

# Compensation of Hospital Employees



DOH 346-095 (REV 08/01/2016)

Calendar Year: 2019		Entity Name: Clallam CO Public Hospt Dist 2, DBA Olympic Medical Center						
(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			(C) Retirement and Deferred Compensation	(D) Non- Taxable Benefits	(E) Total
			(i) Base Compensation	(ii) Bonus & Incentive Compensation	(iii) Other Reportable Compensation			
1 Burkhardt, Jennifer	No	Olympic Medica	174,379	0	17,676	12,207	20,632	224,894
2 Jones, Joshua	No	Olympic Medica	285,174	0	4,270	26,611	21,969	338,024
3 Kennedy, Robert S	No	Olympic Medica	222,390	0	1,288	11,120	20,901	255,699
4 Lewis, Eric B	Yes	Olympic Medica	234,090	0	7,409	16,386	16,882	274,767
5 Wolfe, Darryl J	No	Olympic Medica	164,894	0	5,826	11,542	16,537	198,799
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](mailto:hos@doh.wa.gov)