

Compensation of Hospital Employees

Calendar Year: **2020**
 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 SUSAN BLACKBURN	X		279,641	102,889	49,712	51,963	24,125	508,330
2 CHRISTOPHER P HALL			344,082	77,573	34,169	4,275	25,799	485,898
3 YVONNE M STRADER			192,190	41,114	2,751	5,569	12,679	254,303
4 DALARI A ALLINGTON			165,376	14,787	278	14,492	13,568	208,501
5 SOMASHAKER MASURAM			161,351	0	18,503	13,604	21,351	214,809
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