

Compensation of Hospital Employees



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

Calendar Year: 2021 Entity Name: YAKIMA VALLEY MEMORIAL								
(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 CAROLE PEET	PRESIDENT/CEO	YAKIMA VALLEY MEMORIAL	514,769	138,112	3,637	46,967	14,354	717,839
2 TIM REED	VP/CIO	YAKIMA VALLEY MEMORIAL	183,192	74,333	376,163	31,616	20,157	685,462
3 MARTY BRUEGGEMAN	VP/CMO	YAKIMA VALLEY MEMORIAL	522,700	62,602	852	19,500	32,238	637,891
4 LORI GREEN	VP/CNO	YAKIMA VALLEY MEMORIAL	337,228	13,866	1,390	19,500	25,002	396,985
5 JAMON RIVERA	SENIOR DIRECTOR REVENUE CYCL	YAKIMA VALLEY MEMORIAL	169,973	15,398	148,211	11,122	30,028	374,732
6 SHAWNIE HAAS	VP/SPECIALTY CARE	YAKIMA VALLEY MEMORIAL	272,600	44,108	604	18,958	22,686	358,957
7								0
8								0
9								0
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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