

# Compensation of Hospital Employees

Calendar Year: **2018**  
 Entity Name: **Swedish Edmonds**

(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 Sarah Zebel	X		276,856	74,261	1,408	124,292	21,601	498,418
2 Sandeep Sacheva			292,956	37,177	20,117	35,051	18,581	403,882
3 Jean Doerge			222,947	19,546	6,092	39,795	20,097	308,477
4 Cynthia Clegg			183,985	13,171	20,370	28,329	20,350	266,205
5 Jeanne Rhynsburger			156,455	10,274	2,147	23,375	21,560	213,811
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](mailto:hos@doh.wa.gov)