

# Compensation of Hospital Employees



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

| Calendar Year: 2019<br>Entity Name: Kittitas Valley Healthcare                      |                                      |                           |  |   |  |  |                                 |           |
|---|--------------------------------------|---------------------------|--|---|--|--|---------------------------------|-----------|
| (A) Employee Name<br>(who does not have<br>direct patient care<br>responsibilities) | Indicate if<br>Lead<br>Administrator | Hospital if<br>applicable | (B) Breakdown of W-2 and/or 1099 MISC Compensation |   |  | (C) Retirement<br>and Deferred<br>Compensation | (D) Non-<br>Taxable<br>Benefits | (E) Total |
|   |                                      |                           | (i) Base<br>Compensation                           | (ii) Bonus &<br>Incentive<br>Compensation | (iii) Other Reportable<br>Compensation |  |                                 |           |
| 1 Julie Peterson  | yes                                  |                           | 282,112  |   |  | 28,325   | 11,210                          | 321,648   |
| 2 Dale Scott Oander   |                                      |                           | 198,099  |   |  | 0  | 14,302                          | 212,401   |
| 3 Jeffrey Yamada  |                                      |                           | 199,411  |   |  | 0  | 7,883                           | 207,294   |
| 4 Rhonda Holden   |                                      |                           | 185,666  |   |  | 12,973   | 7,859                           | 206,498   |
| 5 Nasser Basmeth  |                                      |                           | 178,801  |   |  | 12,470   | 8,606                           | 199,877   |
| 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)