

Compensation of Hospital Employees



DOH 346-095 (REV 08/01/2016)

Calendar Year: 2018		Entity Name: Providence Holy Family Hospital							
(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 Sharon Hershman			204,808	23,818	19,061	69,412	14,684	331,783	
2 Cynthia Rasmussen			148,087	10,422	11,207	36,815	21,003	227,535	
3 John Landkammer			154,997	6,634	729	25,950	18,337	206,647	
4 Roberta Thron			124,743	13,911	4,630	23,542	11,094	177,920	
5 Peg Currie	X		353,936	131,812	268,414	257,638	18,081	1,029,881	
6								0	
7								0	
8								0	
9								0	
10								0	
11								0	
12								0	
13								0	
14								0	
15								0	

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