Compensation of Hospital Employees



Calendar Year:	2017							
Entity Name:	Providence St.	Mary Hospital						
(A)Employee Name (who 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 N (ii) Bonus & Incentive Compensation	(iii) Other Reportable Compensation	(C) Retirement and Deferred Compensation	(D)Non- Taxable Benefits	(E) Total
¹ Steve Burdick			9,415	182,264	290,190	22,195		504,064
² Christopher Hall			320,814	57,149	45,750	23,056	19,894	466,663
³ Susan Blackburn	х		235,968	88,441	29,296	39,263	19,166	412,134
⁴ Robert Watilo			247,049	54,669	15,841	29,359	19,237	366,155
⁵ Yvonne Strader			183,272	41,041	17,229	19,859	8,253	269,654
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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 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