

# Compensation of Hospital Employees



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

Calendar Year: 2014		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 Rosalinda Kibby	Administrator	Grant County Public Hospital Dist #3	105,266			7,300	13,095	125,661	
2 Heidi Cline		Grant County Public Hospital Dist #3	86,096			6,586	6,880	99,562	
3 Diane Clark		Grant County Public Hospital Dist #3	84,304			7,229	6,880	98,413	
4 Becky Trepanier		Grant County Public Hospital Dist #3	83,872			2,516	6,880	93,268	
5 Rhonda Handly		Grant County Public Hospital Dist #3	83,808			6,263	6,880	96,951	
6 Jeanne Trepanier-Marsh		Grant County Public Hospital Dist #4	73,911			2,211	6,880	83,002	
7 Gail Michael		Grant County Public Hospital Dist #5	70,306			6,672	6,880	83,858	
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](mailto:hos@doh.wa.gov)