Compensation of Hospital Employees



(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					
			(i) Base Compensation	(ii) Bonus & Incentive Compensation	(iii) Other Reportable Compensation	(C) Retirement and Deferred Compensation	(D)Non- Taxable Benefits	(E) Total
¹ Burkhardt, Jennifer A.	No	Olympic Medical	193,600	11,214	15,013	13,911	20,457	254,195
² Jones, Joshua	No	Olympic Medical	297,526	11,019	4,378	15,133	21,794	349,849
³ Kennedy, Robert S.	No	Olympic Medical	230,895	8,593	2,713	11,756	20,665	274,622
⁴ Cannon, Lorraine	No	Olympic Medical	173,956	9,562	1,409	4,724	16,209	205,859
⁵ Wolfe, Darryl J.	Yes	Olympic Medical	211,478	7,651	5,910	14,869	17,080	256,989
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/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