## Compensation of Hospital Employees



Calendar Year:	2019						DOI1 346-095 (	(REV 08/01/2016)
Entity Name:		outhwest 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) <b>Bonus &amp;</b> Incentive Compensation	(iii) Other Reportable Compensation	(C) Retirement and Deferred Compensation	(D)Non- Taxable Benefits	(E) Total
<sup>1</sup> Sean Gregory	x		637,919	139,244	-	182,247	29,359	988,769
<sup>2</sup> Daniel E. Fontoura			330,963	41,856	-	68,633	27,528	468,980
3 Lawrence H. Neville			448,549	38,789	3,061	81,883	32,607	604,889
<sup>4</sup> Gary T. Foster			330,013	46,281	16,950	26,580	27,570	447,394
<sup>5</sup> Lynnette R. Harlow			216,147	-	8,369	13,891	18,046	256,453
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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