

# Compensation of Hospital Employees



DOH 422-092/CHS 257 (REV 08/01/2012)

Calendar Year: 2015		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 Ronald Rehn	X		198,116	30,838	0	10,302	7,668	246,924
2 Robin Marsh			222,101	17,532	11,326	24,094	14,932	289,985
3 Deborah Watson			157,507	11,378	3,613	14,931	13,938	201,367
4 Susan Goe			164,611	2,033	4,324	13,770	14,021	198,759
5 Susan Chalcraft			135,412	1,433	0	4,123	13,834	154,802
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/i990si.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  
 Center for Health Statistics/Hospital and Patient Data Section  
 MS: 47814  
 Olympia, WA 98504-7814  
 Fax: (360) 753-4135  
 email: hos@doh.wa.gov