Compensation of Hospital Employees



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Calendar Year: 2021 INHS/St. Luke's Rehabilitation Institute **Entity Name:** (B) Breakdown of W-2 and/or 1099 MISC Compensation (A)Employee Name (who Indicate if (ii) Bonus & (C) Retirement (D)Nondoes not have direct patient Incentive (iii) Other Reportable Lead Hospital if (i) Base and Deferred Taxable Compensation care responsibilities) Administrator Compensation Compensation Compensation applicable **Benefits** (E) Total Χ NANCY WEBSTER 22,944 11,619 220,414 11,740 18,952 285,669 **GREGORY CARTER** 358,725 13,909 5,368 14,003 23,528 415,533 REBECCA VAN BRUNT 53,940 27,509 90,234 4,381 8,089 184,153 KIMBERLY JORGENSEN 22,045 308 147,272 5,481 25,851 200,956 5 CHRISTOPHER GREER 160,660 7,500 727 7,477 13,180 189,543 6 7 0 8 0 9 0 10 0 11 0 12 0 13 0 14 0 15

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

