

Compensation of Hospital Employees



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

Calendar Year: 2020		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 PEG CURRIE	X		439,460	164,521	145,076	130,591	20,657	900,305
2 SHARON G HERSHMAN			239,516	48,388	3,576	4,936	20,591	317,007
3 TIFFANIE L RAMPLEY			135,094	13,966	0	6,480	8,541	164,082
4 ROBERTA F THORN			129,902	11,182	7,908	3,891	8,788	161,671
5 DEANNA S HIGGINS			134,235	10,802	643	12,461	13,543	171,684
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