



DOH 422-092/CHS 25 -----REV 08/01/2016)

Calendar Year:2018 Entity Name:Lake Chelan C	Community Hosp	oital						
(A)Employee Name (who does not have direct patient care responsibilities)	Indicate if Lead Administrator	Hospital if applicable	(i) Base Compensation	of W-2 and/or 1099 N (ii) Bonus & Incentive Compensation	(iii) Other Reportable Compensation	(C) Retirement and Deferred Compensation	(D)Non- Taxable Benefits	(E) Total
1 Kevin Abel to 4/1/18	CEO (LA)	LCCH	84,474	750		1,651	21,673	108,549
^{1a} Steve Patonai 4/1/18-12/31	CEO (LA)	LCCH	169,231				5,856	175,086
² Ross Hurd	CIO	LCCH	165,410			5,083	7,645	178,137
³ Brad Hankins	coo	LCCH	131,213			23,780	7,609	162,602
4 Donna Strand	CNO	LCCH	91,000			49,000	7,567	147,567
⁵ Vickie Bodle	CFO	LCCH	116,718			3,718	7,522	127,958
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13								0
14								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