

Compensation of Hospital Employees



DOH 346-095 (REV 08/01/2016)

Calendar Year: 2020		Entity Name: Skagit County Public Hospital District No. 2, dba Island Hospital						
(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 Charles Hall	Yes		333,442		20,207		9,649	363,298
2 Elise Cutter			220,529		16,906	14,383	11,539	263,358
3 Denise Jones			146,364	10,000		10,430	8,747	175,541
4 Carolyn Pape			163,430	10,036		11,344	11,458	196,267
5 Thomas Bluhm			150,803			9,711	11,526	172,040
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
Community Health Systems/Hospital Financial and Charity Care Section
MS: 47853
Olympia, WA 98504-7853
email: hos@doh.wa.gov