

# Compensation of Hospital Employees



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

Calendar Year: <b>2020</b>								
Entity Name: <b>SWEDISH EDMONDS</b>								
(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 SANDEEP SACHDEVA			337,504	57,543	21,410	19,950	20,638	457,045
3 CARIDAD ALVAREZ-FIGUEROA			136,901	17,964	96,612	9,023	7,581	268,081
4 CYNTHIA A CLEGG			199,057	22,236	22,632	17,570	20,176	281,670
5 PATRICK AHEARNE			213,457	0	5,550	10,950	0	229,957
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