## Compensation of Hospital Employees



DOH 346-095 (REV 08/01/2016)
Calendar Year: 2018

	Calendar Year:	2018	armeter Dudalia I I a	mital Diatoiat Na. 1					
	Entity Name:	Grays Harbor C	ounty Public Hos	spital District No. 1  (B) Breakdown of W-2 and/or 1099 MISC Compensation					
	(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	Ken Dietrich			296,514	43,920		24,500	20,144	385,078
2	Josh Martin	Υ		264,728	39,719		0	32,501	336,948
3	Laura Bolton			155,658	25,200		24,500	20,144	225,502
4	Tammy Moore			175,041	23,328		0	25,306	223,675
5	Andrew Burton			113,212	8,961		18,500	15,862	156,535
6									0
7									0
8									0
9									0
10									0
11									0
12									0
13									0
14									0
15									0
12 13 14									

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