Compensation of Hospital Employees

Washington State Department of Health

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

Calendar Year: 2014
Entity Name: Our Lady of Loudes Health 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	Serle, John S	X		321,989	509,997	62,677	55,241	29,093	978,996
2	Becker, Francis R			257,503	158,141	57,137	95,750	26,402	594,932
3	Blood, Barbara A			159,766	31,952	5,339	29,317	11,623	237,997
4	Clapp, Denise M			178,284	35,946	3,642	29,183	12,221	259,276
5	Mead, Barbara A			216,284	43,255	32,995	64,589	12,387	369,510
6	Gillispie, Connie L			130,554	26,141	2,878	47,681	11,725	218,980
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