	23,959	1,662,869	12,339
	(ii)	0	0	0	0	0	0	0
SURAJ SINGH PHYSICIAN	(i)	1,437,591	253,135	9,346	2,396	25,048	1,727,516	0
	(ii)	0	0	0	0	0	0	0
ROB TAMURIAN PHYSICIAN	(i)	903,448	115,967	1,283	20,278	25,848	1,066,824	0
	(ii)	0	0	0	0	0	0	0
MASOOD NEHAL PHYSICIAN	(i)	943,348	170,477	10,048	9,813	23,461	1,157,147	0
	(ii)	0	0	0	0	0	0	0
JOHN HUNG PHYSICIAN	(i)	920,334	140,340	14,016	3,479	23,784	1,101,953	0
	(ii)	0	0	0	0	0	0	0
SHELLY MULLIN FORMER VP, FORMER KEY EMPL	(i)	280,280	115,939	445,732	35,180	6,458	883,589	261,183
	(ii)	0	0	0	0	0	0	0
CLAIRE SPAIN-REMY FORMER VP, FORMER KEY EMPL	(i)	0	0	122,965	0	0	122,965	0
	(ii)	0	0	0	0	0	0	0

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

Schedule K  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Name of the organization  
MULTICARE HEALTH SYSTEM

Supplemental Information on Tax-Exempt Bonds

► Complete if the organization answered "Yes" to Form 990, Part VI, line 24a. Provide descriptions, explanations, and any additional information in Part VI.  
► Attach to Form 990.  
► Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No 1545-0047

2018

Open to Public Inspection

Employer identification number  
91-1352172

Part I Bond Issues											
(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
						Yes	No	Yes	No	Yes	No
A WASHINGTON HEALTH CARE FACILITIES SERIES 2009 AB	91-1108929	93978E3U4	05-01-2009	100,000,000	CONSTRUCTION OF THE GOOD SAMARITAN TOWER		X		X		X
B WASHINGTON HEALTH CARE FACILITIES SERIES 2010 A	91-1108929	93978E6W7	01-05-2010	105,127,578	USED TO REFUND THE WHCA SERIES 1998 ISSUED ON 08/13/1998		X		X		X
C WASHINGTON HEALTH CARE FACILITIES SERIES 2012 A	91-1108929	93978HHB4	11-13-2012	140,628,741	AUBURN AQUISITION,TG CAMPUS REFRESH,COVINGTON EMERGENCY DEPARTMENT		X		X		X
D WASHINGTON HEALTH CARE FACILITIES SERIES 2015 AB	91-1108929	93978HNNH4	04-16-2015	420,539,219	REFUND THE SERIES 2004 & SERIES 2008 BONDS, CONSTRUCTION AT AUBURN & COVINGT		X		X		X

Part II		Proceeds							
		A		B		C		D	
1	Amount of bonds retired . . . . .			64,820,000				11,495,000	
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	
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue? . . . . .		X	X			X	X	
15	Were the bonds issued as part of an advance refunding issue? . . . . .		X		X		X		X
16	Has the final allocation of proceeds been made? . . . . .	X		X		X		X	
17	Does the organization maintain adequate books and records to support the final allocation of proceeds? . . . . .	X		X		X		X	

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

Part III

Private Business Use (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
<b>3a</b> Are there any management or service contracts that may result in private business use of bond-financed property? . . . . .	X		X		X		X	
<b>b</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	
<b>c</b> Are there any research agreements that may result in private business use of bond-financed property? . . . . .	X		X		X		X	
<b>d</b> 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	
<b>4</b> Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government . . . . . ▶	0 180 %		0 %		0 070 %		3 500 %	
<b>5</b> Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government . . . . . ▶	0 %		0 %		0 %		0 %	
<b>6</b> Total of lines 4 and 5 . . . . .	0 180 %		0 %		0 070 %		3 500 %	
<b>7</b> Does the bond issue meet the private security or payment test? . . .		X		X		X		X
<b>8a</b> Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued? . . . . .		X		X		X		X
<b>b</b> If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of . .								
<b>c</b> If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1 141-12 and 1 145-2? . . . . .								
<b>9</b> 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
<b>1</b> Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate? . . . .		X		X		X		X
<b>2</b> If "No" to line 1, did the following apply? . . . .								
<b>a</b> Rebate not due yet? . . . . .		X		X		X		X
<b>b</b> Exception to rebate? . . . . .		X		X		X		X
<b>c</b> No rebate due? . . . . .	X			X		X		X
If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed . . . . .								
<b>3</b> Is the bond issue a variable rate issue? . . . . .		X		X		X		X
<b>4a</b> Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X		X		X		X
<b>b</b> Name of provider . . . . .								
<b>c</b> Term of hedge . . . . .								
<b>d</b> Was the hedge superintegrated? . . . . .								
<b>e</b> Was the hedge terminated? . . . . .								

