

# Compensation of Hospital Employees



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

Calendar Year: 2021 Entity Name: Skyline Health								
(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 Robert Kimmes	YES		203,097			6,510	3,000	212,607
2 Brenda Schneider			139,249			3,387	2,019	144,655
3 Steve Obbroek			128,253			1,300	1,400	130,953
4 Diane Matthews			117,112			3,513	1,500	122,125
5 Michele Sturdavant			115,216			3,456	1,500	120,172
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

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](mailto:hos@doh.wa.gov)