## **Compensation of Hospital Employees**



Calendar Year:	2019						20110100000	
Entity Name: SWEDISH FIRST HILL								
	1		(B) Breakdown of W-2 and/or 1099 MISC Compensation					
(A)Employee Name (who does not have direct patient care responsibilities)	Indicate if Lead Administrator	Hospital if applicable	(i) Base Compensation	(ii) Bonus & Incentive Compensation	(iii) Other Reportable Compensation	(C) Retirement and Deferred Compensation	(D)Non- Taxable Benefits	(E) Total
<sup>1</sup> KEVIN BROOKS	Х		411,388	100,000	130,053	268,940	21,640	932,020
<sup>2</sup> MARQUIS E HART			550,764	178,027	100,434	19,600	24,913	873,738
<sup>3</sup> MARC D HORTON			743,391	56,026	26,523	19,600	26,232	871,772
<sup>4</sup> THOMAS BROWN			243,261	55,439	320,766	19,600	15,578	654,644
<sup>5</sup> CHRISTOPHER R DALE			509,326	20,000	946	20,216	23,414	573,902
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 <u>http://www.irs.gov/pub/irs-pdf/i990sj.pdf</u>

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