



EXTENDED TO NOVEMBER 15, 2018

OMB No 1545-0047

Form **990**

Return of Organization Exempt From Income Tax

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

2017
Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Do not enter social security numbers on this form as it may be made public.
Go to www.irs.gov/Form990 for instructions and the latest information.

A For the 2017 calendar year, or tax year beginning and ending

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization MARY BRIDGE CHILDREN'S FOUNDATION		D Employer identification number 94-3030039
	Doing business as		E Telephone number (253) 459-8141
	Number and street (or P.O. box if mail is not delivered to street address) Room/suite P.O. BOX 5299		G Gross receipts \$ 24,684,855.
	City or town, state or province, country, and ZIP or foreign postal code TACOMA, WA 98415		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions)
	F Name and address of principal officer: WILLIAM ROBERTSON SAME AS C ABOVE		H(c) Group exemption number

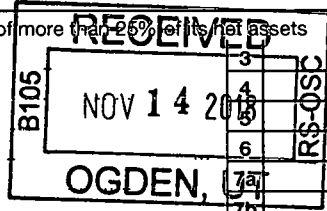
I Tax-exempt status 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527

J Website: HTP://WAYSTOHELP.MULTICARE.ORG

K Form of organization: Corporation Trust Association Other **L Year of formation:** 1986 **M State of legal domicile:** WA

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: PARTNERING FOR HEALING AND A HEALTHY FUTURE THROUGH PHILANTHROPY.	
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets	
	3 Number of voting members of the governing body (Part VI, line 1a)	21
	4 Number of independent voting members of the governing body (Part VI, line 1b)	19
	5 Total number of individuals employed in calendar year 2017 (Part V, line 2a)	6
	6 Total number of volunteers (estimate if necessary)	462
	7a Total unrelated business revenue from Part VIII, column (C), line 12	0.
b Net unrelated business taxable income from Form 990-T, line 34	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year: 7,489,769. Current Year: 22,833,716.
	9 Program service revenue (Part VIII, line 2g)	0. 0.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	109,067. 840,804.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	344,290. -1,804,834.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	7,943,126. 21,869,686.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	3,815,847. 4,943,080.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0. 0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	508,142. 520,467.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0. 0.
	b Total fundraising expenses (Part IX, column (D), line 25) 1,640,552.	
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	977,782. 1,120,085.
	18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	5,301,771. 6,583,632.
19 Revenue less expenses Subtract line 18 from line 12	2,641,355. 15,286,054.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year: 74,319,239. End of Year: 117,162,010.
	21 Total liabilities (Part X, line 26)	23,764. 19,783,215.
	22 Net assets or fund balances Subtract line 21 from line 20	74,295,475. 97,378,795.



Part II Signature Block

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

Sign Here	Signature of officer: <i>William Robertson</i>	Date: 10/29/18
Paid Preparer Use Only	Print/Type preparer's name: EVA NITTA Preparer's signature: <i>Eva Nitte</i> Date: 10/26/18 Check if self-employed: <input type="checkbox"/> PTIN: P01286320	Firm's EIN: 34-6565596 Phone no.: 415-894-8000
	Firm's name: ERNST & YOUNG U.S. LLP Firm's address: 560 MISSION STREET, SUITE 1600 SAN FRANCISCO, CA 94105	

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

SCANNED FEB 06 2019

950

Part III Statement of Program Service Accomplishments

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

X

1 Briefly describe the organization's mission
PARTNERING FOR HEALING AND A HEALTHY FUTURE THROUGH PHILANTHROPY.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?
If "Yes," describe these new services on Schedule O

Yes No X

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?
If "Yes," describe these changes on Schedule O

Yes No X

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

4a (Code) (Expenses \$ 1,456,092. including grants of \$ 1,456,092.) (Revenue \$)

MULTICARE IS NOTED FOR ITS UPDATED FACILITIES, STATE-OF-THE-ART TECHNOLOGY, SAFETY RECORD AND FOCUS ON QUALITY CARE.
IN 2017 MARY BRIDGE CHILDREN'S FOUNDATION SPONSORED THE EXPANSION AND THE PURCHASE OF THE LATEST TECHNOLOGY EQUIPMENT FOR PEDIATRIC INTENSIVE CARE UNIT AT MARY BRIDGE CHILDREN'S HOSPITAL, A HOSPITAL OF MULTICARE HEALTH SYSTEM (A RELATED TAX-EXEMPT ENTITY).

4b (Code) (Expenses \$ 596,169. including grants of \$ 596,169.) (Revenue \$)

"HELPING HANDS AND FAMILY ASSISTANCE" IS A PROGRAM AT MULTICARE HEALTH SYSTEM WHICH IS DEDICATED TO PROVIDING SUPPORT AND ASSISTANCE TO LOW-INCOME PATIENTS AND THEIR FAMILIES. THESE FUNDS ARE USED BY SOCIAL WORKERS IN DIRECT SUPPORT OF PATIENTS AND FAMILIES WHO NEED A LITTLE EXTRA HELP AND PAYS FOR ITEMS THAT THE CHILD URGENTLY NEEDS BUT THE FAMILY CANNOT AFFORD. IN 2017 MARY BRIDGE CHILDREN'S FOUNDATION PROVIDED \$596,169 IN FUNDING IN THE FORM OF PRESCRIPTIONS, WHEELCHAIRS, FOOD, CLOTHING, GAS VOUCHERS AND TRANSPORTATION FOR PATIENTS AND THEIR FAMILIES.

