

Compensation of Hospital Employees



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

Calendar Year: 2020		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 A.	No	Olympic Medical Center	191,918	0	13,278	13,400	19,280	237,875
2 Jones, Joshua	No	Olympic Medical Center	304,830	2,000	4,575	15,500	20,627	347,531
3 Kennedy, Robert S.	No	Olympic Medical Center	237,713	0	5,797	11,886	19,530	274,925
4 Parker, Ralph	No	Olympic Medical Center	138,696	0	12,382	3,910	12,688	167,675
5 Wolfe, Darryl J.	Yes	Olympic Medical Center	211,243	0	3,399	14,631	16,000	245,273
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