

Compensation of Hospital Employees

Calendar Year: 2020		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 Sullivan, Theresa C.	YES		315,508	36,042	2,109	26,000	28,277	407,935
2 Town, Alexander C			250,081	26,048	1,833	20,784	27,706	326,453
3 Sternberg, Janet C.			169,023	8,507	2,643	26,000	15,665	221,838
4 Weisenburg, Julie L			176,556	14,162	810	5,898	23,052	220,478
5 Stever, Lloyd D.			170,124	5,449	709	0	6,887	183,169
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