

Compensation of Hospital Employees



DOH 422-092/CHS 257 (REV 08/01/2012)

Calendar Year: 2015		Entity Name: UW Medicine / NW Hospital & Medical Center						
(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 & MC	555,349	0	1,727	56,573	17,408	631,056
2 Schroedl, Gregory P.		NWH & MC	365,458	5,118	675	9,000	30,903	411,154
3 Manfredi, Sue		NWH & MC	272,554	0	0	26,500	11,698	310,752
4 Renna, Pamela A.		NWH & MC	202,537		0	9,000	18,275	229,811
5 Parcher, Adam J.		NWH & MC	204,386		0	9,000	10,408	223,795
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
Center for Health Statistics/Hospital and Patient Data Section
MS: 47814
Olympia, WA 98504-7814
Fax: (360) 753-4135
email: hos@doh.wa.gov