

Compensation of Hospital Employees



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

Calendar Year: 2021		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 PEGGY CURRIE	X		475,822	110,499	149,753	147,296	14,504	897,874
2 SHARON HERSHMAN			213,577	38,204	7,149	19,573	18,851	297,354
3 DEANNA HIGGINS			140,834	12,372	652	13,761	14,451	182,070
4 CHERYL ROBERTS			128,199	5,500	10,489	13,252	11,054	168,494
5 BRIAN BAKER			128,013	14,820	226	3,258	22,633	168,951
6								0
7								0
8								0
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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