## **Compensation of Hospital Employees**



Calendar Year: 2017 Entity Name: Virginia Mason Medical Center

|  | (B) Breakdown of W-2 and/or 1099 MISC Compensation |                        |                          |   |  |  |                                |           |
|--|--|------------------------|--------------------------|---|--|--|--------------------------------|-----------|
| (A)Employee Name<br>(who does not have<br>direct patient care<br>responsibilities) | Indicate if<br>Lead<br>Administrator               | Hospital if applicable | (i) Base<br>Compensation | (ii) Bonus &<br>Incentive<br>Compensation | (iii) Other Reportable<br>Compensation | (C) Retirement<br>and Deferred<br>Compensation | (D)Non-<br>Taxable<br>Benefits | (E) Total |
| <sup>1</sup> Gary Kaplan   | Yes  | Virginia Mason         | 1,103,978                | 285                                       | 23,334                                 | 27,256   | 41,740                         | 1,196,592 |
| <sup>2</sup> Charleen Tachibana  | No   | Virginia Mason         | 419,860                  | 348                                       | 651,298                                | 80,471   | 13,158                         | 1,165,134 |
| <sup>3</sup> Suzanne Anderson  | No   | Virginia Mason         | 628,038                  | 98  | 20,580                                 | 105,471  | 30,856                         | 785,042   |
| <sup>4</sup> Kerry Shannon   | No   | Virginia Mason         | 596,168                  | 64  | 2,580                                  | 0  | 19,109                         | 617,921   |
| <sup>5</sup> Lynne Chafetz   | No   | Virginia Mason         | 436,290                  | 390                                       | 20,580                                 | 111,945  | 10,395                         | 579,600   |
| <sup>6</sup> Kenneth Freeman   | No   | Virginia Mason         | 353,308                  | 75,360                                    | 37,602                                 | 14,846   | 18,687                         | 499,803   |
| 7  |  |                        |                          |   |  |  |                                |           |
| 8  |  |                        |                          |   |  |  |                                |           |
| 9  |  |                        |                          |   |  |  |                                |           |
| 10   |  |                        |                          |   |  |  |                                |           |
| 11   |  |                        |                          |   |  |  |                                |           |
| 12   |  |                        |                          |   |  |  |                                |           |
| 13   |  |                        |                          |   |  |  |                                |           |
| 14   |  |                        |                          |   |  |  |                                |           |
| 15   |  |                        |                          |   |  |  |                                |           |

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