Compensation of Hospital Employees



Calendar Year:	2018						DO11040 00	95 (REV 08/01/2016)
Entity Name:	Kaiser Foundation	Health Plan of Was						
T	1			(B) Breakdown of W-2 and/or 1099 MISC Compensation			ı	
(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 Christina Lombardi	Х	Central	210,395	41,120	292	8,078	21,424	281,309
Scott Armstrong			307,437	1,038,150	2,616,448	30,550	16,610	4,009,195
³ Robert O'Brien			190,825	521,020	1,231,243	25,150	22,967	1,991,205
⁴ Erin Leff			553,520	688,718	56,132	553,826	25,503	1,877,699
⁵ Susan Mullaney			481,871	677,978	294,443	216,652	29,812	1,700,756
⁶ Susan Kozik			112,999	284,963	791,172	30,550	22,593	1,242,277
7								0
8								0
9								0
10								0
11								0
12								0
13								0
14								0
15								0

Add Additional lines as needed

Notes: Compensation reported in rows 2-6 above reflect balances reported on the most recently filed Form 990, Schedule J. The lead administrator was not reported on the most recently filed Form 990, Schedule J so current W-2 information is reported based on Form 990 filing instructions.

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