4c (Code) (Expenses \$ 576,578. including grants of \$ 576,578.) (Revenue \$)

THE SEXUAL ASSAULT CENTER OF PIERCE COUNTY PROVIDES SERVICES TO ANY INDIVIDUAL WHOSE LIFE HAS BEEN IMPACTED BY SEXUAL ASSAULT. THE CENTER PROVIDES ADVOCACY SERVICES, EMOTIONAL SUPPORT, MEDICAL ASSISTANCE AND ASSISTANCE DURING CIVIL PROCEEDINGS, ALL FREE OF CHARGE.
IN 2017 MARY BRIDGE CHILDREN'S FOUNDATION PROVIDED \$576,578 TOWARDS THE PROGRAM.

4d Other program services (Describe in Schedule O)
(Expenses \$ 2,314,241. including grants of \$ 2,314,241.) (Revenue \$)

4e Total program service expenses 4,943,080.

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

	Yes	No
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	X	
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	X	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
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>		X
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	X	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	X	
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>		X
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?		
Note. All Form 990 filers are required to complete Schedule O	X	

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

Table with columns for question numbers (1a-14b), Yes/No responses, and numerical values. Includes questions about Form 1096, Form W-2G, Form W-3, and various tax compliance issues.

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

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

X

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a (21), 1b (19), 2, 3, 4, 5, 6, 7a, 7b, 8a, 8b, 9.

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

Table with 3 columns: Question, Yes, No. Rows include: 10a, 10b, 11a, 12a, 12b, 12c, 13, 14, 15a, 15b, 16a, 16b.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed WA
18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply: Own website, Another's website, X Upon request, Other (explain in Schedule O)
19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records. JASON MITCHELL - 253-459-8331
737 SOUTH FAWCETT STREET, TACOMA, WA 98402

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) RHONDA ARNETT MEMBER	2.00 0.00	X						0.	0.	0.
(2) REX BATES CHAIR	2.00 0.00	X		X				0.	0.	0.
(3) MICHELE CANNON BESSLER, MD SECRETARY	2.00 0.00	X		X				0.	0.	0.
(4) KATHY DOBLER MEMBER, PART YEAR	2.00 0.00	X						0.	0.	0.
(5) TOM GIDEON MEMBER, PART YEAR	2.00 0.00	X						0.	0.	0.
(6) KELLY GIVENS MEMBER	2.00 0.00	X						0.	0.	0.
(7) DALE HALL, MD MEMBER, PART YEAR	2.00 0.00	X						0.	0.	0.
(8) TAMMY HALL MEMBER	2.00 0.00	X						0.	0.	0.
(9) STEVE HANSEN MEMBER	2.00 0.00	X						0.	0.	0.
(10) MICHAEL HARLE VICE CHAIR	2.00 0.00	X		X				0.	0.	0.
(11) MARK HOLCOMB MEMBER, PART YEAR	2.00 0.00	X						0.	0.	0.
(12) JULIE HORSCHER MEMBER	2.00 0.00	X						0.	0.	0.
(13) SHARON JENKINS MEMBER, PART YEAR	2.00 0.00	X						0.	0.	0.
(14) JOYCE LARSON MEMBER	2.00 0.00	X						0.	0.	0.
(15) STEPHANIE LEVERETT MEMBER, PART YEAR	2.00 0.00	X						0.	0.	0.
(16) AMY LEWIS MEMBER	2.00 0.00	X						0.	0.	0.
(17) TIM LORD, MD MEMBER	2.00 0.00	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) SCOTT MARSHALL MEMBER, PART YEAR	2.00 0.00	X						0.	0.	0.
(19) CHRISTIAN MATTSON MEMBER	2.00 0.00	X						0.	0.	0.
(20) GLORIA MAYER MEMBER	2.00 0.00	X						0.	0.	0.
(21) LINDA MCKEAG MEMBER, PART YEAR	2.00 0.00	X						0.	0.	0.
(22) BRAD MCPHEE MEMBER	2.00 0.00	X						0.	0.	0.
(23) JUDY MORK MEMBER	2.00 0.00	X						0.	0.	0.
(24) TUAN NGO MEMBER	2.00 0.00	X						0.	0.	0.
(25) PETER NORMAN MEMBER, PART YEAR	2.00 0.00	X						0.	0.	0.
(26) NICHOLAS RAJACICH, MD TREASURER, PHYSICIAN	2.00 50.00	X		X				0.	742,782.	64,477.
1b Sub-total								0.	742,782.	64,477.
c Total from continuation sheets to Part VII, Section A								301,923.	2,806,039.	836,866.
d Total (add lines 1b and 1c)								301,923.	3,548,821.	901,343.

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

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
NONE		

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 0

SEE PART VII, SECTION A CONTINUATION SHEETS

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(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			
(27) RONNA SCHREINER MEMBER	2.00 0.00	X						0.	0.	0.
(28) ERIN SHAGREN MEMBER	2.00 0.00	X						0.	0.	0.
(29) LILA WIDEMANN MEMBER, PART YEAR	2.00 0.00	X						0.	0.	0.
(30) MELAWATI YUWONO, MD MEMBER, PHYSICIAN	2.00 50.00	X						0.	459,665.	93,158.
(31) ANN ZENCZAK MEMBER	2.00 0.00	X						0.	0.	0.
(32) WILLIAM ROBERTSON PRESIDENT & CEO	1.00 59.00			X				0.	1,291,180.	461,246.
(33) ANNA LOOMIS CFO	1.00 59.00			X				0.	736,211.	196,522.
(34) DOREEN YOUNG VP, FOUNDATIONS	15.00 45.00				X			0.	318,983.	49,110.
(35) KRISTIN J. BARSNESS EXECUTIVE DIR.	50.00 0.00					X		185,241.	0.	16,803.
(36) CYNTHIA NIEMI PHILANTHROPY OFFICER	40.00 0.00					X		116,682.	0.	20,027.
Total to Part VII, Section A, line 1c								301,923.	2,806,039.	836,866.

