## Compensation of Hospital Employees



	Calendar Year: Entity Name:	2021 Lake Chelan H	ealth					0000000000	
	(A)Employee Name (who does not have direct patient care responsibilities)	Indicate if Lead Administrator	Hospital if applicable	(B) Breakdown (i) Base Compensation	of W-2 and/or 1099 N (ii) Bonus & Incentive Compensation	MISC Compensation (iii) Other Reportable Compensation	(C) Retirement and Deferred Compensation	(D)Non- Taxable Benefits	(E) Total
1	George Rohrich	CEO(LA)	LCH	207,308	0	27,034	\$11,873.04	8454.27	254,669
2	Ross Hurd	CIO	LCH	164,487	0	3,313	\$8,652.34	9222.84	185,675
3	Cheryl Cornwell	CFO	LCH	154,071	7,500	0		9222.84	170,794
4	Jaime Minnock	CNO	LCH	147,469			\$4,840.49	9222.84	161,533
5	Vickie Bodle	Controller	LCH	133,605			\$6,845.84	9222.84	149,674
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 <u>http://www.irs.gov/pub/irs-pdf/i990sj.pdf</u>

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