

Compensation of Hospital Employees



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

Calendar Year: 2,019		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 Vince Oliver	Yes		718,491		352,143	16,264	4,839	1,091,738
2 Charles Hall	Yes		46,105					46,105
3 Elise Cutter	Yes-Interim		219,153		17,279	14,278	11,144	261,854
4 Denise Jones			159,744			23,706	11,276	194,726
5 Ken Martin			153,873			9,857	11,177	174,907
6 Tom Bluhm			154,704			9,922	11,187	175,813
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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/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