С	ompensation of	Hospital E	mployees					Ø F	ington State Department of Iealth
_	_							DOH 346-095 (I	REV 08/01/2016)
	Entity Name:	2020 Pend Oreille Co	unty Public Hosr	oital District #1 dba N	lewport Hospital & H	ealth Services			
	(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	Х		231,828	43,008		14,204	8,127	297,167
2	Kim M. Manus			180,718			10,849	13,749	205,316
3	Christina G Wagar			134,710			8,088	13,017	155,815
4	Joseph J. Clouse Jr			137,906			0	13,749	151,655
5	Joangeles C. Davies			109,990			6,599	8,838	125,427
6									0
7									0
8									0
9									0
10									0
11									0
12									0
13									0
14									0
15									0
Add Note	Additional lines as need	ed							
	ase refer to IRS Form 990 ar	nd Schedule J for c	lefinitions of types	of compensation					
	n 990 Schedule J		/pub/irs-pdf/i990sj						
	⊥ e five highest paid employee out patient care responsibili	ties on lines 2 throu	ugh 6.			r the lead administrator on I	line 1, and for the five	e highest paid e	mployees
	Please submit compensation		either by mail, fax or	email to the following add	dress:				
	Washington State Departmen Community Health Systems/H		Charity Caro Sa-ti-						

MS: 47853				
Olympia, WA 98504-7853				
email: hos@doh.wa.gov				