

| 2017 | | | | | | | |
|---|--|---|--|--|--|---|--|
| Entity Name: Providence Sacred Heart Medical Center | | | | | | | |
| | | (B) Breakdown | | | | | |
| Indicate if Lead Administrator | Hospital if applicable | (i) Base Compensation | (ii) Bonus & Incentive Compensation | (iii) Other Reportable Compensation | (C) Retirement and Deferred Compensation | (D)Non- Taxable Benefits | (E) Total |
| | | 331,971 | 436,663 | 18,000 | 4,986 | 15,234 | 806,854 |
| | | 446,851 | 23,002 | 22,613 | 58,179 | 19,859 | 570,504 |
| | | 274,319 | 25,738 | 74,198 | 38,352 | 13,022 | 425,629 |
| х | | 226,441 | 41,463 | 23,950 | 29,034 | 12,456 | 333,344 |
| | | 212,857 | 23,844 | 24,066 | 19,495 | 12,408 | 292,670 |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | Providence Sac Indicate if Lead Administrator | Providence Sacred Heart Med Indicate if Lead Hospital if Administrator applicable | Providence Sacred Heart Medical Center Indicate if Lead (B) Breakdown Administrator Hospital if applicable (i) Base Compensation 331,971 446,851 274,319 X 226,441 | Providence Sacred Heart Medical CenterIndicate if Lead AdministratorHospital if applicable(i) Base Compensation(ii) Bonus & Incentive CompensationIndicate if Lead AdministratorHospital if applicable(ii) Base | Providence Sacred Heart Medical CenterIndicate if Lead Administrator(B) Breakdown of W-2 and/or 1099 MISC CompensationIndicate if Lead AdministratorHospital if applicable(i) Base Compensation(ii) Bonus & Incentive Compensation(iii) Other Reportable CompensationIndicate if Lead AdministratorHospital if applicable(i) Base Compensation(ii) Pother Reportable CompensationIndicate if Lead AdministratorHospital if applicable(i) Base Compensation(ii) Pother Reportable CompensationIndicate if Lead AdministratorHospital if applicable(i) Pother Reportable CompensationIndicate if AdministratorHospital if applicable(i) Pother Reportable AdministratorIndicate if AdministratorHospital if applicable(i) Pother Reportable Administr | Providence Sacred Heart Medical CenterIndicate if Lead AdministratorHospital if applicable(B) Breakdown of W-2 and/or 1099 MISC Compensation(C) Retirement and Deferred CompensationIndicate if AdministratorHospital if applicable(i) Base Compensation(ii) Bonus & Incentive Compensation(iii) Other Reportable Compensation(C) Retirement and Deferred CompensationImage: Defense of the sector of the sect | Providence Sacred Heart Medical CenterIndicate if Lead AdministratorHospital if applicable(i) Base Compensation(ii) Bonus & Incentive Compensation(iii) Other Reportable Compensation(C) Retirement and Deferred Compensation(D)Non- Taxable BenefitsImage: Compensation1331,971436,66318,0004,98615,234Image: Compensation1446,85123,00222,61358,17919,859Image: Compensation274,31925,73874,19838,35213,022X226,44141,46323,95029,03412,456 |

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