

Compensation of Hospital Employees

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		345,212	47,175	11,057	24,755	31,492	459,692
2 Town, Alexander C.			266,347	23,482	10,883	24,740	26,315	351,767
3 Sternberg, Janet C.			196,435	17,187	1,243	18,177	12,342	245,384
4 Ketterer, Joseph			104,139	8,393	97,297	15,309	24,923	250,062
5 Weisenburg, Julie L.			169,017	16,144	7,781	16,919	29,931	239,792
6								
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 email or Managed File Transfer (MFT):

[email: hos@doh.wa.gov](mailto:hos@doh.wa.gov)

[MFT: https://mft.wa.gov/webclient/Login.xhtml](https://mft.wa.gov/webclient/Login.xhtml)

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