

Compensation of Hospital Employees

Calendar Year: **2018**
 Entity Name: **Providence Mount Carmel 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 Robin Marsh			205,931	12,000	19,057	27,767	21,511	286,266
2 Susan Goe			157,697	10,773	4,417	31,967	20,832	225,686
3 Lori Rail			159,890	0	3,141	10,168	20,672	193,871
4 Richard Kenney			139,769	5,000	4,052	15,978	16,264	181,063
5 Ronald Rehn	X		226,593	24,407	4,548	55,579	10,829	321,956
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