

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
▶ Attach to Form 990.

▶ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2016

Open to Public Inspection

Name of the organization

OUR LADY OF LOURDES HOSPITAL AT PASCO

Employer identification number

91-0349750

Part I Questions Regarding Compensation

	Yes	No
<p>1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.</p> <p> <input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Housing allowance or residence for personal use <input checked="" type="checkbox"/> Travel for companions <input type="checkbox"/> Payments for business use of personal residence <input checked="" type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Discretionary spending account <input checked="" type="checkbox"/> Personal services (such as, maid, chauffeur, chef) </p>		
<p>b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain</p>	1b ✓	
<p>2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?</p>	2 ✓	
<p>3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.</p> <p> <input checked="" type="checkbox"/> Compensation committee <input checked="" type="checkbox"/> Written employment contract <input type="checkbox"/> Independent compensation consultant <input checked="" type="checkbox"/> Compensation survey or study <input type="checkbox"/> Form 990 of other organizations <input checked="" type="checkbox"/> Approval by the board or compensation committee </p>		
<p>4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:</p> <p>a Receive a severance payment or change-of-control payment?</p> <p>b Participate in, or receive payment from, a supplemental nonqualified retirement plan?</p> <p>c Participate in, or receive payment from, an equity-based compensation arrangement?</p> <p>If "Yes" to any of lines 4a–c, list the persons and provide the applicable amounts for each item in Part III.</p>	4a	✓
	4b	✓
	4c	✓
<p>Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5–9.</p>		
<p>5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:</p> <p>a The organization?</p> <p>b Any related organization?</p> <p>If "Yes" on line 5a or 5b, describe in Part III.</p>	5a	✓
	5b	✓
<p>6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:</p> <p>a The organization?</p> <p>b Any related organization?</p> <p>If "Yes" on line 6a or 6b, describe in Part III.</p>	6a	✓
	6b	✓
<p>7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III</p>	7	✓
<p>8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III</p>	8	✓
<p>9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</p>	9	

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Cat. No. 50053T

Schedule J (Form 990) 2016

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

	(A) Name and Title	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
	JOHN SERLE	310,952	554,340	112,212	15,307	32,600	1,025,411	0
1	PRESIDENT/CEO	0	0	0	0	0	0	0
	JOSEPH R IMPICCICHE	774,437	2,292,200	321,618	22,202	27,725	3,438,182	0
2	BOARD MEMBER	0	0	0	0	0	0	0
	BONNIE L PHIPPS	422,604	977,694	505,236	15,334	18,810	1,939,678	0
3	BOARD MEMBER (END 7/2016)	0	0	0	0	0	0	0
	ANTHONY J SPERANZO	1,041,179	3,449,250	543,778	26,367	22,870	5,083,444	0
4	BOARD MEMBER	260,974	148,887	68,637	17,225	32,078	527,801	0
	FRANK R BECKER	0	0	0	0	0	0	0
5	VP FINANCE/CFO	187,473	47,946	27,293	16,621	12,950	292,283	0
	DENISE CLAPP	0	0	0	0	0	0	0
6	EXECUTIVE DIRECTOR OF NURSING/CNO	126,129	57,695	82,681	10,288	6,600	283,373	24,948
	BARBARA MEAD VP BEHAVIORAL HEALTH & CLINICS (END 7/2016)	0	0	0	0	0	0	0
7		229,494	332,328	14,089	23,188	34,730	633,829	0
	BENJAMIN D PE, MD	0	0	0	0	0	0	0
8	PSYCHIATRIST-CHILD	44,893	439,705	8,673	20,538	25,570	539,369	0
	JOHN M ROACH, MD	0	0	0	0	0	0	0
9	PHYSICIAN-GASTROENTEROLOGIST	285,181	107,362	2,933	14,586	32,361	442,423	0
	RAVINDER S SAMRA, MD	0	0	0	0	0	0	0
10	PHYSICIAN-OBGYN	251,345	202,963	23,655	7,288	17,080	502,331	0
	DAVID D VANCE, MD	0	0	0	0	0	0	0
11	PHYSICIAN-UROLOGY	211,788	152,385	6,464	5,963	24,319	400,919	0
	TERRY WIGLEY, MD	0	0	0	0	0	0	0
12	PHYSICIAN-ENT							
13								
14								
15								
16								

