

Compensation of Hospital Employees



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

Calendar Year: 2019 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		317,572	0	0	5,000	31,442	354,014
2 Gerald Early			338,143	0	0	5,000	8,232	351,375
3 Jeannie Eylar			217,254	0	0	5,000	22,358	244,613
4 Steve Febus			225,584	0	0	5,000	12,732	243,316
5 Rueben Mayes			215,156	0	0	5,000	9,049	229,205
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