## Compensation of Hospital Employees



DOH 422-092/CHS 257 (REV` 08/01/2012)

Entity Name: GRAYS I	HARBOR COMMU	JNITY HOSPITAL	(D) D	(14) 0 1/ 4000	11000			
(A)Employee Name (who does not have direct patient care responsibilities)	Indicate if Lead Administrator	Hospital if applicable	(i) Base Compensation	of W-2 and/or 1099 I  (ii) Bonus &  Incentive  Compensation	(iii) Other Reportable Compensation	(C) Retirement and Deferred Compensation	(D)Non- Taxable Benefits	(E) Total
1 Jensen, Tom	CEO *	Grays Harbor Community Hospit	344,568	0	38,086	10,800	33,601	427,055
<sup>2</sup> Vessey, Joe	CFO	Grays Harbor Community Hospit	212,947	0	3,500	5,324	13,925	235,696
<sup>3</sup> Brandt, Melanie	CNO	Grays Harbor Community Hospit	162,438	10,000	2,277	6,439	13,925	195,079
<sup>4</sup> Kahl, Larry	coo	Grays Harbor Community Hospit	185,986	0	8,615	10,275	27,864	232,740
<sup>5</sup> Jullie Feller	Exec Dir HR	Grays Harbor Community Hospit	145,232	0	3,528	11,961	19,700	180,421
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

Center for Health Statistics/Hospital and Patient Data Section

MS: 47814

Olympia, WA 98504-7814

Fax: (360) 753-4135

email: hos@doh.wa.gov