

# Compensation of Hospital Employees



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

Calendar Year: 2014 Entity Name: Regional Hospital for Respiratory and Complex Care								
(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 Anne McBride	X		238,078	0	1,492	19,500	29,686	288,755
2 Lerma Cua			176,333	0	2,327	20,718	29,668	229,045
3 Josephine Ramiro			140,232	0	2,199	24,362	29,209	196,002
4 Bhupinder Gill			121,741	0	37	24,485	9,458	155,721
5 Christi Sifri			138,446	6,945	272	17,508	20,154	183,326
6 Carla Clement			123,262	0	37	31,628	27,702	182,629
7 Jonna Rogers			130,049	0	3,822	8,483	21,383	163,738
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