

# Compensation of Hospital Employees

Calendar Year: 2018  
 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	277,966	0	200	13,935	25,874	317,976
2 Lewis, Eric B.	Yes	Olympic Medical Center	235,073	0	5,855	11,528	16,519	268,975
3 Kennedy, Robert S.	No	Olympic Medical Center	214,356	0	0	10,906	24,835	250,097
4 Wall, Lorraine A.	No	Olympic Medical Center	176,136	0	0	12,243	9,784	198,163
5 Burkhardt, Jennifer A.	No	Olympic Medical Center	158,319	0	11,360	11,408	24,526	205,613
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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](mailto:hos@doh.wa.gov)