

Compensation of Hospital Employees



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

Calendar Year: 2013		Entity Name: Lourdes Medical Centerr (022) & Lourdes Counseling Center (915)						
(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	LMC & LCC	306,278	415,108	73,229	12,850	25,074	832,539
2 BECKER, FRANCIS R.		LMC & LCC	190,699	74,990	108,124	59,171	25,442	458,426
3 CLAPP, DENISE M.		LMC & LCC	156,834	13,078	8,078	6,111	9,616	193,717
4 MEAD, BARBARA A.		LMC & LCC	191,950	18,276	63,028	16,542	11,275	301,071
5 BLOOD, BARBARA A.		LMC & LCC	162,692	13,500	3,923	6,031	8,494	194,640
6 GILLISPIE, CONNIE L.		LMC & LCC	115,916	11,045	19,836	7,097	8,492	162,386
7								-
8								-
9								-
10								-
11								-
12								-
13								-
14								-
15								-

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

Center for Health Statistics/Hospital and Patient Data Section

MS: 47814

Olympia, WA 98504-7814

Fax: (360) 753-4135

email: hos@doh.wa.gov