

Compensation of Hospital Employees



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

Calendar Year: 2021 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		269,281	0	0	5,000	18,109	292,391
2 Gerald Early			326,605	0	0	5,000	4,825	336,430
3 Jeannie Eylar			207,603	0	0	5,000	23,946	236,550
4 Steve Febus			217,104	0	0	5,000	12,871	234,976
5 Rueben Mayes			208,285	0	0	5,000	9,612	222,897
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/1990sj.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