Compensation of Hospital Employees

Washington State Department of Health

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

Calendar Year: 2012
Entity Name: Whitman Hospital and 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	Glass, Deborah	Yes	Whitman Hospit	130,793	17,850	942	34,000	8,804	192,389
2	Fowler, Denise	No	Whitman Hospit	132,138			14,553	9,627	156,318
3	Heilsberg, James	No	Whitman Hospit	126,830			8,096	11,492	146,418
4	Williams, Carole	No	Whitman Hospit	110,425			22,500	10,000	142,925
5	Hoadley, Deborah	No	Whitman Hospit	89,067			5,685	10,285	105,037
6	Ellis, Michelle	No	Whitman Hospit	82,146			5,814	8,900	96,860
7									0
8									0
9									0
10									0
11									0
12									0
13									0
14									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
Center for Health Statistics/Hospital and Patient Data Section
MS: 47814
Olympia, WA 98504-7814
Fax: (360) 753-4135
email: hos@doh.wa.gov