

Compensation of Hospital Employees



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

Calendar Year: 2017 Entity Name: Grant County Public Hospital District #1 DBA Samaritan Healthcare								
(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 Theresa Sullivan	Yes		258,876	39,929	1,032	23,028	12,504	335,369
2 Becky DeMers			186,338	15,640	482	17,054	12,073	231,587
3 Lisa McDaniel			192,711	13,142	165	17,702	4,420	228,140
4 Kathryn Trumbull			169,260	15,406	3,719	15,598	13,259	217,242
5 Kristin Neff			179,303	15,262	458	1,199	11,107	207,329
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