

Compensation of Hospital Employees



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

Calendar Year:		2015						
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	LEAD	YES	245,558	99,115	0	21,391	7,424	373,488
2 THERESA SULLIVAN		YES	197,277	4,340	0	5,962	4,629	212,207
3 KATHRYN TRUMBULL		YES	167,169	14,477	97	23,706	3,279	208,728
4 JAMES IRWIN		YES	162,947	23,206	108	16,178	2,083	204,524
5 LISA MCDANIEL		YES	142,589	12,212	0	24,000	3,525	182,326
6 PAUL ISHIZUKA		YES	164,000	16,000	0	0	0	180,000
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