

# Compensation of Hospital Employees



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

Calendar Year: 2018		Entity Name: UW Medicine / Northwest Hospital & Medical Center (NWH)						
(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 Hecker, Cynthia	X	NWH	711,070	0	24,792	104,327	18,175	858,364
2 Austin, Geoff R.		NWH	506,064	0	1,800	29,576	17,261	554,701
3 Manfredi, Susan M.		NWH	312,720	0	0	27,500	14,088	354,308
4 Sayre, Cindy		NWH	305,180	0	1,800	27,500	16,116	350,596
5 Herrman, Jennifer		NWH	256,414	0	1,800	19,366	12,082	289,662
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 <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](mailto:hos@doh.wa.gov)