

Compensation of Hospital Employees



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

Calendar Year: 2013		Entity Name: Shriners Hospitals for Children - Spokane						
(A) Employee Name (who 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 BREWER, PETER	Lead Administrator	Shriners Hospitals for Children	\$165,000			317		165,317
2 HICKMAN, MONICA		Shriners Hospitals for Children	\$115,846			2,492		118,338
3 NEWBILL, NOREEN		Shriners Hospitals for Children	\$73,530			10,714		84,244
4 KAFENTZIS, TERESA		Shriners Hospitals for Children	\$70,179			4,729		74,908
5 ARMSTRONG, RICHARD		Shriners Hospitals for Children	\$66,624			4,370		70,994
6 WRIGHT, MARK		Shriners Hospitals for Children	\$61,360			4,411		65,771
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

Center for Health Statistics/Hospital and Patient Data Section

MS: 47814

Olympia, WA 98504-7814

Fax: (360) 753-4135

email: hos@doh.wa.gov