

Compensation of Hospital Employees



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

Calendar Year: 2013 Entity Name: Group Health Cooperative								
(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 Jane Hutcheson	X		150,797	18,289	6,841	30,611	13,227	219,765
2 Scott Armstrong			968,017	275,684	172,775	(43,400)	24,806	1,397,882
3 Robert O'Brien Jr			670,114	170,486	254,933	5,000	17,088	1,117,620
4 Mark Szalwinski			519,409	363,782	10,914	5,100	25,533	924,738
5 Rick Woods			487,235	123,796	49,346	(18,900)	13,513	654,989
6 Scott Boyd			379,726	117,716	109,086	5,100	4,999	616,626
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