## Compensation of Hospital Employees



Calendar Year:	2019						DOH 346-095 (	REV 08/01/2016)
Entity Name:		John Medical Center						
does not have direct patient care responsibilities)	Indicate if Lead Administrator	Hospital if applicable	(B) Breakdown  (i) Base  Compensation	of W-2 and/or 1099 I (ii) Bonus & Incentive Compensation	(iii) Other Reportable Compensation	(C) Retirement and Deferred Compensation	(D)Non- Taxable Benefits	(E) Total
<sup>1</sup> Cherelle Montanye	х		273,532	51,663	-	4,114	27,008	356,317
<sup>2</sup> Larry J. Childs			233,771	14,453	32,988	24,170	25,417	330,799
<sup>3</sup> Debbie S. Luttman			224,571	20,886	-	16,847	16,326	278,630
<sup>4</sup> Charmaine D. Mode			222,223	-	-	20,636	25,676	268,535
<sup>5</sup> Kyle K. Rahn			193,620	12,269	-	24,131	19,776	249,796
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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 <a href="http://www.irs.gov/pub/irs-pdf/i990sj.pdf">http://www.irs.gov/pub/irs-pdf/i990sj.pdf</a>

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