

# Compensation of Hospital Employees



DOH 346-095 (REV 08/01/2016)

Calendar Year: 2020		Entity Name: Whitman County Public Hospital District #3						
(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 George H Hanigan	Yes	WHMC	199,134	1,500		2,273	9,988	212,895
2 Charlene Morgan	No	WHMC	167,118	1,500		2,362	10,604	181,584
3 Abby Smith	No	WHMC	157,215	1,500		2,381	14,166	175,262
4 Deborah Hoadley	No	WHMC	139,018	1,500		4,216	0	144,733
5 Linda Bluhm	No	WHMC	110,584	1,500		0	10,600	122,684
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](mailto:hos@doh.wa.gov)