

Compensation of Hospital Employees



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

Calendar Year: 2020		Entity Name: KADLEC REGIONAL 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 ASLAM R KALEEL	X		374,414	134,782	8,663	104,212	24,852	646,923
2 KEVIN L PIEPER			378,168	81,117	74,217	11,867	25,511	570,881
3 DANY GHANNAM			411,536	47,877	38,627	38,610	23,206	559,856
4 RICHARD P MEADOWS			305,177	72,298	21,453	4,275	16,233	419,436
5 RICHARD H MA			362,505	14,063	2,397	14,049	10,745	403,758
6								0
7								0
8								0
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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