

Compensation of Hospital Employees



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

Calendar Year: 2013								
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	160,804	10,000	24,192	43,196	1,290	239,481
2 Heilsberg, James	No	Whitman Hospit	144,364			4,331	8,603	157,298
3 Fowler, Denise	No	Whitman Hospit	145,100			2,177	8,546	155,823
4 Williams, Carole	No	Whitman Hospit	142,289			2,627	8,610	153,526
5 Hoadley, Deborah	No	Whitman Hospit	100,435			3,013	8,602	112,050
6 Ellis, Michelle	No	Whitman Hospit	101,814			1,527	8,686	112,028
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