**Part IV Arbitrage** (Continued)

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

**Part V Procedures To Undertake Corrective Action**

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

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

Return Reference	Explanation
SCHEDULE K, PART IV, LINE 2C	FOR THE WASHINGTON HEALTH CARE FACILITIES AUTHORITY REVENUE BONDS SERIES 2009 A,B MULTICARE HEALTH SYSTEM ENGAGED RITZ & ASSOCIATES PROFESSIONAL ASSOCIATION TO PERFORM A FIVE-YEAR ARBITRAGE REBATE CALCULATION ON 05/03/2019 AND THE RESULT WAS THERE IS NO REBATE DUE TO THE IRS

Return Reference	Explanation
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 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 8/15/2018/ 93978HMN2 8/15/2019/ 93978HMP7 8/15/2020/ 93978HMQ5 8/15/2021/ 93978HMR3 8/15/2022/ 93978HMS1 8/15/2023/ 93978HMT9 8/15/2024/ 93978HMU6 8/15/2025/ 93978HMV4 8/15/2026/ 93978HMW2 8/15/2027/ 93978HMX0 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/ 93978HNM3 8/15/2019/ 93978HNN1 8/15/2020/ 93978HNP6 8/15/2021/ 93978HNPQ4 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 8/15/2032/ 93978HPB5 8/15/2033/ 93978HPC3 8/15/2034/ 93978HPD1 8/15/2035/ 93978HPE9 8/15/2039/ 93978HPF6 8/15/2043/ 93978HPG4

Additional Data

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

Return Reference	Explanation
SCHEDULE K, PART IV, LINE 2C	FOR THE WASHINGTON HEALTH CARE FACILITIES AUTHORITY REVENUE BONDS SERIES 2009 A,B MULTICARE HEALTH SYSTEM ENGAGED RITZ & ASSOCIATES PROFESSIONAL ASSOCIATION TO PERFORM A FIVE-YEAR ARBITRAGE REBATE CALCULATION ON 05/03/2019 AND THE RESULT WAS THERE IS NO REBATE DUE TO THE IRS
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 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 8/15/2018/ 93978HMN2 8/15/2019/ 93978HMP7 8/15/2020/ 93978HMQ5 8/15/2021/ 93978HMR3 8/15/2022/ 93978HMS1 8/15/2023/ 93978HMT9 8/15/2024/ 93978HMU6 8/15/2025/ 93978HMOV4 8/15/2026/ 93978HMW2 8/15/2027/ 93978HMX0 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/ 93978HNN4 \$285,680,000 ISSUER REVENUE BONDS MULTICARE HEALTH SYSTEM SERIES 2015B MATURITY/CUSIP 8/15/2018/ 93978HNM3 8/15/2019/ 93978HNN1 8/15/2020/ 93978HNP6 8/15/2021/ 93978HNNQ4 8/15/2022/ 93978HNR2 8/15/2023/ 93978HNS0 8/15/2024/ 93978HNT8 8/15/2025/ 93978HNU5 8/15/2026/ 93978HNV3 8/15/2027/ 93978HNNW1 8/15/2028/ 93978HNNX9 8/15/2029/ 93978HNY7 8/15/2030/ 93978HNNZ4 8/15/2031/ 93978HPA7 8/15/2032/ 93978HPB5 8/15/2033/ 93978HPC3 8/15/2034/ 93978HPD1 8/15/2035/ 93978HPE9 8/15/2039/ 93978HPF6 8/15/2043/ 93978HPG4

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

Schedule K  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Supplemental Information on Tax-Exempt Bonds

► Complete if the organization answered "Yes" to Form 990, Part VI, line 24a. Provide descriptions, explanations, and any additional information in Part VI.  
► Attach to Form 990.  
► Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization  
MULTICARE HEALTH SYSTEM

Employer identification number  
91-1352172

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

Part II	Proceeds								
		A		B		C		D	
1	Amount of bonds retired . . . . .	5,980,000							
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					
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue? . . . . .	X		X					
15	Were the bonds issued as part of an advance refunding issue? . . . . .		X		X				
16	Has the final allocation of proceeds been made? . . . . .	X		X					
17	Does the organization maintain adequate books and records to support the final allocation of proceeds? . . . . .	X		X					

