## Compensation of Hospital Employees



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

Calendar Year: 2018 Entity Name: Grays Harbor Community Hospital								
			(B) Breakdown of W-2 and/or 1099 MISC Compensation				1	
(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
<sup>1</sup> Jensen, Tom	CEO	Grays Harbor	327,093		14,010	11,000	37,152	389,255
<sup>2</sup> Foley, Niall	CFO	Grays Harbor	152,159	2,500	855	2,762	36,675	194,951
3 Brandt, Melanie	CNO	Grays Harbor	151,982		3,534	6,079	14,175	175,770
<sup>4</sup> Feller, Julie	Exec Dir HR	Grays Harbor	135,233		6,452	12,273	27,736	181,694
5 Moore, Lora	CCU/ED Dir	Grays Harbor	109,112	19,000	609	2,728	14,175	145,624
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