

# Compensation of Hospital Employees



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

Calendar Year: 2018 Entity Name: Shriners Hospitals for Children								
(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 Brewer, Peter	Administrator		247,498			15,796		263,294
2 Hickman, Monica			152,787		9,847	8,872		171,506
3 Knapp, Howard			97,197		17,257	11,275		125,729
4 Heinzen, Angelique			95,519		26,616	2,224		124,359
5 Newbill, Noreen			88,619		8,872	6,328		103,819
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)