

Compensation of Hospital Employees



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

Calendar Year: 2017 Entity Name: Pullman Regional Hospital								
(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 Scott Adams	X		274,936	0	0	5,000	32,156	312,092
2 Gerald Early			316,784	0	0	5,000	9,105	330,889
3 Jeannie Eylar			195,329	0	0	5,000	13,005	213,334
4 Steve Febus			198,796	0	0	5,000	12,016	215,812
5 Rueben Mayes			198,374	0	0	5,000	10,654	214,027
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