

# Compensation of Hospital Employees



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

Calendar Year: 2013 Entity Name: Cascade Valley Hospital and Clinics								
(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 Jones, W Clark	Administrator		192,426	0	8,772	25,387	14,747	241,332
2 Sand, Michelle			147,813	0	0	7,250	7,373	162,436
3 Logan, Heather			131,862	0	0	9,052	7,373	148,288
4 Schmiede, Ardis			127,616	0	0	8,673	7,373	143,663
5 Barnett, Jolanda			127,313	0	0	8,598	7,373	143,285
6								
7								
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