

# Compensation of Hospital Employees



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

Calendar Year: <b>2021</b>		Entity Name: <b>PROVIDENCE ST. PETER HOSPITAL</b>						
(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 DARIN GOSS	X		401,962	148,752	20,966	117,179	30,069	718,928
2 KEVIN CASERTA			364,126	58,369	43,866	43,412	28,803	538,576
3 ROMIL WADHAWAN			308,621	1,000	70,921	31,762	23,933	436,236
4 GREGG VANDEKIEFT			273,495	41,000	27,773	28,883	22,896	394,047
5 SUZANNE SCOTT			239,179	32,640	2,198	12,254	2,343	288,614
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