# Compensation of Hospital Employees

Washington State Department of Health

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

Calendar Year:2014
Entity Name: North Valley Hopsital

| | (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 | Linda Michel | Yes | NVH | 174,504 | | 4,908 | | 0 | 179,412 |
| 2 | Helen Verhasselt | No | NVH | 119,095 | | 9,066 | | 6,235 | 134,396 |
| 3 | Jan Brownlee-Gonzales | No | NVH | 109,317 | | 14,796 | | 1,275 | 125,388 |
| 4 | Christine Smith | No | NVH | 117,011 | | 6,772 | | 0 | 123,783 |
| 5 | Noreen Olma | No | NVH | 114,511 | | 6,772 | | 2,500 | 123,783 |
| 6 | Kelly Cariker | No | NVH | 105,314 | | 2,414 | | 0 | 107,728 |
| 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/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