

Compensation of Hospital Employees



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

Calendar Year: 2021		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		403,444	47,175	10,247	26,000	4,138	491,005	
2 Town, Alexander C.			300,712	23,482	10,450	23,546	3,986	362,177	
3 Ketterer, Joseph			209,830	8,393	97,164	16,292	4,930	336,608	
4 Sternberg, Janet C.			214,865	17,187	0	26,000	2,308	260,359	
5 Weisenburg, Julie L.			192,941	16,144	6,971	5,971	4,363	226,391	
6 Stever, Lloyd D.			175,163	8,408	6,497	0	7,581	197,648	
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