

Compensation of Hospital Employees



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

Calendar Year: 2018 Entity Name: Snohomish County Public Hospital District #1 - EvergreenHealth Monroe								
(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 Renee Jensen	Yes	EvergreenHealth Mon	303,811	0	16,600	35,531	10,053	365,995
2 Brenda Sharkey		EvergreenHealth Mon	173,102	15,000	15,000	20,491	8,663	232,256
3 Lisa LaPlante		EvergreenHealth Mon	194,437	0	0	21,155	10,169	225,761
4 John Gepford		EvergreenHealth Mon	138,490	0	0	1,508	9,635	149,633
5 Daniel Decker		EvergreenHealth Mon	144,462	0	0	14,769	9,002	168,233
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