

# Compensation of Hospital Employees



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

Calendar Year: <b>2018</b>		Entity Name: <b>Swedish Cherry Hill</b>							
(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 Dave West	X		335,213	100,978	84,782	149,907	20,344	691,225	
2 Andrew Consentino			318,880	34,902	3,082	44,612	29,101	430,577	
3 Louis Gianutsos			313,577	10,100	3,770	17,501	26,238	371,186	
4 Judy Ramos			194,225	20,531	34,085	34,317	21,064	304,222	
5 Nigel Ball			188,280	12,291	5,637	27,265	13,703	247,176	
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)