

Compensation of Hospital Employees



DOH 346-095 (REV 08/01/2016)

Calendar Year: 2020								
Entity Name: SWEDISH CHERRY HILL								
(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-Taxable Benefits	(E) Total
			(i) Base Compensation	(ii) Bonus & Incentive Compensation	(iii) Other Reportable Compensation			
1 ELIZABETH WAKO	X		265,397	124,002	4,981	19,950	18,058	432,388
2 LORI A LEMAY			284,754	40,256	1,483	19,950	22,349	368,792
3 JULIE K TARADAY			215,528	10,080	58,533	19,730	31,177	335,048
4 JUDY A DUCSIK			210,085	32,701	467	14,805	16,309	274,367
5 MICHAEL D JOHNSON			194,556	11,156	2,187	14,268	14,903	237,070
6								0
7								0
8								0
9								0
10								0
11								0
12								0
13								0
14								0
15								0

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/i990sj.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.

Please submit compensation information to DOH either by mail, fax or email to the following address:

Washington State Department of Health
 Community Health Systems/Hospital Financial and Charity Care Section
 MS: 47853
 Olympia, WA 98504-7853
 email: hos@doh.wa.gov