| Calendar Year: Entity Name: | 2019 <br> MULTICARE HEALTH SYSTEM (includes 8 hospitals \& numerous clinics and medical offices, etc.) <br> (B) Breakdown of W-2 and/or 1099 MISC Compensation |  |  |  |  | (C) Retirement and Deferred Compensation | (D)Non- <br> Taxable Benefits | (E) Total |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| (A)Employee Name (who does not have direct patient care responsibilities) |  |  |  |  |  |  |  |  |
|  | Indicate if Lead Administrator | Hospital if applicable | (i) Base Compensation | (ii) Bonus \& Incentive Compensation | (iii) Other Reportable Compensation |  |  |  |
| 1 WILLIAM ROBERTSON | PRESIDENT \& CEO |  | 1,279,848 | 334,880 | 1,194,355 | 556,101 | 22,359 | 3,387,543 |
| 2 JAMES MCMANUS | SENIOR VICE PRESIDENT \& CFO, PART YEAR 4/15/2019-12/31/2019 |  | 453,610 | 100,500 | 3,010 | 59,201 | 12,210 | 628,531 |
| FLORENCE CHANG | EXECUTIVE VICE PRESIDENT \& COO |  | 973,180 | 218,600 | 248,390 | 455,725 | 26,535 | 1,922,430 |
| JEFF POLTAWSKY | PRESIDENT, MARY BRIDGE NETWORK | MARY BRIDGE CHILDRENS HOSPITAL AND PEDIATRIC NETWORK | 398,250 | 100,293 | 6,746 | 57,257 | 20,282 | 582,828 |
| CHRISTIMcCARREN | SENIOR VICE PRESIDENT - RETAIL HEALTH \& COMMUNITY BASE |  | 412,960 | 98,251 | 65,690 | 24,056 | 12,392 | 613,349 |
| TIM BRICKER | SENIOR VICE PRESIDENT/CHIEF EXEC - SOUTH SOUND REGION | Multicare tacoma general, allenmore, multicare GOOD SAMARITAN, AUBURN MEDICAL CENTER, COVINGTON | 666,634 | 192,563 | 2,783 | 109,263 | 25,979 | 997,222 |
| 7 DAVID CARLSON | SENIOR VICE PRESIDENT - PROVIDER ENTERPRISE \& CPO |  | 667,342 | 171,480 | 8,034 | 109,797 | 30,255 | 986,908 |
| 8 DAVID O'BRIEN | SENIOR VICE PRESIDENT/CHIEF EXEC - INLAND NW REGION | MULTICARE DEACONESS, MULTICARE VALLEY \& ROCKWOOD CLINICS | 594,663 | 0 | 94,631 | 12,570 | 17,511 | 719,375 |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |

Add Additional lines as needed
Notes:
Please refer to IRS Form 990 and Schedule J for definitions of types of compensation
Form 990 Schedule J http://www.irs.gov/pub/irs-pdf/i990si.pdf

If the five highest paid employees do not include the lead administrator, please report compensation information for the lead administrator on line 1 , and for the five highest paid employees without patient care responsibilities on lines 2 through 6
lease submit compensation information to DOH either by mail, fax or email to the following address.
Washington State Department of Health
Center for Health Statistics/Hospital and Patient Data Section
MS: 47814
Olympia, WA 98504-7814
Fax: (360) 753-4135
email: hos@doh.wa.gov

