Compensation of Hospital Employees



Calendar Year:	2020							
Entity Name: PROVIDENCE REGIONAL MEDICAL CENTER EVERETT (B) Breakdown of W-2 and/or 1099 MISC Compensation								
(A)Employee Name (who does not have direct patient care responsibilities)	Indicate if Lead Administrator	Hospital if applicable	(i) Base Compensation	of W-2 and/or 1099 N (ii) Bonus & Incentive Compensation	disc Compensation (iii) Other Reportable Compensation	(C) Retirement and Deferred Compensation	(D)Non- Taxable Benefits	(E) Total
1 KIM WILLIAMS	Х		406,918	164,036	139,846	126,408	25,462	862,671
² JAMES M COOK			394,617	92,457	50,742	4,275	28,739	570,830
³ DARREN V REDICK			258,748	58,779	9,363	9,810	21,907	358,608
4 KARIN M LARSON-POLLOCK			189,991	45,938	32,533	2,828	1,652	272,942
⁵ JANINE HOLBROOK			216,841	48,730	2,063	9,590	15,052	292,276
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

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