Part VIII Statement of Revenue

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

		(A)	(B)	(C)	(D)	
		Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a 32,607.				
	b Membership dues	1b				
	c Fundraising events	1c 2,198,442.				
	d Related organizations	1d 5,209,408.				
	e Government grants (contributions)	1e				
	f All other contributions, gifts, grants, and similar amounts not included above	1f 15,393,259.				
	g Noncash contributions included in lines 1a-1f \$	854,362.				
	h Total. Add lines 1a-1f	▶ 22,833,716.				
	Program Service Revenue	Business Code				
2 a						
b						
c						
d						
e						
g Total. Add lines 2a-2f		▶				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)	▶	849,590.		849,590.	
	4 Income from investment of tax-exempt bond proceeds	▶				
	5 Royalties	▶				
	6 a Gross rents	(i) Real	(ii) Personal			
		b Less. rental expenses				
		c Rental income or (loss)				
		d Net rental income or (loss)	▶			
	7 a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other			
		845,576.				
		b Less. cost or other basis and sales expenses	854,362.			
		c Gain or (loss)	▶ -8,786.			
	d Net gain or (loss)	▶ -8,786.				
	8 a Gross income from fundraising events (not including \$ 2,198,442. of contributions reported on line 1c). See Part IV, line 18	a	134,718.			
		b Less. direct expenses	b 1,952,307.			
		c Net income or (loss) from fundraising events	▶ -1,817,589.			
9 a Gross income from gaming activities See Part IV, line 19	a	21,255.				
	b Less. direct expenses	b 8,500.				
	c Net income or (loss) from gaming activities	▶ 12,755.				
10 a Gross sales of inventory, less returns and allowances	a					
	b Less. cost of goods sold	b				
	c Net income or (loss) from sales of inventory	▶				
Miscellaneous Revenue		Business Code				
11 a						
b						
c						
d All other revenue						
e Total. Add lines 11a-11d	▶					
12 Total revenue. See instructions.	▶	21,869,686.	0.	0.	-964,030.	

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	4,943,080.	4,943,080.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees				
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	449,803.			449,803.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	66,577.			66,577.
10 Payroll taxes	4,087.			4,087.
11 Fees for services (non-employees)				
a Management				
b Legal				
c Accounting				
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	183,883.			183,883.
12 Advertising and promotion	27,880.			27,880.
13 Office expenses	37,314.			37,314.
14 Information technology				
15 Royalties				
16 Occupancy				
17 Travel	9,337.			9,337.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	10,707.			10,707.
23 Insurance				
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a CORPORATE ALLOCATION	848,714.			848,714.
b DUES, PERIODICALS	1,500.			1,500.
c REAL/PROP. TAXES & LICE	750.			750.
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	6,583,632.	4,943,080.	0.	1,640,552.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here if following SOP 98-2 (ASC 958-720)

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing		1	
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	39,660.	4	102,293.
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr) Complete Part II of Sch L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges		9	
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 375,000.		
	10b Less accumulated depreciation	10b 192,731.	192,976.	10c 182,269.
	11 Investments - publicly traded securities		11	
	12 Investments - other securities See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets See Part IV, line 11		74,086,603.	15 116,877,448.
16 Total assets. Add lines 1 through 15 (must equal line 34)		74,319,239.	16 117,162,010.	
Liabilities	17 Accounts payable and accrued expenses		23,764.	17 19,783,215.
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability Complete Part IV of Schedule D		21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25	
	26 Total liabilities. Add lines 17 through 25		23,764.	26 19,783,215.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets		10,469,691.	27 20,100,511.
	28 Temporarily restricted net assets		20,964,664.	28 32,776,568.
	29 Permanently restricted net assets		42,861,120.	29 44,501,716.
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances		74,295,475.	33 97,378,795.
34 Total liabilities and net assets/fund balances		74,319,239.	34 117,162,010.	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	21,869,686.
2	Total expenses (must equal Part IX, column (A), line 25)	2	6,583,632.
3	Revenue less expenses. Subtract line 2 from line 1	3	15,286,054.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	74,295,475.
5	Net unrealized gains (losses) on investments	5	9,056,678.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-1,259,412.
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	97,378,795.

Part XII Financial Statements and Reporting

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

	Yes	No
1 Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both. <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
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	X	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		X
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		

Form 990 (2017)

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

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

OMB No 1545-0047

2017

Open to Public Inspection

Name of the organization **MARY BRIDGE CHILDREN'S FOUNDATION** Employer identification number **94-3030039**

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 **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions) Enter the name, city, and state of the college or university. _____
 - 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III.)
 - 11 An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**
 - 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization
 - f Enter the number of supported organizations

07

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

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

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	11,248,802.	13,357,937.	18,127,858.	7,489,769.	20,904,711.	71,129,077.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	11,248,802.	13,357,937.	18,127,858.	7,489,769.	20,904,711.	71,129,077.
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)						6,016,937.
6 Public support. Subtract line 5 from line 4						65,112,140.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
7 Amounts from line 4	11,248,802.	13,357,937.	18,127,858.	7,489,769.	20,904,711.	71,129,077.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	1,236,543.	1,118,821.	850,696.	241,363.	849,590.	4,297,013.
9 Net income from unrelated business activities, whether or not the business is regularly carried on				344,290.		344,290.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						75,770,380.
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f))	14	85.93 %
15 Public support percentage from 2016 Schedule A, Part II, line 14	15	83.78 %
16a 33 1/3% support test - 2017. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input checked="" type="checkbox"/>		
b 33 1/3% support test - 2016. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
17a 10% -facts-and-circumstances test - 2017. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
b 10% -facts-and-circumstances test - 2016. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions <input type="checkbox"/>		

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2017 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2016 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

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

19a 33 1/3% support tests - 2017. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2016. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

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

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

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

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

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

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	

7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions)

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 Total annual distributions. Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
9 Distributable amount for 2017 from Section C, line 6	
10 Line 8 amount divided by line 9 amount	

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

Schedule A (Form 990 or 990-EZ) 2017

Part VI

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

Lined area for supplemental information.

