

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 23.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

2011

Open to Public Inspection

Name of the organization

PEACEHEALTH

Employer identification number

91-0939479

Part I Questions Regarding Compensation

	Yes	No								
<p>1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.</p> <table border="0"> <tr> <td><input type="checkbox"/> First-class or charter travel</td> <td><input checked="" type="checkbox"/> Housing allowance or residence for personal use</td> </tr> <tr> <td><input checked="" type="checkbox"/> Travel for companions</td> <td><input checked="" type="checkbox"/> Payments for business use of personal residence</td> </tr> <tr> <td><input checked="" type="checkbox"/> Tax indemnification and gross-up payments</td> <td><input type="checkbox"/> Health or social club dues or initiation fees</td> </tr> <tr> <td><input type="checkbox"/> Discretionary spending account</td> <td><input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)</td> </tr> </table>	<input type="checkbox"/> First-class or charter travel	<input checked="" type="checkbox"/> Housing allowance or residence for personal use	<input checked="" type="checkbox"/> Travel for companions	<input checked="" type="checkbox"/> Payments for business use of personal residence	<input checked="" type="checkbox"/> Tax indemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees	<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)		
<input type="checkbox"/> First-class or charter travel	<input checked="" type="checkbox"/> Housing allowance or residence for personal use									
<input checked="" type="checkbox"/> Travel for companions	<input checked="" type="checkbox"/> Payments for business use of personal residence									
<input checked="" type="checkbox"/> Tax indemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees									
<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)									
<p>b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain</p>	X									
<p>2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?</p>	X									
<p>3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director. Explain in Part III.</p> <table border="0"> <tr> <td><input checked="" type="checkbox"/> Compensation committee</td> <td><input type="checkbox"/> Written employment contract</td> </tr> <tr> <td><input checked="" type="checkbox"/> Independent compensation consultant</td> <td><input checked="" type="checkbox"/> Compensation survey or study</td> </tr> <tr> <td><input type="checkbox"/> Form 990 of other organizations</td> <td><input checked="" type="checkbox"/> Approval by the board or compensation committee</td> </tr> </table>	<input checked="" type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract	<input checked="" type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study	<input type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee				
<input checked="" type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract									
<input checked="" type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study									
<input type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee									
<p>4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:</p> <p>a Receive a severance payment or change-of-control payment?</p> <p>b Participate in, or receive payment from, a supplemental nonqualified retirement plan?</p> <p>c Participate in, or receive payment from, an equity-based compensation arrangement?</p> <p>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.</p>		X								
<p>5a The organization?</p>	X									
<p>5b Any related organization?</p> <p>If "Yes" to line 5a or 5b, describe in Part III.</p>	X									
<p>6 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:</p> <p>a The organization?</p> <p>b Any related organization?</p> <p>If "Yes" to line 6a or 6b, describe in Part III.</p>	X									
<p>6a The organization?</p>	X									
<p>6b Any related organization?</p>	X									
<p>7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III</p>		X								
<p>8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III</p>		X								
<p>9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</p>										

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2011

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 ALAN YORDY	(i)	817,462.	182,243.	9,783.	243,620.	18,923.	1,272,031.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
2 STUART HENNESSEY	(i)	374,536.	86,313.	9,552.	125,567.	18,631.	614,599.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
3 KEVIN WALSTROM	(i)	443,016.	153,114.	18,361.	105,994.	17,120.	737,605.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
4 JOHN HAUGHOM	(i)	375,267.	106,272.	83,830.	34,928.	19,947.	620,244.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
5 PETER ADLER	(i)	411,508.	95,273.	6,531.	127,231.	22,304.	662,847.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
6 NANCY STEIGER ****	(i)	402,249.	97,804.	5,672.	116,946.	19,927.	642,598.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
7 CAROL AARON	(i)	325,035.	75,585.	76,603.	42,366.	16,202.	535,791.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
8 ELAINE SVIGEL DUNDA	(i)	365,484.	84,288.	5,002.	122,916.	19,947.	597,637.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
9 MEL PYNE	(i)	318,516.	111,659.	236,586.	30,028.	13,027.	709,816.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
10 JOSIAH JOHNSON ****	(i)	302,947.	73,859.	8,638.	93,097.	17,240.	495,781.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
11 RAN WHITEHEAD	(i)	257,407.	76,261.	7,878.	34,730.	20,523.	396,799.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
12 ERIK HAUCK	(i)	899,020.	750.	2,544.	13,080.	26,451.	941,845.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
13 DENNIS GORY	(i)	736,732.	35,563.	12,590.	33,505.	12,776.	831,166.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
14 STEPHEN COOK	(i)	738,555.	35,563.	10,069.	27,597.	17,235.	829,019.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
15 RAMAKOTA REDDY	(i)	683,902.	35,644.	4,324.	23,078.	21,884.	768,832.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
16 DAVID SAENGER	(i)	660,605.	35,563.	6,250.	18,979.	19,523.	740,920.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

PART I, LINE 1A: THE ORGANIZATION INFREQUENTLY PROVIDES THESE ITEMS TO

CERTAIN PERSONS SUBJECT TO RESTRICTIVE WRITTEN POLICIES AND STRICT

SUBSTANTIATION.

PART I, LINE 4B: THE ORGANIZATION'S CHIEF EXECUTIVE OFFICER AND SENIOR

VICE PRESIDENTS ARE ELIGIBLE TO PARTICIPATE IN A SUPPLEMENTAL EXECUTIVE

RETIREMENT PLAN. CONTRIBUTIONS TO THE PLAN ARE DISCLOSED ON SCHEDULE J AS

DEFERRED COMPENSATION.