

Compensation of Hospital Employees



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

Calendar Year: 2019		Entity Name: SWEDISH ISSAQUAH							
(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 CHRIS BEAUDOIN	X		314,318	48,649	17,248	175,926	23,047	579,188	
2 BRIAN D TRICKEL			215,387	15,557	1,999	55,776	30,357	319,076	
3 RANDALL J GERTH			201,770	13,248	1,013	29,521	30,806	276,358	
4 WENDY S RAINEY			151,211	8,248	1,813	29,851	21,717	212,841	
5 BARBARA J NOAHR			159,547	0	1,009	11,424	12,908	184,888	
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