		 						WALL TO	ggen 5 site Department of Iealth
Co	ompensation of	Hospital E	mployees					MUI.	<u> 1eaith</u>
								DOH 346-095	(REV 08/01/2016)
	Calendar Year:	2019							
	Entity Name:	Pend Oreille Co	unty Public Hosp	··		_			
	(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	VISC Compensation (iii) Other Reportable Compensation	(C) Retirement and Deferred Compensation	(D)Non- Taxable Benefits	(E) Total
1	Thomas W Wilbur	X		261,144	37,620		13,674	9,118	321,556
2	Kim M Manus			166,404			9,946	9,989	186,339
3	Christina G Wagar			127,517			7,610	9,965	145,092
4	Joseph J. Clouse Jr			131,188			0	9,085	140,273
5	Joangeles C Davies			109,990			6,599	9,788	126,377
6									0
7									0
8									0
9									0
10				· · ·					0
11									0
12									0
13									0
14									0
15									0
	Additional lines as need	ded							
Note		10-1	Jafimitiana af taua -	of companyation					
	ase refer to IRS Form 990 a m 990 Schedule J		lefinitions of types //pub/irs-pdf/i990sj.						
If th	e five highest paid employe out patient care responsibi	ees do not include the	ne lead administrate ugh 6.	or, please report comp		or the lead administrator on I	ine 1, and for the five	e highest paid	employees
	Please submit compensation		eitner by mail, fax or o	email to the following add	ress:	-			
	Washington State Departme		Charity Cara Saatia	.n					
	Community Health Systems/ MS: 47853	Hospital Financial and	onarity Care Section						
	Olympia, WA 98504-7853								

email: hos@doh.wa.gov		_				 ····
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