

DOH 346-095 April 2023

Calendar Year: 2024

Entity Name: Cascade								
Medical Center			(B) Breakdown of W-2 and/or 1099 MISC Compensation					
(A)Employee Name (who does not have direct patient care responsibilities)	Indicate if Lead Administrator	Hospital if applicable	(i) Base Compensation	(ii) Bonus & Incentive Compensation	(iii) Other Reportable Compensation	(C) Retirement and Deferred Compensation	(D)Non- Taxable Benefits	(E) Total
¹ Diane Blake	Х		257,401	-	-	7,920	32,955	298,276
² Pat Songer			212,937			6,484	35,153	254,574
³ Melissa Wear-Grimm			177,972			5,473	26,148	209,593
⁴ Marianne Vincent			177,074			5,473	14,727	197,274
⁵ Chad Avery			120,466			3,683	11,868	136,017
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 <u>http://www.irs.gov/pub/irs-pdf/i990sj.pdf</u>

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 email or Managed File Transfer (MFT):

email: hos@doh.wa.gov

MFT: https://mft.wa.gov/webclient/Login.xhtml

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