

A	B	C	D	E	F	G	H	I	J
1	Calendar Year:	2013							
2	Entity Name:	Okanogan County Public Hospital District No. 4, dba North Valley Hospital							
3	(B) Breakdown of W-2 and/or 1099 MISC Compensation								
4	(A)Employee Name (who does not have direct patient care responsibilities)	Indicate if Lead Administrator	Hospital if applicable	(i) Base Compensation	(ii) Bonus & Incentive Compensation	(iii) Other Reportable Compensation	(C) Retirement and Deferred Compensation	(D)Non-Taxable Benefits	(E) Total
5	1 Linda Michel	Yes	NVH	164,930		1,200		7,822	173,952
6	2 Helen Verhasselt	NO	NVH	106,938		4,450		6,996	118,384
7	3 Jan Gonzales	NO	NVH	111,807		21,326		9,121	142,254
8	4 Noreen Olma	NO	NVH	90,883		5,022		15,060	110,965
9	5 Christine Silverthorn	NO	NVH	105,511		2,552		715	108,778
10	6 Kelly Cariker	NO	NVH	101,492		2,657		12,560	116,709
11	7								0
12	8								0
13	9								0
14	10								0
15	11								0
16	12								0
17	13								0
18	14								0
19	15								0
20	Add Additional lines as needed								
21	Notes:								
22	Please refer to IRS Form 990 and Schedule J for definitions of types of compensation								
23	Form 990 Schedule J	http://www.irs.gov/pub/irs-pdf/i990sj.pdf							
24									
25	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								
26	Please submit compensation information to DOH either by mail, fax or email to the following address:								
27	Washington State Department of Health								
28	Center for Health Statistics/Hospital and Patient Data Section								
29	MS: 47814								
30	Olympia, WA 98504-7814								
31	Fax: (360) 753-4135								
32	email: hos@doh.wa.gov								