Compensation of Hospital Employees

Washington State Department of Health

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

Calendar Year: 2015
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		321,555	457,423	75,234	61,636	35,087	950,936
2	Becker, Francis R			261,330	121,248	29,818	64,140	31,435	507,971
3	Blood, Barbara A			162,804	22,159	5,717	28,361	11,763	230,804
4	Clapp, Denise M			182,989	24,929	3,999	30,355	12,698	254,971
5	Mead, Barbara A			220,802	29,998	47,518	66,124	14,014	378,456
6	Gillispie, Connie L			132,830	18,129	3,206	49,226	11,300	214,691
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