

Compensation of Hospital Employees



DOH 346-095 (REV 08/01/2016)

Calendar Year: 2022		Entity Name: Chelan County Public Hospital District No. 1, DBA Cascade Medical						
(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 Diane Blake	X		195,459			6,029	27,528	229,016
2 Pat Songer			145,304			4,385	22,737	172,426
3 Marianne Vincent			141,914			4,419	12,083	158,416
4 Melissa Wear-Grimm			145,843			4,419	12,666	162,928
5 Robin Wolf			99,646			3,256	10,078	112,980
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
Community Health Systems/Hospital Financial and Charity Care Section
MS: 47853
Olympia, WA 98504-7853

email: hos@doh.wa.gov