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
▶ Attach to Form 990.

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

OMB No 1545-0047

2017

Open to Public Inspection

Name of the organization

MARY BRIDGE CHILDREN'S FOUNDATION

Employer identification number

94-3030039

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?		<input type="checkbox"/> Yes <input type="checkbox"/> No

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

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

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or education)	<input type="checkbox"/> Preservation of a historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	
- Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d
- Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____
- Number of states where property subject to conservation easement is located ▶ _____
- 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
- Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ _____
- Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$ _____
- 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
- 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

- 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
- 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	▶ \$ _____
- 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	▶ \$ _____

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

Schedule D (Form 990) 2017

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

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

- a Public exhibition
- b Scholarly research
- c Preservation for future generations
- d Loan or exchange programs
- e Other _____

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

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

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

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

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

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

	Amount
1c	
1d	
1e	
1f	

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

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

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	64,798,516.	62,403,960.	52,847,061.	56,415,015.	52,571,565.
b Contributions	15,989,030.	5,480,270.	12,019,325.	6,107,636.	7,318,607.
c Net investment earnings, gains, and losses	2,663,664.	-8,468.	952,623.	1,627,423.	1,179,523.
d Grants or scholarships					
e Other expenditures for facilities and programs	3,963,547.	3,077,246.	3,415,049.	11,303,013.	3,203,954.
f Administrative expenses					1,450,726.
g End of year balance	79,487,663.	64,798,516.	62,403,960.	52,847,061.	56,415,015.

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

- a Board designated or quasi-endowment 1.00 %
- b Permanent endowment 56.00 %
- c Temporarily restricted endowment 43.00 %

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

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

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

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

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" 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		182,269.		182,269.
b Buildings		192,731.	192,731.	0.
c Leasehold improvements				
d Equipment				
e Other				

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) 182,269.

Part VII Investments - Other Securities.

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

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

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

(a) Description	(b) Book value
(1) LIMITED USE ASSETS	40,684,063.
(2) DUE FROM AFFILIATES	76,193,385.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	

Part X Other Liabilities.

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

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

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

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

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

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

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

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

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

Part XIII Supplemental Information.

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

PART V, LINE 4:

THE INTENDED USE OF MARY BRIDGE CHILDREN'S FOUNDATION ENDOWMENTS ARE TO

PROVIDE SUPPORT TO VARIOUS PROGRAMS AT MARY BRIDGE CHILDREN'S HOSPITAL AND

HEALTH CENTER IN ACCORDANCE WITH DONOR INTENT. THE DONOR INTENT IS

OUTLINED IN THE LETTER OF UNDERSTANDING THAT IS ENTERED INTO AT THE TIME

OF THE ESTABLISHMENT OF EACH ENDOWMENT. SUCH PROGRAMS RECEIVING SUPPORT

FROM ESTABLISHED ENDOWMENTS INCLUDE: CENTER FOR CHILDHOOD SAFETY, CHARITY

CARE, CAREGIVER EDUCATION, CHILD ABUSE, AND FAMILY ASSISTANCE, TO NAME A

FEW.

PART X, LINE 2:

MARY BRIDGE CHILDREN'S FOUNDATION IS INCLUDED IN THE CONSOLIDATED AUDITED

Part XIII Supplemental Information (continued)

FINANCIAL STATEMENTS OF MULTICARE HEALTH SYSTEM (MHS). THE FOOTNOTE ON THE

CONSOLIDATED FINANCIAL STATEMENTS READS: "FINANCIAL ACCOUNTING STANDARD

BOARD (FASB) ASC TOPIC 740-10, INCOME TAXES CLARIFIES THE ACCOUNTING FOR

UNCERTAINTY IN INCOME TAXES RECOGNIZED IN MHS'S CONSOLIDATED FINANCIAL

STATEMENTS. ASC TOPIC 740-10 ALSO PRESCRIBES A RECOGNITION THRESHOLD AND

MEASUREMENT STANDARD FOR THE FINANCIAL STATEMENT RECOGNITION AND

MEASUREMENT OF AN INCOME TAX POSITION TAKEN OR EXPECTED TO BE TAKEN IN A

TAX RETURN. ONLY TAX POSITIONS THAT MEET THE "MORE LIKELY THAN NOT"

RECOGNITION THRESHOLD AT THE EFFECTIVE DATE MAY BE RECOGNIZED OR CONTINUE

TO BE RECOGNIZED UPON ADOPTION. IN ADDITION, ASC TOPIC 740-10 PROVIDES

GUIDANCE ON DERECOGNITION, CLASSIFICATION, INTEREST AND PENALTIES,

ACCOUNTING IN INTERIM PERIODS, DISCLOSURE, AND TRANSITION. ASC TOPIC

740-10, RELATING TO ACCOUNTING FOR UNCERTAIN TAX POSITIONS, DID NOT HAVE A

SIGNIFICANT IMPACT ON THE CONSOLIDATED FINANCIAL STATEMENTS OF MHS. OTHER

THAN MEDIS INC., A TAXABLE CORPORATION, ALL OF THE OTHER ENTITIES HAVE

OBTAINED DETERMINATION LETTERS FROM THE INTERNAL REVENUE SERVICE THAT THEY

ARE EXEMPT FROM FEDERAL INCOME TAXES UNDER SECTION 501 (C)(3) OF THE

INTERNAL REVENUE CODE, EXCEPT FOR TAX ON UNRELATED BUSINESS INCOME."

