Co	ompensation of	Hospital E	Employees					WALL WAS	ista sucteumatoj Iealth
								DOH 346-095 ((REV 08/01/2016)
	Calendar Year:	2017	Date Call	21 1 D' 1 2 1 114 11 N		III- O!	_		
	Entity Name:	ntity Name: Pend Oreille County Public Hospital District #1 dba Newport Hospital & Health Services (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	Thomas W Wilbur	x		230,934	27,540		12,221	8,713	279,408
2	Kim M Manus			154,025			9,215	9,437	172,677
3	Christina G Wager			121,903	-		7,288	9,393	138,584
4	Joseph J Clouse Jr			124,161			0	8,670	132,831
5	Joangeles C Davies			109,990			6,600	9,144	125,734
6									0
7									0
8									0
9									0
10									0
11									0
12									0
13					· -				0
14									0
15									0
Note	Add Additional lines as needed lotes:								
	se refer to IRS Form 990 a								
If the	out patient care responsibil	ities on lines 2 throυ	ne lead administrate ugh 6.	or, please report compe		r the lead administrator on li	ine 1, and for the five	e highest paid e	employees
	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								