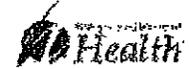


Compensation of Hospital Employees



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

Calendar Year: 2012 Entity Name: Sunnyside Community Hospital			(B) Breakdown of W-2 and/or 1099 MISC Compensation			(C) Retirement and Deferred Compensation	(D) Non-Taxable Benefits	(E) Total
(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			
1	Smiley, Jen	CEO	Sunnyside Community Hospital	see attached Form 990 Schedule J part 3				0
2	Brendgard, Bob	Interim CEO	Sunnyside Community Hospital	see attached Form 990 Schedule J part 3				0
3	Gallagher, John	CEO	Sunnyside Community Hospital	see attached Form 990 Schedule J part 3				0
4	Rowan, Cary	CFO	Sunnyside Community Hospital	see attached Form 990 Schedule J part 3				0
5	Smith, Coke		Sunnyside Community Hospital	189,435			13,711	203,146
6	Van Wingerden, Arie		Sunnyside Community Hospital	136,971			16,967	163,938
7	Hultberg, Nancy		Sunnyside Community Hospital	122,004			8,548	131,553
8	Amos, Debbie		Sunnyside Community Hospital	111,536			9,578	121,114
9	Garcia, Lisa		Sunnyside Community Hospital	108,348			16,938	125,284
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/f990sj.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

SCHEDULE J
(Form 990)

Compensation Information
For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 23.
▶ Attach to Form 990. ▶ See separate instructions.

Department of the Treasury
Internal Revenue Service

Part I Questions Regarding Compensation

SUNNYSIDE COMMUNITY HOSPITAL ASSOCIATION
Employer identification number 91-1286274

OMB No. 1545-0047
2012
Open to Public Inspection

	Yes	No
1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. <input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account <input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)		
b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain.		1b
2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?		2
3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III: <input type="checkbox"/> Compensation committee <input type="checkbox"/> Independent compensation consultant <input type="checkbox"/> Form 990 or other organizations <input type="checkbox"/> Written employment contract <input type="checkbox"/> Compensation survey or study <input type="checkbox"/> Approval by the board or compensation committee		
4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: a Receive a severance payment or change-of-control payment?		4a
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?		4b
c Participate in, or receive payment from, an equity-based compensation arrangement?		4c
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.		
5 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: a The organization?		5a
b Any related organization?		5b
6 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: a The organization?		6a
b Any related organization?		6b
7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III		7
8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III		8
9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?		9

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 Steven Elerding	(i)	611,212				27,422	638,634	
2 William Combs	(i)	510,254				18,348	528,603	
3 Coke Smith	(i)	378,871				27,422	406,293	
4 Robert Coleman	(i)	364,858				21,174	386,032	
5 Marie Stanford	(i)	345,863				21,148	367,011	
6	(i)							
7	(i)							
8	(i)							
9	(i)							
10	(i)							
11	(i)							
12	(i)							
13	(i)							
14	(i)							
15	(i)							
16	(i)							

Part III Supplemental information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

PART III - OTHER ADDITIONAL INFORMATION

THE CEO, CFO AND COO WERE HIRED AND PAID THROUGH HEALTHTECH MANAGEMENT SERVICES. THE SALARIES ARE ESTABLISHED AT THE TIME OF HIRE, AND PERIODICALLY THEREAFTER. IN ADDITION TO BASE SALARY, THE CEO, CFO AND COO MAY BE ELIGIBLE FOR INCENTIVE COMPENSATION BASED ON PERFORMANCE PARAMETERS OUTLINED IN THE HOSPITAL'S CONTRACT WITH HEALTHTECH MANAGEMENT SERVICES AND APPROVED BY THE HOSPITAL BOARD. THE MOST RECENT YEAR IN WHICH THIS PROCESS OCCURED WAS 2012. THE MANAGEMENT FEE PAID IN 2012 WAS \$941,385.

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FAX No.

P. 005