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No 1545-0047

2017

Open to Public Inspection

Name of the organization

MARY BRIDGE CHILDREN'S FOUNDATION

Employer identification number

94-3030039

Part I

Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a Mail solicitations
- b Internet and email solicitations
- c Phone solicitations
- d In-person solicitations
- e Solicitation of non-government grants
- f Solicitation of government grants
- g Special fundraising events

2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No

b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
Total				▶		

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events NONE	(d) Total events (add col (a) through col (c))
		FESTIVAL OF TREES (event type)	COURAGE CLASSIC (event type)	(total number)	
Revenue	1 Gross receipts	2,034,978.	298,182.		2,333,160.
	2 Less. Contributions	1,919,410.	279,032.		2,198,442.
	3 Gross income (line 1 minus line 2)	115,568.	19,150.		134,718.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs	161,617.	193,728.		355,345.
	7 Food and beverages	282,816.	4,465.		287,281.
	8 Entertainment				
	9 Other direct expenses	922,567.	387,114.		1,309,681.
	10 Direct expense summary Add lines 4 through 9 in column (d)				1,952,307.
	11 Net income summary Subtract line 10 from line 3, column (d)				-1,817,589.

Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col (c))
		1 Gross revenue			
Direct Expenses	2 Cash prizes				
	3 Noncash prizes			8,500.	8,500.
	4 Rent/facility costs				
	5 Other direct expenses				
6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes 100.00 % <input type="checkbox"/> No		
7 Direct expense summary Add lines 2 through 5 in column (d)				8,500.	
8 Net gaming income summary Subtract line 7 from line 1, column (d)				12,755.	

9 Enter the state(s) in which the organization conducts gaming activities WA

a Is the organization licensed to conduct gaming activities in each of these states? Yes No

b If "No," explain _____

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes No

b If "Yes," explain _____

- 11 Does the organization conduct gaming activities with nonmembers? Yes No
- 12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? Yes No
- 13 Indicate the percentage of gaming activity conducted in

a The organization's facility	.00 %
b An outside facility	100.00 %
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ MULTICARE HEALTH SYSTEM

Address ▶ 315 MARTIN LUTHER KING JR. WAY - TACOMA, WA 98405

- 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No

b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____

c If "Yes," enter name and address of the third party:

Name ▶ _____

Address ▶ _____

16 Gaming manager information.

Name ▶ KELLY WERNER, MANAGER

Gaming manager compensation ▶ \$ _____ 0.

Description of services provided ▶ COORDINATE ALL THE ASPECTS OF THE CHARITY AUCTIONS.

Director/officer Employee Independent contractor

17 Mandatory distributions:

- a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No

b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ 12,755.

Part IV Supplemental information. Provide the explanations required by Part I, line 2b, columns (ii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

PART III, GAMING, LINE 17B

USE OF RAFFLE PROCEEDS:

WASHINGTON STATE GAMBLING COMMISSION STATES ALL PROCEEDS MUST BE USED

TOWARDS THE NONPROFIT ORGANIZATION'S STATED PURPOSE. ALL THE RAFFLE

INCOME IS DISTRIBUTED BACK TO THE ORGANIZATION TO BE USED TOWARDS THE

FOUNDATION'S PROGRAMS AND CHARITABLE ACTIVITIES.

Part IV Supplemental Information *(continued)*

Multiple horizontal lines for supplemental information.

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

OMB No 1545-0047

2017

Open to Public
Inspection

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

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

Name of the organization: **MARY BRIDGE CHILDREN'S FOUNDATION** Employer identification number: **94-3030039**

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States
Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MULTICARE HEALTH SYSTEM PO BOX 5299 TACOMA, WA 98415	91-1352172	501(C)(3)	4,943,080.	0.			CAPITAL AND OPERATIONAL EXPENDITURES

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

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

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. **Schedule I (Form 990) (2017)**

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance

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

PART I, LINE 2:

ANNUALLY, THE MARY BRIDGE CHILDREN'S FOUNDATION BOARD OF DIRECTORS ACCEPTS GRANT APPLICATIONS FOR PROGRAMS SEEKING FOUNDATION SUPPORT. EACH PROGRAM MANAGER PRESENTS THEIR APPLICATION, THE PROGRAM'S CURRENT ACTIVITIES, AND THEIR INTENTIONS FOR USE OF THE GRANTED FUNDS IN PERSON TO THE BOARD. THE BOARD OF DIRECTORS VOTES ON EACH OF THE APPLICATIONS FOR APPROVAL OF FUNDING. THROUGHOUT THE YEAR, THE BOARD INVITES THE PROGRAM MANAGER BACK TO REPORT ON PROGRAM DEVELOPMENT, AND USAGE OF THE GRANTED FUNDS. THESE PRESENTATIONS ARE DOCUMENTED IN THE OFFICIAL BOARD MINUTES.

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

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

- ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
- ▶ Attach to Form 990.
- ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047

2017

Open to Public Inspection

Name of the organization

MARY BRIDGE CHILDREN'S FOUNDATION

Employer identification number

94-3030039

Part I Questions Regarding Compensation

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

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

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

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

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

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

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

- a** Receive a severance payment or change-of-control payment?
 - b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
 - c** Participate in, or receive payment from, an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

