Compensation of Hospital Employees



Calendar Year: 2018								
Entity Name: Three Rivers Hospital (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	(B) Breakdown (i) Base Compensation	of W-2 and/or 1099 N (ii) Bonus & Incentive Compensation	(iii) Other Reportable Compensation	(C) Retirement and Deferred Compensation	(D)Non- Taxable Benefits	(E) Total
¹ J. Scott Graham	CEO		157,247	9,000		9,864	21,172	197,283
² Jennifer Munson			129,079			9,063	4,111	142,252
³ Gretchen Aguilar			100,050			5,801	10,171	116,022
⁴ Melanie Neddo			100,035			5,362	1,845	107,243
⁵ Christine Smith			100,440			5,286		105,726
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