

Compensation of Hospital Employees



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

Calendar Year: 2012 Entity Name: Ferry County Public Hospital District								
(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 Gary Robertson	X		100,523			6,031	51	106,606
2 Thomas Durham			114,547			7,876	46	122,469
3 Kelly Leslie			86,697			8,723	46	95,466
4 Terali Stonehocker			69,528			2,390	64	71,983
5 Karen Quinnell			68,540			0	46	68,586
6 James Davidson			60,305			1,500	46	61,852
7								0
8								0
9								0
10								0
11								0
12								0
13								0
14								0
15								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