

Compensation of Hospital Employees

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

Calendar Year: 2012 Entity Name: Jefferson Healthcare									
	does not have direct patient care responsibilities)	Indicate if Lead Administrator	Hospital if applicable	(B) Breakdown of W-2 and/or 1099 MISC Compensation			(C) Retirement and Deferred Compensation	Taxable Benefit	(E) Total
				(i) Base Compensation	(ii) Bonus & Incentive Compensation	(iii) Other Reportable Compensation			
1	GLENN,LAWRENCE M	LEAD ADMINISTRATOR	Jefferson Healthcare	\$233,515.60			\$ 25,686.72		259,202
2	DOWDLE,PAULA		Jefferson Healthcare	\$162,222.60			\$ 17,844.49		180,067
3	CAMP,TERRI B		Jefferson Healthcare	\$147,444.16			\$ 16,218.86		163,663
4	CARDINAL,JOYCE A.		Jefferson Healthcare	\$143,149.00			\$ 15,746.39		158,895
5	WHITTINGTON,HILARY A.		Jefferson Healthcare	\$138,003.80			\$ 15,180.42		153,184
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