

Compensation of Hospital Employees



DOH 422-092/CHS 257 (REV 08/01/2012)

Calendar Year: 2017								
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	560,866	55,133		24,000	17,584	657,583
2 Doyle, John R.		CWH / WVH	382,638	37,804	7,785	18,000	25,914	472,141
3 Noyes, Vikki L.		CWH / WVH	364,760	36,795		18,000	23,184	442,739
4 Wood, James B.		CWH / WVH	295,359	30,136	6,203	24,000	21,038	376,737
5 Johnson, Jay H.		CWH / WVH	293,634	29,160	9,002	18,000	21,038	370,834
6 Kasnic, Tracey A.		CWH / WVH	285,139	28,471	11,718	24,000	17,584	366,912
7								0
8								0
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11								0
12								0
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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