Compensation of Hospital Employees

Washington State Department of Health

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

Calendar Year: 2013
Entity Name: Grant County Public Hospital District #3/Columbia Basin 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	Robert Reeder	Lead-severan	Grant County Public Hospital Dist #3	104,924			0	0	104,924
2	Rosalinda Kibby	Lead Admin	Grant County Public Hospital Dist #3	81,099			5,149	8,049	94,297
3	Heidi Cline		Grant County Public Hospital Dist #3	87,298			6,116	7,674	101,088
4	Becky Trepanier		Grant County Public Hospital Dist #3	84,711			2,467	7,674	94,852
5	Rhonda Handly		Grant County Public Hospital Dist #3	84,228			5,772	7,674	97,674
6	Diane Clark		Grant County Public Hospital Dist #4	79,331			6,168	7,674	93,173
7	Gail Michael		Grant County Public Hospital Dist #5	73,308			6,050	7,674	87,031
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