

Compensation of Hospital Employees



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

Calendar Year: **2021**
 Entity Name: **CWH / WVH**

(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	662,498	47,703	0	22,330	23,342	755,872
2 Adams, Glenn W.		CWH / WVH	449,582	32,950	0	22,330	22,820	527,683
3 Johnson, Jay H.		CWH / WVH	342,153	29,139	10,346	22,330	27,841	431,809
4 Kasnic, Tracey A.		CWH / WVH	355,185	25,669	13,189	22,330	12,983	429,355
5 Legel, Thomas J.		CWH / WVH	472,895	27,311	0	11,600	28,180	539,986
6 Pageler, Robert J.		CWH / WVH	350,026	25,343	0	17,731	9,177	402,277
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