Compensation of Hospital Employees



Calendar Year:	2020							
Entity Name:	Willapa Harbor H	lospital						
(A)Employee Name (who does not have direct patient care responsibilities)	Indicate if Lead Administrator	Hospital if applicable	(B) Breakdown (i) Base Compensation	of W-2 and/or 1099 I (ii) Bonus & Incentive Compensation	(iii) Other Reportable Compensation	(C) Retirement and Deferred Compensation	(D)Non- Taxable Benefits	(E) Total
¹ Matthew Kempton	Х		208,092		0	6,047	26,510	240,648
² Scot Attridge			157,159		4,120	0	20,181	181,460
³ Chelsea McIntyre			147,241		5,819	0	20,336	173,396
⁴ Renee Clements			142,825		28	8,554	15,900	167,306
⁵ Ronald Ashley			165,291		4,494	10,165	20,336	200,286
6								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