## Compensation of Hospital Employees



Calendar Year:	2018											
Entity Name:	Public Hospital Dis	st #1 DBA Skagi	t Valley	Hospital								
			(B	) Breakdown			ISC Compensation					
(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		) Retirement nd Deferred mpensation	(D)Non- Taxable Benefits	(E) Total	
<sup>1</sup> Ivie, Brian K, Chief Executive Offer	Lead Administrate	Skagit Regional Health	\$	522,322.00	\$	6,552.00	\$ 91,444.81	\$	43,610.42	\$-	\$	663,929.23
<sup>2</sup> Liepman, Michael T, Special Advisor to the CEO		Skagit Regional Health	\$	155,597.90	\$	37,014.61	\$ 411,120.16	\$	3,449.88	\$ -	\$	607,182.55
<sup>3</sup> Davis, Connie L, Reg VP Chief Medical Officer		Skagit Regional Health	\$	340,257.90	\$	60,388.58	\$ 434.64	\$	34,269.12	\$ -	\$	435,350.24
<sup>4</sup> Ishizuka, Paul S, Reg VP Chief Financial Officer		Skagit Regional Health	\$	337,738.40	\$	20,000.00		\$	26,710.44	\$-	\$	384,448.84
<sup>5</sup> Hink, Mary A, Reg VP Chief Physician Officer		Skagit Regional Health	\$	324,735.08	\$	19,360.00		\$	28,802.28	\$-	\$	372,897.36
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											+	

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/i990si.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