Compensation of Hospital Employees



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

Calendar Year: 2020								
Entity Name: Seattle Cancer Care Alliance (Renamed on 4/1/2022 to Fred Hutchinson Cancer Center due to merger (B) Breakdown of W-2 and/or 1099 MISC Compensa						d Hutchinson Can	cer Research	n Center)
(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 Deborah Gentzen			163,164	0	853,322	15,080	15,903	1,047,469
² Aaron Crane			597,542	69,035	54,902	153,470	21,053	896,002
³ Nancy Davidson, MD	Yes		647,671	114,128	9,845	24,388	7,082	803,114
4 Theresa McDonnell			392,760	52,866	2,067	120,937	38,523	607,153
⁵ Barbara Jagels			358,069	44,625	3,545	115,040	39,775	561,054
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