

Compensation of Hospital Employees



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

Calendar Year: 2018								
Entity Name: Confluence Health (including Central Washington Hospital and Wenatchee Valley Hospital)								
(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 Rutherford, Peter	Lead	CWH / WVH	581,049	47,543		24,500	22,313	675,405
2 Doyle, John R.		CWH / WVH	406,343	32,602		18,500	21,757	479,203
3 Noyes, Vikki L.		CWH / WVH	379,886	31,733		18,500	17,034	447,153
4 Wood, James B.		CWH / WVH	308,139	25,992	6,389	24,500	26,615	391,635
5 Johnson, Jay H.		CWH / WVH	304,747	25,150	6,181	17,580	26,615	380,273
6 Kasnic, Tracey A.		CWH / WVH	284,661	24,557		24,500	21,647	355,364
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