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

Part III

Private Business Use (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
<b>3a</b> Are there any management or service contracts that may result in private business use of bond-financed property? . . . . .	X		X					
<b>b</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					
<b>c</b> Are there any research agreements that may result in private business use of bond-financed property? . . . . .	X		X					
<b>d</b> 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					
<b>4</b> Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government . . . . . ▶	0 780 %		1 830 %					
<b>5</b> Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government . . . . . ▶	0 %		0 %					
<b>6</b> Total of lines 4 and 5 . . . . .	0 780 %		1 830 %					
<b>7</b> Does the bond issue meet the private security or payment test? . . .		X		X				
<b>8a</b> Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued? . . . . .		X		X				
<b>b</b> If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of . .								
<b>c</b> If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1 141-12 and 1 145-2? . . . . .								
<b>9</b> 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
<b>1</b> Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate? . . .		X		X				
<b>2</b> If "No" to line 1, did the following apply? . . . .								
<b>a</b> Rebate not due yet? . . . . .		X		X				
<b>b</b> Exception to rebate? . . . . .		X		X				
<b>c</b> No rebate due? . . . . .		X		X				
If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed . . . . .								
<b>3</b> Is the bond issue a variable rate issue? . . . . .		X	X					
<b>4a</b> Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X		X				
<b>b</b> Name of provider . . . . .								
<b>c</b> Term of hedge . . . . .								
<b>d</b> Was the hedge superintegrated? . . . . .								
<b>e</b> Was the hedge terminated? . . . . .								

**Part IV Arbitrage** (Continued)

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

**Part V Procedures To Undertake Corrective Action**

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

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

<b>Return Reference</b>	<b>Explanation</b>

Schedule L

(Form 990 or 990-EZ)

Transactions with Interested Persons

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

OMB No 1545-0047

2018

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

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

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

2

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

3

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

Part II

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

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

Part III

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

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

**Part IV Business Transactions Involving Interested Persons.**

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) CAROLINE RUTTER MD	FAMILY OF DIRECTOR	599,403	EMPLOYEE OF MULTICARE HEALTH SYSTEM		No
(2) RICKY ROTH	FAMILY OF DIRECTOR	30,446	EMPLOYEE OF MULTICARE HEALTH SYSTEM		No
(3) RACHEL ROTH	FAMILY OF DIRECTOR	35,875	EMPLOYEE OF MULTICARE HEALTH SYSTEM		No

**Part V Supplemental Information**

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

Return Reference	Explanation
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**SCHEDULE O**  
(Form 990 or 990-EZ)

Department of the Treasury

Name of the organization  
MULTICARE HEALTH SYSTEM**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](http://www.irs.gov/Form990) for the latest information.

OMB No 1545-0047

**2018****Open to Public  
Inspection****Employer identification number**

91-1352172

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 2	JANINE TERRANO AND JOHN FOLSOM HAVE A BUSINESS RELATIONSHIP

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11B	PROCESS USED BY MANAGEMENT AND/OR GOVERNING BODY TO REVIEW 990 THE MULTICARE HEALTH SYSTEM (MHS) 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 FORMS 990S FOR MHS AND THE FOUR MULTICARE FOUNDATIONS, INCLUDING ALL REQUIRED SCHEDULES, WERE PROVIDED TO EACH VOTING MEMBER OF THE BOARD OF DIRECTORS FOR REVIEW, PRIOR TO ITS FILING WITH THE IRS

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
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 INTEREST POLICY CONFLICTS OF INTEREST ARE DOCUMENTED

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	<p>A-B PROCESS USED TO DETERMINE COMPENSATION OF CEO THE BOARD, THROUGH ITS COMPENSATION COMMITTEE CONSISTING OF INDEPENDENT, NON-PAID, BOARD MEMBERS, IS ACCOUNTABLE FOR ENSURING AND APPROVING A REASONABLE TOTAL COMPENSATION PACKAGE, CONSISTENT WITH ITS COMPENSATION PHILOSOPHY, FOR THE CEO FOR HIS MANAGEMENT AND LEADERSHIP OF MULTICARE HEALTH SYSTEM ENTITIES ( 91-1514257, 94-3030039, 91-2004312, 46-5636491, 91-1111928) 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 2018</p>

