

Calendar Year: Entity Name:	2018 Swedish First I	Hill / Ballard					(
· · · ·		ini / Banara	(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
¹ Gary Fybel	Х		284,530	115,000	11,139	149,620	14,384	574,673
² Kasia Konieczny			213,243	37,408	679	85,179	8,593	345,101
³ Elizabeth Wako			421,165	48,033	19,983	66,108	27,803	583,092
⁴ James Yates			290,394	25,845	8,128	41,542	12,859	378,768
⁵ Melissa-Ann Cate			272,799	24,294	538	44,622	12,624	354,877
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