

Compensation of Hospital Employees



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

Calendar Year: 2013		Entity Name: SAMARITAN HOSPITAL						
(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 THOMAS THOMPSON	Y	Y	173,460	15,000	10,671	17,500		216,630
2 JAMES IRWIN		Y	252,640	10,642		38,999		302,281
3 THOMAS LEGEL		Y	180,003	6,748	17,608	38,160		242,518
4 KATHRYN TRUMBULL		Y	152,970	5,952	14,047	29,883		202,853
5 JANET REYNOLDS		Y	133,664	430	19,154	28,132		181,380
6 A. BRYAN SHERRILL		Y	130,257	430	18,275	23,864		172,826
7								
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