

# Compensation of Hospital Employees



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

Calendar Year: 2012		Entity Name: Central Washington Health Services Association						
(A) Employee Name (who 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	(D) Non-Taxable Benefits	(E) Total
			(i) Base Compensation	(ii) Bonus & Incentive Compensation	(iii) Other Reportable Compensation			
1 EVANS, JR, JOHN T		CWH	141,598		1,491,778	127,110	5,597	1,766,084
2 HAMILTON, JOHN B	Lead	CWH	301,317			146,729	9,487	457,533
3 JACOBS, STEVEN R		CWH	240,531			143,388	8,265	392,183
4 KASNIC, TRACEY A		CWH	174,368	74,103		36,788	24,844	310,103
5 BARE, LORI K		CWH	159,334	14,094			8,280	181,708
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