SCHEDULE J
(Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
▶ Attach to Form 990. ▶ See separate instructions.
▶ Information about Schedule J (Form 990) and its instructions is at *www.irs.gov/form990.*

OMB No. 1545-0047

2013

Open to Public Inspection

Name of the organization: Yakima Valley Memorial Hospital

Employer identification number: 91-0567263

Part I Questions Regarding Compensation

			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. ☐ First-class or charter travel ☐ Housing allowance or residence for personal use ☐ Travel for companions ☐ Payments for business use of personal residence ☐ Tax indemnification and gross-up payments ☐ Health or social club dues or initiation fees ☐ Discretionary spending account ☐ 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 directors, trustees, and officers, including 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. ☑ Compensation committee ☐ Written employment contract ☐ Independent compensation consultant ☑ Compensation survey or study ☐ Form 990 of other organizations ☑ 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		✔
	If "Yes" to line 5a or 5b, describe in Part III.			
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		✔
	If "Yes" to line 6a or 6b, describe in Part III.			
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 Richard W. Linneweh, Jr. President/CEO	(i)	543,618	0	0	20,400	19,491	583,509	0
	(ii)							
2 Russell M. Myers Sr. Vice President/COO	(i)	315,077	0	0	-49,727	18,966	284,316	0
	(ii)							
3 Dale S. Olander Vice President/CFO	(i)	230,997	0	0	14,851	22,319	268,167	0
	(ii)							
4 Thomas E. Boyd Physician	(i)	280,450	306,764	0	17,799	18,370	623,383	0
	(ii)							
5 Tony Ha Physician	(i)	280,465	266,447	0	17,799	18,379	583,090	0
	(ii)							
6 Gilbert K. Ong Physician	(i)	428,268	63,392	0	17,799	28,496	537,955	0
	(ii)							
7 Robert j. Conroy Physician	(i)	493,650	0	0	20,400	17,083	531,133	0
	(ii)							
8 Palmer Wright Physician	(i)	307,379	163,149	0	15,198	16,860	502,586	0
	(ii)							
9	(i)							
	(ii)							
10	(i)							
	(ii)							
11	(i)							
	(ii)							
12	(i)							
	(ii)							
13	(i)							
	(ii)							
14	(i)							
	(ii)							
15	(i)							
	(ii)							
16	(i)							
	(ii)							

Part III Supplemental Information

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 K, Line 4b: In July 2002, the hospital's board of trustees adopted a salary continuation plan (The "Plan") in the form of a non-qualified retirement benefit for senior executives. The retirement benefit plan provided by The Plan is supplementary to the hospital's employee pension plan, tax deferred annuity retirement plan, 401(k) plan, and social security retirement earnings. Benefits are calculated as the difference between the projected age-65 value of the aforementioned benefits and 75% of the lump sum at age 65. No benefits under The Plan are generally available for a senior executive who retires prior to his/her 65th birthday. Funding for The Plan began in 2002, and the hospital first began accruing a liability for The Plan during the fiscal year ending October 31, 2005. The Hospital's liability accrual is based on the assumption that all nine executives will be working until age 65. Mr. Russell M. Myers is the COO of Yakima Valley Memorial Hospital. As of 10/31/2013 Mr. Myers is 59 years old and has been in his current and other capacities at the hospital since 1989. Mr. Myers' accrued benefits under The Plan decreased in the amount of $70,127 during the 2013 calendar year. Mr Dale S. Olander is the CFO of Yakima Valley Memorial Hospital. As of 10/31/2013 Mr. Olander is 57 years old and has been in his current and other capacities at the hospital since 2000. Mr. Olander's accrued benefits under The Plan decreased in the amount of $3,552 during the 2013 calendar year.

This Schedule J is prepared for the Department of Health showing calendar year 2013 compensation. It will be filed with our 2013 990 for our fiscal year that will end October 31,2014.