| Calendar Year: Entity Name: | $2017$ <br> MULTICARE HEALTH SYSTEM (includes 7 hospitals \& numerous clinics and m |  |  |  |  |  |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| (A)Employee Name (who does not have direct patient care responsibilities) | Indicate if Lead Administrator | Hospital if applicable | (B) Breakdown of W-2 and/or 1099 MISC Compensation |  |  | (C) Retirement and Deferred Compensation | (D)Non- <br> Taxable <br> Benefits | (E) Total |
|  |  |  | (i) Base Compensation | (ii) Bonus \& Incentive Compensation | (iii) Other Reportable Compensation |  |  |  |
| 1 WILLIAM ROBERTSON | PRESIDENT \& CEO |  | 1,028,630 | 256,100 | 6,450 | 441,301 | 19,945 | 1,752,426 |
| 2 ANNA LOOMIS | SENIOR VICE PRESIDENT \& CFO |  | 586,588 | 129,279 | 20,344 | 177,729 | 18,793 | 932,733 |
| 3 FLORENCE CHANG | EXECUTIVE VICE PRESIDENT \& COO |  | 795,895 | 160,727 | 8,211 | 164,281 | 25,583 | 1,154,697 |
| 4 LINDA CHEN | PRESIDENT, MARY BRIDGE NETWORK | MARY BRIDGE CHILDRENS HOSPITAL AND PEDIATRIC NETWORK | 339,608 | 77,368 | 1,418 | 53,857 | 17,103 | 489,354 |
| 5 CHRISTIMcCARREN | SENIOR VICE PRESIDENT - RETAIL HEALTH \& CMTY |  | 407,383 | 71,642 | 74,208 | 17,699 | 11,284 | 582,216 |
| 6 TIM BRICKER |  |  | 420,668 | 108,646 | 70,805 | 58,533 | 36,515 | 695,167 |
| 7 DAVID CARLSON | SENIOR VICE PRESIDENT - PROVIDER ENTERPRISE |  | 365,584 | 160,000 | 102,580 | 46,550 | 13,688 | 688,402 |
| 8 DAVID O'BRIEN | SENIOR VICE PRESIDENT - EASTERN REGION | MULTICARE DEACONESS, MULTICARE VALLEY \& ROCKWOOD CLINICS | 286,813 | 100,000 | 54,237 |  | 10,530 | 451,580 |
| 9 GLENN KASMAN | FORMER SENIOR VICE PRESIDENT | MULTICARE GOOD SAMARITAN, AUBURN MEDICAL CENTER, COVINGTON | 32,477 | 65,963 | 1,010,358 | 46,124 | 2,969 | 1,157,891 |
| 10 CLAIRE SPAIN -REMY | FORMER SENIOR VICE PRESIDENT |  |  |  | 439,160 | 380 |  | 439,540 |
| 11 |  |  |  |  |  |  |  |  |
| 12 |  |  |  |  |  |  |  |  |

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

Please 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

