

Compensation of Hospital Employees



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

Calendar Year: 2018		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		264,415	45,562	1,322	23,469	18,434	353,202
2 Alexander Town			212,442	7,464	676	17,238	18,434	256,254
3 Becky DeMers			194,192	16,398	609	17,808	8,490	237,497
4 Kathryn Trumbull			170,872	7,377	4,489	13,877	8,843	205,458
5 Lloyd Stever			166,039	6,597	851	0	18,434	191,921
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