

# Compensation of Hospital Employees



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

Calendar Year: 2019		Entity Name: Harborview 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	Hayes, Paul S	Executive Director	HMC	669,263	0	0	49,558	16,419	735,240
2	Foltz, Paula Minton		HMC	280,624	0	1,805	28,000	15,766	326,195
3	Fijalka, Steve		HMC	261,358	0	10,550	25,979	15,543	313,429
4	Kleweno-Walley, Sommer K		HMC	259,977	0	1,805	19,907	16,342	298,030
5	Dennis, Kera		HMC	243,164	0	1,805	19,230	23,953	288,151
6									
7									
8									
9									
10									

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