

# Compensation of Hospital Employees



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

Calendar Year: 2021 Entity Name: PUBLIC HOSPITAL DIST NO. 4, KING CO, DBA SNOQUALMIE VALLEY 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 JENSEN, RENEE	YES		264,928				7,867	272,795
2 BENNETT, RONALD			209,331	2,000		18,309	9,957	239,597
3 DENTON, KARYN			197,917	3,000		10,873	13,127	224,917
4 WEBER, RACHEL			143,174	2,000		23,520	9,959	178,653
5 RITTER, JAMES PATRICK			137,353			17,049	14,961	169,363
6 RICHERT, BRYCE			126,426	2,000		5,933	18,454	152,813
7								0
8								0
9								0
10								0
11								0
12								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](mailto:hos@doh.wa.gov)