Compensation of Hospital Employees



Calendar Year: 2018 Entity Name: Kadlec Medical Center									
(B) Breakdown of W-2 and/or 1099 MISC Compensation									
have	mployee Name (who does not direct patient care onsibilities)	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
¹ Kevin	n Pieper			365,461	79,995	277,556	75,005	25,424	823,441
² Aslam	m Kaleel	Х		335,557	60,072	752	67,166	20,980	484,528
3 Kevin	n Marsh			320,402	87,600	1,637	32,107	19,183	460,929
⁴ Richa	ard Meadows			309,736	0	20,236	15,468	22,798	368,238
5 Jeffre	ey Clark			252,076	39,393	31,326	70,365	17,223	410,383
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 http://www.irs.gov/pub/irs-pdf/i990si.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