

Calendar Year: Entity Name:	2021 PeaceHealth So	outhwest Medical Center					(ICE V 00/01/2010)
	1 1		(B) Breakdown	of W-2 and/or 1099 MISC Compensation				
(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 Sean Gregory	x		670,813	354,540	-	271,794	25,657	1,322,804
² Lawrence H. Neville			475,033	105,679	11,271	48,149	25,927	666,059
³ Gary T. Foster			341,964	157,548	-	46,417	25,537	571,466
⁴ Tracey Fernandez			370,011	101,164	16,346	2,719	15,512	505,752
⁵ Holley B. Tyler			316,645	71,843	-	19,055	17,666	425,209
6								
7								
8								
9								
10								
11								
12								
13								
14								
15								

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