

# Compensation of Hospital Employees



DOH 422-092/CHS 257 (REV 08/01/2012)

Calendar Year: <b>2017</b>		Entity Name: <b>Providence Holy Family Hospital</b>						
(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 Alex Jackson			35,253	436,663	314,718	4,986	15,234	806,854
2 Sharon Hershman	x		195,055	34,731	31,236	27,323	9,601	297,946
3 John Landkammer			151,569	11,121	21,627	15,318	7,983	207,618
4 Cynthia Rasmussen			145,970	16,661	26,614	15,967	14,137	219,349
5 Kathy Smith			132,016	14,512	14,681	14,394	8,742	184,345
6								
7								
8								
9								
10								
11								
12								
13								
14								
15								

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](mailto:hos@doh.wa.gov)