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

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

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

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

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

8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

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

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

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

Schedule J (Form 990) 2017

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

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

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

(A) Name and Title	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) NICHOLAS RAJACICH, MD TREASURER, PHYSICIAN	(i) 0. (ii) 621,390.	0. 95,358.	0. 26,034.	0. 39,744.	0. 24,733.	0. 807,259.	0. 0.
(2) MELAWATI YUWONO, MD MEMBER, PHYSICIAN	(i) 382,832. (ii) 0.	62,796. 0.	14,037. 0.	68,894. 0.	24,264. 0.	552,823. 0.	0. 0.
(3) WILLIAM ROBERTSON PRESIDENT & CEO	(i) 1,028,630. (ii) 0.	256,100. 0.	6,450. 0.	441,301. 0.	19,945. 0.	1,752,426. 0.	0. 0.
(4) ANNA LOOMIS CFO	(i) 586,588. (ii) 0.	129,279. 0.	20,344. 0.	177,729. 0.	18,793. 0.	932,733. 0.	18,094. 0.
(5) DOREEN YOUNG VP, FOUNDATIONS	(i) 243,480. (ii) 152,883.	70,880. 30,268.	4,623. 2,090.	32,616. 7,594.	16,494. 9,209.	368,093. 202,044.	0. 0.
(6) KRISTIN J. BARNES EXECUTIVE DIR.	(i) 0. (ii) 0.	0. 0.	0. 0.	0. 0.	0. 0.	0. 0.	0. 0.
(i) 0.							
(ii) 0.							
(i) 0.							
(ii) 0.							
(i) 0.							
(ii) 0.							
(i) 0.							
(ii) 0.							
(i) 0.							
(ii) 0.							
(i) 0.							
(ii) 0.							
(i) 0.							
(ii) 0.							
(i) 0.							
(ii) 0.							
(i) 0.							
(ii) 0.							
(i) 0.							
(ii) 0.							

Part III Supplemental Information

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

PART I, LINE 4B:

DEFERRED COMPENSATION AMOUNTS INTO A 457(F) PLAN WERE PAID OUT FOR THE

FOLLOWING REPORTED PEOPLE: ANNA LOOMIS, \$18,094.

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, PART II, COLUMN C:

WILLIAM G. ROBERTSON, PRESIDENT AND CEO, EARNED SUPPLEMENTAL EXECUTIVE

RETIREMENT PLAN (SERP) INCOME IN THE AMOUNT OF \$427,713 WHICH IS REFLECTED

IN COLUMN C. THE SERP PLAN HAS DEFERRALS INTO THE 457(F) CAA DEFERRED

COMPENSATION PLAN. MR. ROBERTSON RECEIVED NO PAYOUTS FROM THE PLAN DURING

THE YEAR AND THE PLAN IS SUBJECT TO SUBSTANTIAL RISK OF FORFEITURE.

Part III Supplemental Information

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

PART I, LINE 3:

MARY BRIDGE CHILDREN'S FOUNDATION RELIED ON A RELATED ORGANIZATION,

MULTICARE HEALTH SYSTEM, TO ESTABLISH THE COMPENSATION OF THE

ORGANIZATION'S CEO.

SEE SCHEDULE O, PART VI, LINE 15 NARRATIVE FOR PROCESS USED BY

MULTICARE HEALTH SYSTEM.

SCHEDULE J, PART I & II, SUPPLEMENTAL

THE REPORTABLE COMPENSATION FOR THE OFFICERS OF THE CORPORATION AND KEY

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

MANAGEMENT AND LEADERSHIP OF MULTICARE HEALTH SYSTEM AND ITS

SUBSIDIARIES, 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, REPORTED

ON SCHEDULE J, COLUMN C, INCLUDE DEFERRED COMPENSATION, AND THE VALUE

Part III Supplemental Information

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

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 THE IRS FORM 990

INSTRUCTIONS; (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

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.

MOTIVATED AND ENGAGED WORKFORCE TO DRIVE SUPERIOR ORGANIZATIONAL

PERFORMANCE IN ORDER TO ACHIEVE TOP TIER INTEGRATED CARE DELIVERY

SYSTEM STATUS. THE EXECUTIVE 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.

**SCHEDULE M
(Form 990)**

Department of the Treasury
Internal Revenue Service

Noncash Contributions

OMB No 1545-0047

2017

Open To Public
Inspection

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Go to www.irs.gov/Form990 for the latest information.

Name of the organization **MARY BRIDGE CHILDREN'S FOUNDATION** Employer identification number **94-3030039**

Part I	Types of Property	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1	Art - Works of art				
2	Art - Historical treasures				
3	Art - Fractional interests				
4	Books and publications				
5	Clothing and household goods				
6	Cars and other vehicles				
7	Boats and planes				
8	Intellectual property				
9	Securities - Publicly traded	X	7,776	854,362	TRADING PRICE
10	Securities - Closely held stock				
11	Securities - Partnership, LLC, or trust interests				
12	Securities - Miscellaneous				
13	Qualified conservation contribution - Historic structures				
14	Qualified conservation contribution - Other				
15	Real estate - Residential				
16	Real estate - Commercial				
17	Real estate - Other				
18	Collectibles				
19	Food inventory				
20	Drugs and medical supplies				
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other ▶ (_____)				
26	Other ▶ (_____)				
27	Other ▶ (_____)				
28	Other ▶ (_____)				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement **29**

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?	X	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		X
b If "Yes," describe in Part II		
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II		

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) 2017

Part II

Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information

SCHEDULE M, PART I, COLUMN (B):

THE ORGANIZATION IS REPORTING THE NUMBER OF SHARES RECEIVED.

SCHEDULE M, LINE 32B:

AS NEEDED, FOR SALES OF DONATED PROPERTY, WE HIRE THE FOLLOWING

PROFESSIONALS: REALTORS, ESTATE SALES PROFESSIONALS AND STOCK BROKERAGE

FIRMS TO SELL PUBLICLY TRADED SECURITIES.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047

2017

Open to Public
Inspection

Name of the organization MARY BRIDGE CHILDREN'S FOUNDATION	Employer identification number 94-3030039
--	---

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

MARY BRIDGE CHILDREN'S FOUNDATION PROVIDED ADDITIONAL PROGRAM SUPPORT

FOR OTHER PROGRAMS IN THE AMOUNT OF \$2,314,241. THE PROGRAMS ARE A

COMBINATION OF CAPITAL AND OPERATIONAL FUNDING TO THE MARY BRIDGE

CHILDREN'S HOSPITAL AND HEALTH CENTER. THOSE INCLUDE: CENTER FOR

CHILDHOOD SAFETY, CAREGIVER EDUCATION, THE BRIDGES (A PROGRAM FOR

CHILDREN WHO HAVE LOST FAMILY MEMBERS), PEDIATRIC PALLIATIVE CARE,

RESEARCH, PARENTING PARTNERSHIP (AN OUTREACH PROGRAM FOR FAMILIES WITH

FRAGILE CHILDREN DISCHARGED FROM THE NEONATAL INTENSIVE CARE UNIT), AND

OTHER MISCELLANEOUS PROGRAMS.

