Compensation of Hospital Employees



| Calendar Year: | 2019 | | | | | | DON 340-095 | (REV 08/01/2016) |
|--|--------------------------------------|--|--------------------------|---|--|--|--------------------------------|------------------|
| Entity Name: | | l Hospital / Colum | nbia County Public H | ospital District | | | | |
| · | | <u> </u> | | of W-2 and/or 1099 N | | | | |
| (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 |
| 1 Shane McGuire | | Dayton General Hospital Columbia County Public Hospital District | 106,597 | 0 | 0 | 0 | 1,000 | 107,597 |
| 2 | | Dayton General Hospital Columbia County Public | | | | | | |
| Stephanie Carpenter | | Hospital District Dayton General | 110,981 | 0 | 0 | 3,329 | | 114,310 |
| 3 Cheryl Skiffington | | Hospital Columbia County Public | 107,890 | 0 | 0 | 3,237 | | 111,127 |
| 4 Thomas Meyers | | Hospital District Dayton General Hospital Columbia County Public Hospital District | 103,448 | 0 | 0 | 3,103 | 1,000 | 107,551 |
| 5 Laura Stevens | | Dayton General Hospital Columbia County Public Hospital District | 95,664 | 0 | 0 | 0 | 1,000 | 96,664 |
| 6 | | | | | | | | 0 |
| 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

Community Health Systems/Hospital Financial and Charity Care Section

MS: 47853

Olympia, WA 98504-7853 email: hos@doh.wa.gov