

Compensation of Hospital Employees



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

Calendar Year: 2014 Entity Name: Highline Medical Center								
(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 MARK J BENEDUM	Y		392,858	0	3,036	17,850	16,365	430,109
2 BUD MUSSELMAN			281,215	0	1,139	17,850	13,617	313,821
3 KATHLEEN FONDREN			115,892	0	64,240	12,592	5,830	198,554
4 GRACE M HENLEY			160,343	0	1,139	11,308	9,579	182,369
5 BYRON KAERSTNER			148,435	0	171	10,391	9,995	168,992
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/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