Compensation of Hospital Employees



Calandar Vaari	2024						DOH 346-095 (REV 08/01/2016)
Calendar Year: Entity Name:	2021 PeaceHealth S	St. John Medical Center						
			(B) Breakdown					
(A)Employee Name (who does not have direct patient care responsibilities)	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 Cherelle Montanye	Х		323,142	146,007	-	36,048	24,785	529,982
² Larry J. Childs			256,182	36,804	34,566	50,964	23,682	402,198
³ Jennifer Aponte			264,473	29,579	-	-	9,719	303,771
4 Charmaine D. Mode			232,633	2,500	-	23,105	23,206	281,444
⁵ Leah McElyea			197,406	29,977	-	21,666	23,119	272,168
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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

Community Health Systems/Hospital Financial and Charity Care Section

MS: 47853

Olympia, WA 98504-7853 email: hos@doh.wa.gov