Compensation of Hospital Employees



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

Calendar		2020 Magan Canaral	Lleenitel 9. Ferni	hu of Olinion / Dublic L	leasitel District No. 4	of Massas Country M/A			
Entity Na	me:	Mason General	Hospital & Fami	ly of Clinics / Public Hospital District No.1 of Mason County. WA (B) Breakdown of W-2 and/or 1099 MISC Compensation					
		Indicate if Lead Administrator	Hospital if applicable	(i) Base Compensation	(ii) Bonus & Incentive Compensation	(iii) Other Reportable Compensation	(C) Retirement and Deferred Compensation	(D)Non- Taxable Benefits	(E) Total
¹ Eric Moll		x		405,586	0	44,172	42,774	41,084	533,616
² Dean Gu	shee			258,486	0	30,235	22,774	25,160	336,655
³ Richard S	Smith			225,858	0	38,098	21,355	30,850	316,161
⁴ Mark Bat	ty			231,627	0	27,381	9,304	14,318	282,630
⁵ Nicole Ed	ldins			157,483	0	19,500	13,994	38,915	229,892
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