**990 Schedule O, Supplemental Information**

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

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
FORM 990, PART IX, LINE 11G	PROFESSIONAL SERVICES PROGRAM SERVICE EXPENSES 248,584,866 MANAGEMENT AND GENERAL EXPENSES 33,668,946 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 282,253,812

## 990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XI, LINE 9	CHANGES IN ACCRUED PENSION ASSET -14,172,310 TRANSFER ROCKWOOD CLINIC UPON DISSOLUTION ON MARCH 1ST 2018 -19,702,419 NAVOS TRANSFER OF ASSETS -2,013,038 FOUNDATIONS TRANSFER OF ASSETS -283,970

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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No 1545-0047

2018

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
(1) MULTICARE CONNECTED CARE LLC 222 N J ST STE B TACOMA, WA 98403 47-2859356	HEALTHCARE ACO	WA	0	0	MULTICARE HEALTH SYSTEM
(2) NORTHSTAR PROPERTY ACQUISITIONS LLC 4720 MONTGOMERY LANE STE 1000 BETHESDA, MD 20814 82-1517201	REAL PROPERTY ACQUISITION	WA	0	0	MULTICARE HEALTH SYSTEM

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

See Additional Data Table

(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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end- of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
<b>(1)</b> REDICLINIC OF WALLC 9 E GREENWAY PLAZA STE 2950 HOUSTON, TX 77046 47-1808980	HEALTHCARE	TX	MULTICARE HEALTH SYSTEM	RELATED	-3,122,598	-248,569		No			No	51 000 %
<b>(2)</b> OLYMPIC SPORTS & SPINE PLLC 6050 TACOMA MALL BLVD TACOMA, WA 98409 82-2950138	HEALTHCARE SERVICES	WA	MULTICARE HEALTH SYSTEM	RELATED	-1,557,073	3,250,456		No		Yes		68 000 %
<b>(3)</b> AUBURN IMAGING PARTNERS PO BOX 26730 FEDERAL WAY, WA 98093 20-2539907	HEALTHCARE SERVICES	WA	MULTICARE HEALTH SYSTEM	RELATED	-35,857	676,207		No		Yes		80 000 %
<b>(4)</b> VP SURGERY OF AUBURN 1002 15TH AVE SW STE 215 AUBURN, WA 98001 37-1668651	HEALTHCARE SERVICES	WA	MULTICARE HEALTH SYSTEM	RELATED				No		Yes		50 100 %

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
<b>(1)</b> MEDIS CORPORATION 315 S K STREET TACOMA, WA 98405 91-1111928	MEDICAL BUILDING RENTAL	WA	MULTICARE HEALTH SYSTEM	C	1,427,181	1,548,848	100 000 %	Yes	
<b>(2)</b> ROCKWOOD CLINIC PS 800 WEST FIFTH AVE SPOKANE, WA 99204 91-1352993	HEALTHCARE SERVICES	WA	MULTICARE HEALTH SYSTEM	C	53,237,077	79,409,915	100 000 %	Yes	

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

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

<b>1</b>	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?		<b>Yes</b>	<b>No</b>
<b>a</b>	Receipt of <b>(i)</b> interest, <b>(ii)</b> annuities, <b>(iii)</b> royalties, or <b>(iv)</b> rent from a controlled entity . . . . .	<b>1a</b>		No
<b>b</b>	Gift, grant, or capital contribution to related organization(s) . . . . .	<b>1b</b>	Yes	
<b>c</b>	Gift, grant, or capital contribution from related organization(s) . . . . .	<b>1c</b>	Yes	
<b>d</b>	Loans or loan guarantees to or for related organization(s) . . . . .	<b>1d</b>		No
<b>e</b>	Loans or loan guarantees by related organization(s) . . . . .	<b>1e</b>		No
<b>f</b>	Dividends from related organization(s) . . . . .	<b>1f</b>		No
<b>g</b>	Sale of assets to related organization(s) . . . . .	<b>1g</b>		No
<b>h</b>	Purchase of assets from related organization(s) . . . . .	<b>1h</b>		No
<b>i</b>	Exchange of assets with related organization(s) . . . . .	<b>1i</b>		No
<b>j</b>	Lease of facilities, equipment, or other assets to related organization(s) . . . . .	<b>1j</b>		No
<b>k</b>	Lease of facilities, equipment, or other assets from related organization(s) . . . . .	<b>1k</b>	Yes	
<b>l</b>	Performance of services or membership or fundraising solicitations for related organization(s) . . . . .	<b>1l</b>		No
<b>m</b>	Performance of services or membership or fundraising solicitations by related organization(s) . . . . .	<b>1m</b>		No
<b>n</b>	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) . . . . .	<b>1n</b>		No
<b>o</b>	Sharing of paid employees with related organization(s) . . . . .	<b>1o</b>	Yes	
<b>p</b>	Reimbursement paid to related organization(s) for expenses . . . . .	<b>1p</b>	Yes	
<b>q</b>	Reimbursement paid by related organization(s) for expenses . . . . .	<b>1q</b>	Yes	
<b>r</b>	Other transfer of cash or property to related organization(s) . . . . .	<b>1r</b>		No
<b>s</b>	Other transfer of cash or property from related organization(s) . . . . .	<b>1s</b>		No

