## **Compensation of Hospital Employees**



| Calendar Year:   | 2020                                 |                           |                          |   |  |  |                                |           |
|--|--------------------------------------|---------------------------|--------------------------|---|--|--|--------------------------------|-----------|
| Entity Name: Confluence Health (including Central Washington Hospital and Wenatchee Valley Hospital)<br>(B) Breakdown of W-2 and/or 1099 MISC Compensation |                                      |                           |                          |   |  |  |                                |           |
| (A)Employee Name<br>(who does not have<br>direct patient care<br>responsibilities)   | Indicate if<br>Lead<br>Administrator | Hospital if<br>applicable | (i) Base<br>Compensation | (ii) Bonus &<br>Incentive<br>Compensation | (iii) Other Reportable<br>Compensation | (C) Retirement<br>and Deferred<br>Compensation | (D)Non-<br>Taxable<br>Benefits | (E) Total |
| <sup>1</sup> Rutherford, Peter   | Lead                                 | CWH / WVH                 | 549,507                  | 62,080                                    | 24,104                                 | 20,990   | 18,626                         | 675,307   |
| <sup>2</sup> Adams, Glenn W.   |                                      | CWH / WVH                 | 356,739                  | 29,762                                    | 8,269                                  | 18,935   | 19,587                         | 433,292   |
| <sup>3</sup> Johnson, Jay H.   |                                      | CWH / WVH                 | 332,854                  | 32,668                                    | 12,733                                 | 20,990   | 17,803                         | 417,049   |
| <sup>4</sup> Kasnic, Tracey A.   |                                      | CWH / WVH                 | 334,721                  | 31,896                                    | 12,805                                 | 20,990   | 12,118                         | 412,530   |
| <sup>5</sup> Legel, Thomas J.  |                                      | CWH / WVH                 | 348,578                  | 77  |  | 0  | 16,071                         | 364,726   |
| <sup>6</sup> Pageler, Robert J.  |                                      | CWH / WVH                 | 328,787                  | 31,481                                    |  | 16,880   | 9,374                          | 386,521   |
| 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