## Compensation of Hospital Employees



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

Calendar Year: Entity Name:	2017 Overlake Hospit	al Medical Cente	<u></u>				002/01/10/201/(1	·
	(B) Breakdown of W-2 and/or 1099 MISC Compensation							
(A)Employee Name (who does not have direct patient care responsibilities)	Indicate if Lead Administrator	Hospital if applicable	(i) Base Compensation	(ii) Bonus & Incentive Compensation	(iii) Other Reportable Compensation	(C) Retirement and Deferred Compensation	(D)Non- Taxable Benefits	(E) Total
<sup>1</sup> Gary McLaughlin	N		240,593	0	1,717,164	80,129	8,541	2,046,427
<sup>2</sup> J. Michael Marsh	Υ		728,096	0	21,253	151,955	17,381	918,685
<sup>3</sup> T.D. Sam Baxter	N		114,976	0	665,917	68,648	5,930	855,471
<sup>4</sup> Richard Bryan	N		141,993	0	429,087	57,217	6,140	634,437
<sup>5</sup> Thomas DeBord	N		433,334	0	25,392	81,333	17,381	557,440
6								0
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 <a href="http://www.irs.gov/pub/irs-pdf/i990sj.pdf">http://www.irs.gov/pub/irs-pdf/i990sj.pdf</a>

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