

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