EXPENSES \$ 2,314,241. INCLUDING GRANTS OF \$ 2,314,241. REVENUE \$ 0.

FORM 990, PART VI, SECTION A, LINE 1:

THE EXECUTIVE COMMITTEE'S AUTHORITY DERIVES FROM THE AUTHORITY OF THE MARY

BRIDGE CHILDREN'S FOUNDATION BOARD AND CONSISTS IN EXERCISING SOME POWERS

OF THE BOARD BETWEEN REGULARLY SCHEDULED MEETINGS. THE EXECUTIVE COMMITTEE

SERVES AS A SOUNDING BOARD FOR MANAGEMENT ON EMERGING ISSUES, PROBLEMS AND

INITIATIVES AND REPORTS TO THE BOARD AT THE BOARD'S NEXT MEETING ON ANY

OFFICIAL ACTIONS IT HAS TAKEN. THE BOARD DOES NOT PERMIT THE EXECUTIVE

COMMITTEE TO TAKE FINAL ACTION ON CERTAIN MATTERS SUCH AS AMENDING BYLAWS

OR RESOLUTIONS OF THE BOARD, APPOINTING OR REMOVING BOARD MEMBERS FROM

OFFICE, OBLIGATING THE ORGANIZATION TO NEW DEBT, OR SELLING OR ACQUIRING A

MAJOR ASSET.

FORM 990, PART VI, SECTION A, LINE 6:

CLASSES OF MEMBERS

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

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

732211 09-07-17

Name of the organization MARY BRIDGE CHILDREN'S FOUNDATION	Employer identification number 94-3030039
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THE MEMBERS ARE THE DIRECTORS OF MULTICARE HEALTH SYSTEM, A RELATED

TAX-EXEMPT ORGANIZATION.

FORM 990, PART VI, SECTION A, LINE 7A:

CLASSES OF PERSONS AND THE NATURE OF THEIR RIGHTS

THE BOARD OF DIRECTORS OF MULTICARE HEALTH SYSTEM HAS THE POWER TO APPOINT

OR REMOVE ANY OF THE BOARD OF DIRECTOR MEMBERS OF MARY BRIDGE CHILDREN'S

FOUNDATION.

FORM 990, PART VI, SECTION A, LINE 7B:

DECISIONS REQUIRING APPROVAL

THE DECISIONS THAT REQUIRE MULTICARE HEALTH SYSTEM BOARD OF DIRECTORS

APPROVAL ARE: ANY AMENDMENTS TO THE ARTICLES OR BYLAWS OF MARY BRIDGE

CHILDREN'S FOUNDATION, ANY MONETARY OBLIGATION OVER \$100,000, ANY SALE,

LEASE, OR EXCHANGE OF AN ASSET THAT IS OVER 5% OF MARY BRIDGE CHILDREN'S

FOUNDATION'S GROSS REVENUE, AND APPROVAL OF MARY BRIDGE CHILDREN'S

FOUNDATION ANNUAL BUDGET. ALL OTHER DECISIONS ARE MADE BY THE MARY BRIDGE

CHILDREN'S FOUNDATION DIRECTORS.

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

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

THE FORM 990 IS PREPARED BY THE INTERNAL TAX STAFF AND IS REVIEWED BY AN

OUTSIDE ACCOUNTING FIRM. INITIAL REVIEWS WERE PERFORMED BY LEVELS OF

MANAGEMENT IN VARIOUS DEPARTMENTS THROUGHOUT THE ORGANIZATION, THE CHIEF

EXECUTIVE OFFICER, AND THE CHIEF FINANCIAL OFFICER. A COPY OF THE FINAL

FORM 990, INCLUDING ALL REQUIRED SCHEDULES, WAS PROVIDED TO EACH VOTING

MEMBER OF THE FOUNDATION'S BOARD OF DIRECTORS AND TO THE FINANCE AND AUDIT

COMMITTEE OF THE MULTICARE HEALTH SYSTEM BOARD, PRIOR TO ITS FILING WITH

Name of the organization MARY BRIDGE CHILDREN'S FOUNDATION	Employer identification number 94-3030039
---	--

THE IRS.

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

PROCESS USED TO MONITOR TRANSACTIONS FOR CONFLICTS OF INTEREST:

THE FOUNDATION BOARD, THROUGH UTILIZATION OF MULTICARE HEALTH SYSTEM (THE MEMBER) POLICY AND PROCESSES, 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 CONFLICT 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.

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

A AND B, PROCESS USED TO DETERMINE COMPENSATION OF THE CEO:
THE BOARD, THROUGH UTILIZATION OF THE MULTICARE HEALTH SYSTEM (A RELATED TAX-EXEMPT ORGANIZATION) (THE MEMBERS') COMPENSATION COMMITTEE, CONSISTING OF INDEPENDENT, NON-PAID, MHS BOARD MEMBERS, ARE ACCOUNTABLE FOR ENSURING

Name of the organization MARY BRIDGE CHILDREN'S FOUNDATION	Employer identification number 94-3030039
---	--

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. THE COMPENSATION COMMITTEE DIRECTS THE
 DEVELOPMENT AND 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 THEIR ANALYSIS, OBTAINS FROM THE INDEPENDENT COMPENSATION
 CONSULTANT APPROPRIATE COMPARABILITY DATA, INCLUDING TOTAL COMPENSATION
 PAID BY SIMILARLY SITUATED NOT-FOR-PROFIT HEALTH CARE ORGANIZATIONS FOR
 POSITIONS THAT ARE FUNCTIONALLY COMPARABLE. THE COMPENSATION DELIBERATION
 AND DECISIONS ARE CONTEMPORANEOUSLY DOCUMENTED. THE LAST TIME THIS PROCESS
 WAS UNDERTAKEN WAS 2017.

