

Compensation of Hospital Employees



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

Calendar Year: 2018		Entity Name: UW Medicine / Valley Medical Center (VMC)							
(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 Roodman, Rich	X	VMC	768,842	235,804	33,273	27,736	23,760	1,089,415	
2 Grinnell, Jeannine		VMC	443,000	165,868	5,777	49,980	21,848	686,474	
3 Manuel, Wayne		VMC	346,000	194,403	1,580	43,908	21,848	607,739	
4 Smith, David		VMC	404,000	123,907	6,773	46,080	21,249	602,009	
5 Braungardt, Theresa		VMC	357,000	109,492	5,763	50,215	21,848	544,319	
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