Compensation of Hospital Employees



Calendar Year: 2017 Entity Name:Mid-Valley Hospital

Entity Name: Mid-Valley Hospital									
				(B) Breakdown of W-2 and/or 1099 MISC Compensation					
(who direc	mployee Name o does not have ot patient care oonsibilities)	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 _{Alan}	n Fisher	Yes	Mid-Valley Hosp	101,376	0	0	0	6,957	108,333
² Holly	y Stanley		Mid-Valley Hosp	148,200	0	0	2,223	11,204	161,627
³ Rebe	ecca Christoph		Mid-Valley Hosp	127,991	0	0	1,920	11,204	141,115
⁴ Mark	k Harris		Mid-Valley Hosp	126,688	0	0	1,900	11,204	139,792
⁵ Rand	dy Coffell		Mid-Valley Hosp	115,290	0	0	1,729	11,204	128,223
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