

Compensation of Hospital Employees



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

Calendar Year: 2015		Entity Name: 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 Lewis, Eric	Yes	Olympic Medical Center	203,278	0	5,915	13,917	17,968	241,078
2 Kennedy, Robert	No	Olympic Medical Center	182,672	0	5,518	9,134	17,850	215,174
3 Rukstad, Julie	No	Olympic Medical Center	157,747	0	903	11,042	16,871	186,563
4 Newman, Richard	No	Olympic Medical Center	140,646	0	2,667	9,845	14,174	167,332
5 Wall, Lorraine	No	Olympic Medical Center	139,602	0	903	9,772	9,790	160,067
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
 Center for Health Statistics/Hospital and Patient Data Section
 MS: 47814
 Olympia, WA 98504-7814
 Fax: (360) 753-4135
 email: hos@doh.wa.gov