

Compensation of Hospital Employees



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

Calendar Year: 2013 Entity Name: Garfield County Public Hospital District No. 1									
(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 Craigie, Andrew	X	Hospital	111,284	8,998		3,021	14,628	137,930	
2 Morrow, Susan		Hospital	78,439			2,084	11,422	91,945	
3 DeHerrera, Barbara		Hospital	71,492			1,788	5,984	79,263	
4 Moyer, Ken		Hospital	66,496			1,674	0	68,170	
5 Jones, Jeffrey		Hospital	61,321			1,278	9,508	72,107	
6 Schooler, Nevelyn		Hospital	55,074			1,331	4,488	60,893	
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/f990si.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