

Compensation of Hospital Employees



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

Calendar Year: 2021		Entity Name: PROVIDENCE ST. MARY MEDICAL CENTER						
(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 SUSAN BLACKBURN	X		301,162	69,105	143,974	70,212	25,283	609,735
2 CHRISTOPHER HALL			269,734	57,190	29,571	6,285	20,547	383,327
3 JULIE REYNOLDS			123,637	10,861	100,665	4,958	8,696	248,817
4 LOUISE DYJUR			175,965	23,784	2,337	10,696	24,804	237,586
5 DALARI ALLINGTON			174,836	21,000	327	15,750	14,470	226,383
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