**2** If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds  
See Additional Data Table

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

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

[illegible]

**Part VII**   **Supplemental Information**

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

Return Reference	Explanation

Additional Data

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c) (3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
409 S J STREET TACOMA, WA 98405 91-1514257	SOLICIT CONTRIBUTIONS	WA	501(C)(3)	LINE 7	MULTICARE HEALTH SYSTEM	Yes	
409 S J STREET TACOMA, WA 98405 94-3030039	SOLICIT CONTRIBUTIONS	WA	501(C)(3)	LINE 7	MULTICARE HEALTH SYSTEM	Yes	
402 15TH AVE SE SUITE 101 PUYALLUP, WA 98372 91-2004312	SOLICIT CONTRIBUTIONS	WA	501(C)(3)	LINE 7	MULTICARE HEALTH SYSTEM	Yes	
737 FAWCETT AVE TACOMA, WA 98402 46-5636491	SOLICIT CONTRIBUTIONS	WA	501(C)(3)	LINE 7	MULTICARE HEALTH SYSTEM	Yes	
222 N J STREET TACOMA, WA 98403 47-5457904	HOSPITAL	WA	501(C)(3)	LINE 3	MULTICARE HEALTH SYSTEM	Yes	
PO BOX 46420 SEATTLE, WA 98126 91-0848698	HOSPITAL	WA	501(C)(3)	LINE 3	MULTICARE HEALTH SYSTEM	Yes	
PO BOX 46420 SEATTLE, WA 98126 45-4031562	SUPPORTING ORGANIZATION	WA	501(C)(3)	LINE 12A-I	MULTICARE HEALTH SYSTEM	Yes	
315 MARTIN LUTHER KING JR WAY TACOMA, WA 98405 82-2949880	REHABILITATION	WA	501(C)(3)	LINE 10	MULTICARE HEALTH SYSTEM	Yes	
9330 59TH AVE SW LAKEWOOD, WA 98499 91-6064184	HOSPITAL	WA	501(C)(3)	LINE 3	MULTICARE HEALTH SYSTEM	Yes	

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

<b>(a)</b> Name of related organization		<b>(b)</b> Transaction type(a-s)	<b>(c)</b> Amount Involved	<b>(d)</b> Method of determining amount involved
<b>(1)</b>	MULTICARE HEALTH FOUNDATION	B	1,711,555	ACCRUAL
<b>(1)</b>	MARY BRIDGE CHILDREN'S FOUNDATION	B	3,688,730	ACCRUAL
<b>(2)</b>	GOOD SAMARITAN FOUNDATION	B	1,639,736	ACCRUAL
<b>(3)</b>	MULTICARE SOUTH KING HEALTH FOUNDATION	B	734,129	ACCRUAL
<b>(4)</b>	MULTICARE HEALTH FOUNDATION	C	2,739,892	ACCRUAL
<b>(5)</b>	MARY BRIDGE CHILDREN'S FOUNDATION	C	7,103,204	ACCRUAL
<b>(6)</b>	GOOD SAMARITAN FOUNDATION	C	1,292,162	ACCRUAL
<b>(7)</b>	MEDIS CORPORATION	K	787,503	ACCRUAL
<b>(8)</b>	CHVI PROFESSIONAL CORPORATION	P	34,375,897	ACCRUAL
<b>(9)</b>	MULTICARE HEALTH FOUNDATION	Q	828,111	ACCRUAL
<b>(10)</b>	MARY BRIDGE CHILDREN'S FOUNDATION	Q	1,952,134	ACCRUAL
<b>(11)</b>	GOOD SAMARITAN FOUNDATION	Q	833,643	ACCRUAL
<b>(12)</b>	MULTICARE SOUTH KING HEALTH FOUNDATION	Q	421,373	ACCRUAL
<b>(13)</b>	MEDIS CORPORATION	Q	448,365	ACCRUAL