Part III

Supplemental Information. Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Return Reference - Identifier	Explanation
SCHEDULE J, PART I, LINE 1A - PERSONAL SERVICES	AN OFFICER RECEIVES PAYMENTS FOR TAX PREPARATION SERVICES. THESE REIMBURSEMENTS ARE CONSIDERED TAXABLE INCOME TO THE OFFICER AND ARE INCLUDED IN TAXABLE WAGES.
SCHEDULE J, PART I, LINE 1A - TAX INDEMNIFICATION AND GROSS-UP PAYMENTS	GROSS UP PAYMENTS ARE MADE TO ALL EMPLOYEES OF OUR LADY OF LOURDES HOSPITAL AT PASCO FOR GIFTS RECEIVED FROM THE EMPLOYER SUCH AS CHRISTMAS GIFT CARDS AND SPECIAL RECOGNITION AWARDS.
SCHEDULE J, PART I, LINE 1A - TRAVEL FOR COMPANIONS	AN OFFICER IS ALLOWED TO RECEIVE COMPANION TRAVEL REIMBURSEMENT FOR ONE COMPANION ON TWO BUSINESS TRIPS. THE COMPANION FEES ARE REIMBURSABLE ACCORDING TO THE STANDARD TRAVEL REIMBURSEMENT POLICY. THESE REIMBURSEMENTS ARE CONSIDERED TAXABLE INCOME TO THE OFFICER AND ARE INCLUDED IN TAXABLE WAGES.
SCHEDULE J, PART I, LINE 3 - ARRANGEMENT USED TO ESTABLISH THE TOP MANAGEMENT OFFICIAL'S COMPENSATION	<p>ASCENSION HEALTH, A RELATED ORGANIZATION OF OUR LADY OF LOURDES HOSPITAL AT PASCO, USES THE FOLLOWING TO ESTABLISH THE COMPENSATION OF THE ORGANIZATION'S CEO:</p> <ul style="list-style-type: none"> - COMPENSATION COMMITTEE, - INDEPENDENT COMPENSATION CONSULTANT, - COMPENSATION SURVEY OR STUDY, AND - APPROVAL BY THE BOARD OR COMPENSATION COMMITTEE.
SCHEDULE J, PART I, LINE 4B - SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN	<p>ELIGIBLE EXECUTIVES PARTICIPATE IN A PROGRAM THAT PROVIDES FOR SUPPLEMENTAL RETIREMENT BENEFITS. THE PAYMENT OF BENEFITS UNDER THE PROGRAM, IF ANY, IS ENTIRELY DEPENDENT UPON THE FACTS AND CIRCUMSTANCES UNDER WHICH THE EXECUTIVE TERMINATES EMPLOYMENT WITH THE ORGANIZATION. BENEFITS UNDER THE PROGRAM ARE UNFUNDED AND NON-VESTED. DUE TO THE SUBSTANTIAL RISK OF FORFEITURE PROVISION, THERE IS NO GUARANTEE THAT THESE EXECUTIVES WILL EVER RECEIVE ANY BENEFIT UNDER THE PROGRAM. ANY AMOUNT ULTIMATELY PAID UNDER THE PROGRAM TO THE EXECUTIVE IS REPORTED AS COMPENSATION ON FORM 990, SCHEDULE J, PART II, COLUMN B IN THE YEAR PAID.</p> <p>THE FOLLOWING INDIVIDUALS RECEIVED PAYMENT FROM THE SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN IN THE AMOUNT AS NOTED:</p> <p>BARBARA MEAD - \$24,948</p>