

# Compensation of Hospital Employees



DOH 422-092/CHS 257 (REV 08/01/2012)

Calendar Year: 2012								
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 John F. Koster, MD		System	1,257,618	2,794,425	17,769	353,700	29,015	4,452,527
2 Myron Berdischewsky, MD		System	496,463	1,828,076	34,769	142,532	24,073	2,525,913
3 Arnold R. Schaffer		System	741,165	1,189,129	7,979	185,872	23,669	2,147,814
4 John V. Fletcher		System	547,460	1,010,144	17,769	238,549	20,704	1,834,626
5 Rod Hochman, MD		System	986,310	250,000	202,400	307,076	25,101	1,770,887
6 David Jaffe	X	Edmonds	212,142	0	0	42,781	3,193	258,116
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  
 Center for Health Statistics/Hospital and Patient Data Section  
 MS: 47814  
 Olympia, WA 98504-7814  
 Fax: (360) 753-4135  
 email: hos@doh.wa.gov