

Compensation of Hospital Employees



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

Calendar Year: 2013 Entity Name: Skyline 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 Kimmes, Robert	Lead Admin. C	Skyline	152,771		0	2,405	34,927	190,103
2 Schneider, Brenda		Skyline	104,853			1,850	10,198	116,901
3 Boland, Sarah		Skyline	104,650				27	104,677
4 OpBroek, Steve		Skyline	97,531				10,171	107,702
5 Robison, Beth		Skyline	96,949			1,300	10,198	108,447
6								0
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/f990si.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