

Compensation of Hospital Employees



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

Calendar Year: 2013		Entity Name: Central Washington Health Services , Wenatchee Valley Hospital						
(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 RUTHERFORD,PETER	LEAD	CWH / WVH	502,825	50,000		33,200	26,678	612,703
2 KOOS,SHAUN		CWH / WVH	376,987	53,320		31,397	21,773	483,477
3 HAMILTON,JOHN G		CWH / WVH	370,222	2,211		86,614	10,039	469,087
4 EVANS,JR,JOHN T		CWH / WVH			298,965			298,965
5 DOYLE,JOHN R		CWH / WVH	262,777	20,000		27,700	24,103	334,580
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