

Compensation of Hospital Employees



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

Calendar Year: 2017		Entity Name: Harborview Medical Center							
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	HAYES, PAUL	Executive Director	HMC	656,030	0	0	48,248	15,089	719,366
2	JAFFE, DARCY MICHELLE		HMC	312,036	0	1,943	35,096	14,390	363,463
3	PIERCE, BECKY		HMC	265,926	0	1,943	26,957	14,158	308,984
4	DENNIS, KERA ANN		HMC	232,332	0	1,943	18,482	24,412	277,169
5	HAYES, KETRA MARIE		HMC	216,625	0	1,943	26,531	17,028	262,125
6									
7									
8									
9									
10									
11									
12									

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