

Compensation of Hospital Employees



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

Calendar Year: 2017 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 Jensen, Renee	Yes	EvergreenHealth Monroe	155,856	50,000	20,158	13,013	5,685	244,711
2 Kesl, Wendy		EvergreenHealth Monroe	102,938	9,962	53,058	6,321	12,125	184,403
3 Handley, Jack		EvergreenHealth Monroe	175,625	24,533	0	0	0	200,158
4 Olander, Dale Scott		EvergreenHealth Monroe	186,612	24,775	0	24,793	20,761	256,940
5 LaPlante, Lisa		EvergreenHealth Monroe	153,743	23,064	0	6,321	13,704	196,832
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