

# Compensation of Hospital Employees



DOH 346-095 (REV 08/01/2016)

Calendar Year: 2021 Entity Name: EvergreenHealth Monroe								
(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 Lisa M. LaPlante	YES	EvergreenHealth Monroe	278,448			40,504	17,105	336,057
2 John C. Green		EvergreenHealth Monroe	219,433	1,000		10,434	10,712	241,579
3 Meddie Nazifi		EvergreenHealth Monroe	164,650		35,794	0	7,902	208,346
4 Malachi Lones		EvergreenHealth Monroe	76,538		108,875	6,903	10,630	202,946
5 Fawn M. Hutton		EvergreenHealth Monroe	144,746		31,612	5,793	20,275	202,427
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

Community Health Systems/Hospital Financial and Charity Care Section

MS: 47853

Olympia, WA 98504-7853

email: hos@doh.wa.gov