

2017							
Entity Name: Providence St. Joseph Hospital - Chewelah							
		(B) Breakdown	of W-2 and/or 1099 N				
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
x		226,908	41,983	19,742	11,885	8,392	308,910
		166,320	30,518	17,477	20,035	14,076	248,426
		146,797			13,459	13,964	174,220
		116,161			8,752	16,983	141,896
		112,957			9,317	6,959	129,233
	Providence St. Indicate if Lead Administrator	Indicate if Lead Hospital if applicable X	Providence St. Joseph Hospital - Chewelah Indicate if Lead Hospital if applicable (i) Base Compensation X 226,908 166,320 146,797 116,161 112,957 111 112,957 111 112,957 111 111 111	Providence St. Joseph Hospital - Chewelah Indicate if Lead (B) Breakdown of W-2 and/or 1099 I Administrator Hospital if applicable (ii) Base (iii) Bonus & Incentive X 226,908 41,983 166,320 30,518 116,161 116,161 1112,957 116,161 1112,957 1112,957 1112,957 1112,957	Providence St. Joseph Hospital - Chewelah Indicate if Lead Hospital if applicable (B) Breakdown of W-2 and/or 1099 MISC Compensation X (i) Base (ii) Bonus & Incentive (iii) Other Reportable X 226,908 41,983 19,742 1 166,320 30,518 17,477 1 146,797 1 1 1 116,161 1 1 1 112,957 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 <td>Providence St. Joseph Hospital - Chewelah Indicate if Lead Administrator (B) Breakdown of W-2 and/or 1099 MISC Compensation (C) Retirement and Deferred Compensation X 226,908 41,983 19,742 11,885 Administrator 166,320 30,518 17,477 20,035 1 166,320 30,518 17,477 20,035 1 116,61 8,752 13,459 1 116,161 8,752 9,317 1 112,957 9,317 112,957 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1<td>Providence St. Joseph Hospital - Chewelah Indicate if Lead (B) Breakdown of W-2 and/or 1099 MISC Compensation (C) Retirement and Deferred Compensation (D)Non- Taxable Compensation X 226,908 41,983 19,742 11,885 8,392 Administrator 166,320 30,518 17,477 20,035 14,076 X 226,908 41,983 19,742 11,885 8,392 Incentive Administrator 116,6320 30,518 17,477 20,035 14,076 Momentary 116,161 8,752 16,983 Incentive 112,957 9,317 6,959 Incentive Incentive Incentive Incentive Incentive Incentive Incentive Incentive Incentive Incentive Incentive X 226,908 41,983 19,742 11,885 8,392 Incentive Incentive Incentive Incentive Incentive Incentive Incentive Incentive Incentive Incentive Incentive Incentive Incentive Incentive Incentive <t< td=""></t<></td></td>	Providence St. Joseph Hospital - Chewelah Indicate if Lead Administrator (B) Breakdown of W-2 and/or 1099 MISC Compensation (C) Retirement and Deferred Compensation X 226,908 41,983 19,742 11,885 Administrator 166,320 30,518 17,477 20,035 1 166,320 30,518 17,477 20,035 1 116,61 8,752 13,459 1 116,161 8,752 9,317 1 112,957 9,317 112,957 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 <td>Providence St. Joseph Hospital - Chewelah Indicate if Lead (B) Breakdown of W-2 and/or 1099 MISC Compensation (C) Retirement and Deferred Compensation (D)Non- Taxable Compensation X 226,908 41,983 19,742 11,885 8,392 Administrator 166,320 30,518 17,477 20,035 14,076 X 226,908 41,983 19,742 11,885 8,392 Incentive Administrator 116,6320 30,518 17,477 20,035 14,076 Momentary 116,161 8,752 16,983 Incentive 112,957 9,317 6,959 Incentive Incentive Incentive Incentive Incentive Incentive Incentive Incentive Incentive Incentive Incentive X 226,908 41,983 19,742 11,885 8,392 Incentive Incentive Incentive Incentive Incentive Incentive Incentive Incentive Incentive Incentive Incentive Incentive Incentive Incentive Incentive <t< td=""></t<></td>	Providence St. Joseph Hospital - Chewelah Indicate if Lead (B) Breakdown of W-2 and/or 1099 MISC Compensation (C) Retirement and Deferred Compensation (D)Non- Taxable Compensation X 226,908 41,983 19,742 11,885 8,392 Administrator 166,320 30,518 17,477 20,035 14,076 X 226,908 41,983 19,742 11,885 8,392 Incentive Administrator 116,6320 30,518 17,477 20,035 14,076 Momentary 116,161 8,752 16,983 Incentive 112,957 9,317 6,959 Incentive Incentive Incentive Incentive Incentive Incentive Incentive Incentive Incentive Incentive Incentive X 226,908 41,983 19,742 11,885 8,392 Incentive Incentive Incentive Incentive Incentive Incentive Incentive Incentive Incentive Incentive Incentive Incentive Incentive Incentive Incentive <t< td=""></t<>

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