DOH 422-092/CHS 257 (REV 08/01/2012)

| Calendar Year: Entity Name: | 2020 <br> MULTICARE HEALTH SYSTEM (includes 8 hospitals \& numerous clinics and medical offices, etc.) <br> (B) Breakdown of W-2 and/or 1099 MISC Compensation |  |  |  |  |  |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| (A)Employee Name (who does not have direct patient care responsibilities) |  |  |  |  |  | (C) Retirement and Deferred Compensation | (D)Non- <br> Taxable <br> Benefits | (E) Total |
|  | Indicate if Lead Administrator | Hospital if applicable | (i) Base Compensation | (ii) Bonus \& Incentive Compensation | (iii) Other Reportable Compensation |  |  |  |
| 1 WILLIAM ROBERTSON | PRESIDENT \& CEO |  | 1,373,459 |  | 465,731 | 635,988 | 24,519 | 2,499,697 |
| 2 James mcmanus | SENIOR VICE PRESIDENT \& CFO |  | 627,396 |  | 123,580 | 96,375 | 18,383 | 865,734 |
| 3 FLORENCE CHANG | EXECUTIVE VICE PRESIDENT \& COO \& CHIEF EXEC - SOUTH SOUND REGION |  | 1,073,907 |  | 306,718 | 508,451 | 27,044 | 1,916,120 |
| JEFF POLTAWSKY | PRESIDENT, MARY BRIDGE \& PEDS NETWORK | MARY BRIDGE CHILDRENS HOSPITAL AND PEDIATRIC NETWORK | 399,804 |  | 118,499 | 65,979 | 24,529 | 608,811 |
| 5 CHRISTI McCARREN | SENIOR VICE PRESIDENT - RETAIL HEALTH \& COMMUNITY BASE |  | 415,817 |  | 166,912 | 28,341 | 17,507 | 628,577 |
| 6 TIM BRICKER (part year | SENIOR VICE PRESIDENT/CHIEF EXEC - SOUTH SOUND REGION, (Pt Year) | MULTICARE TACOMA GENERAL, ALLENMORE, MULTICARE GOOD SAMARITAN, AUBURN MEDICAL CENTER, COVINGTON | 478,695 |  | 1,508,566 | 54,060 | 15,826 | 2,057,147 |
| 7 DAVID CARLSON | SENIOR VICE PRESIDENT - PROVIDER ENTERPRISE \& CPO |  | 653,685 |  | 275,491 | 16,462 | 31,407 | 977,045 |
| 8 DAVID O'BRIEN | SENIOR VICE PRESIDENT/CHIEF EXEC - INLAND NW REGION | MULTICARE DEACONESS, MULTICARE VALLEY \& ROCKWOOD CLINICS | 579,449 |  | 225,098 | 16,299 | 18,215 | 839,061 |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |

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

