Compensation of Hospital Employees



Calendar Year:	2019						DOU 940-035 (REV 08/01/2016)
Entity Name:		Joseph Medical Center						
does not have direct patient care responsibilities)	Indicate if Lead Administrator	Hospital if applicable	(i) Base Compensation	of W-2 and/or 1099 N (ii) Bonus & Incentive Compensation	(iii) Other Reportable Compensation	(C) Retirement and Deferred Compensation	(D)Non- Taxable Benefits	(E) Total
¹ Charles Prosper	х		394,240	75,621	68,678	19,872	20,177	578,588
² Dale J. Zender	х		485,941	105,355	4,333	200,197	20,589	816,415
³ Sudhakar P. Karlapudi			389,595	37,500	-	6,093	12,759	445,947
4 Monique C. Martin			78,110	40,917	221,911	8,038	4,637	353,613
⁵ Roseanna Bell			253,387	23,872	-	5,600	26,811	309,670
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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