

# Compensation of Hospital Employees



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

Calendar Year: <b>2020</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		348,826	92,723	58,945	58,658	26,782	585,935
2 KEVIN CASERTA			347,691	79,789	45,308	8,913	28,775	510,476
3 ROMIL WADHAWAN			326,755	0	66,360	34,680	20,278	448,073
4 GREGG K VANDEKIEFT			267,235	0	52,830	29,405	22,371	371,841
5 DOMINICK A CASELNOVA			198,977	29,536	23,677	16,664	17,278	286,132
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](mailto:hos@doh.wa.gov)