

Compensation of Hospital Employees



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

Calendar Year: 2017		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 Jones, Joshua	No	Olympic Medical Center	245,500	0	220	12,300	24,473	282,494
2 Lewis, Eric	Yes	Olympic Medical Center	230,367	0	5,769	11,293	15,772	263,201
3 Kennedy, Robert	No	Olympic Medical Center	206,566	0	3,573	10,474	23,642	244,255
4 Wall, Lorraine	No	Olympic Medical Center	169,967	0	0	11,707	9,323	190,997
5 Burkhardt, Jennifer	No	Olympic Medical Center	145,186	0	10,545	10,474	23,304	189,510
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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