

Compensation of Hospital Employees



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

Calendar Year: 2018								
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 Christopher Hall			327,228	72,441	19,671	89,036	22,910	531,287
2 Robert Watilo			250,375	52,428	820	80,798	19,798	404,219
3 Yvonne Strader			185,511	39,029	2,596	56,435	10,943	294,515
4 Anita Treis			147,889	21,557	20,857	39,121	20,891	250,314
5 Susan Blackburn	X		246,125	51,315	14,109	124,168	26,192	461,909
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