## Compensation of Hospital Employees



|    | Calendar Year:<br>Entity Name:   | 2021<br>Lake Chelan H                | ealth                  |  |   |   |  | 0000000000                     |           |
|----|--|--------------------------------------|------------------------|--|---|---|--|--------------------------------|-----------|
|    | (A)Employee Name<br>(who does not have<br>direct patient care<br>responsibilities) | Indicate if<br>Lead<br>Administrator | Hospital if applicable | (B) Breakdown (i) Base<br>Compensation | of W-2 and/or 1099 N<br>(ii) Bonus &<br>Incentive<br>Compensation | MISC Compensation<br>(iii) Other Reportable<br>Compensation | (C) Retirement<br>and Deferred<br>Compensation | (D)Non-<br>Taxable<br>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