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

THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY
 AND AUDITED CONSOLIDATED FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON
 REQUEST.

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

EQUITY TRANSFERS -1,259,412.

**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.

OMB No. 1545-0047
2017
 Open to Public Inspection

Name of the organization **MARY BRIDGE CHILDREN'S FOUNDATION** Employer identification number **94-3030039**

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
MULTICARE HEALTH SYSTEM - 91-1352172 315 MARTIN LUTHER KING JR WAY TACOMA, WA 98405	HOSPITAL	WASHINGTON	501(C)(3)	LINE 3	N/A		X
GOOD SAMARITAN FOUNDATION - 91-2004312 402 15TH AVE SE SUITE 101 PUYALLUP, WA 98372	SOLICIT CONTRIBUTIONS	WASHINGTON	501(C)(3)	LINE 7	MHS		X
MULTICARE HEALTH FOUNDATION - 91-1514257 409 S J STREET TACOMA, WA 98405	SOLICIT CONTRIBUTIONS	WASHINGTON	501(C)(3)	LINE 7	MHS		X
MULTICARE SOUTH KING HEALTH FOUNDATION - 46-5636491, 737 FAWCETT AVE, TACOMA, WA 98402	SOLICIT CONTRIBUTIONS	WASHINGTON	501(C)(3)	LINE 7	MHS		X

For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule R (Form 990) 2017

Part II Continuation of 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 organization?	
						Yes	No
ALLIANCE FOR SOUTH SOUND HEALTH - 47-4654897 737 FAWCETT AVE TACOMA, WA 98402	HOSPITAL	WASHINGTON	501(C)(3)	LINE 3	MHS	X	
CHVI PROFESSIONAL CORPORATION - 47-5457904 222 N J STREET TACOMA, WA 98403	HOSPITAL	WASHINGTON	501(C)(3)	LINE 3	MHS	X	
NAVOS - 91-0848698 P.O.BOX 46420 SEATTLE, WA 98126	HOSPITAL	WASHINGTON	501(C)(3)	LINE 3	MHS	X	
NAVOS MULTI-TREATMENT CENTER - 45-4031562 P.O.BOX 46420 SEATTLE, WA 98126	SUPPORTING ORGANIZATION	WASHINGTON	501(C)(3)	LINE 12A-I	MHS	X	
MARY BRIDGE BRIGADE - 91-6030192 P.O.BOX 5299 MS 311-1-MBB TACOMA, WA 98415	SUPPORTING ORGANIZATION	WASHINGTON	501(C)(3)	LINE 12B-II	N/A		X
MULTICARE REHABILITATION SPECIALISTS - 82-2949880, 314 MARTIN LUTHER KING JR WAY, TACOMA, WA 98405	REHABILITATION	WASHINGTON	501(C)(3)	LINE 10	MHS	X	

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			
MULTICARE CONSULTING											
SERVICES, LLC - 45-4152765, 1102 BROADWAY, STE 510, TACOMA, WA 98402	HEALTHCARE CASH COLLECTIONS CONSULTING	WA	N/A				X		N/A		X
OLYMPIC SPORTS & SPINE PLLC - 82-2950138, 6050 TACOMA MALL BLVD, TACOMA, WA 98409	HEALTHCARE SERVICES	WA	N/A				X		N/A		X
REDICLINIC OF WA, LLC - 47-1808980, 9 E GREENWAY PLAZA, STE 2950, HOUSTON, TX 77046	HEALTHCARE	TX	N/A				X		N/A		X
AUBURN IMAGING PARTNERS - 20-2539907, P.O. BOX 26730, FEDERAL WAY, WA 98093	HEALTHCARE	WA	N/A						N/A		X

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)(3) control entity?	
								Yes	No
MEDIS CORPORATION - 91-1111928 315 S K STREET TACOMA, WA 98405	BLDG RENTAL & CONSULTING	WA	N/A	C CORP					X
ROCKWOOD CLINIC PS - 91-1352993 800 WEST FIFTH AVE. SPOKANE, WA 99204	HEALTHCARE SERVICES	WA	N/A	C CORP					X

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 entry is listed in Parts II, III, or IV of this schedule

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

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

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

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

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

e Loans or loan guarantees by related organization(s)

f Dividends from related organization(s)

g Sale of assets to related organization(s)

h Purchase of assets from related organization(s)

i Exchange of assets with related organization(s)

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

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

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

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

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

o Sharing of paid employees with related organization(s)

p Reimbursement paid to related organization(s) for expenses

q Reimbursement paid by related organization(s) for expenses

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

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

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

	Yes No	
	1a	X
	1b	X
	1c	X
	1d	X
	1e	X
	1f	X
	1g	X
	1h	X
	1i	X
	1j	X
	1k	X
	1l	X
	1m	X
	1n	X
	1o	X
	1p	X
	1q	X
	1r	X
	1s	X

	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37

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.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Avg all partners sec 501(c)(3) orgs		(f) Share of total income	(g) Share of end-of-year assets	(h) Dispropor- tionate 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		Yes	No	

Part VII Supplemental Information.

Provide additional information for responses to questions on Schedule R. See instructions.
