

Compensation of Hospital Employees



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

Calendar Year: 2020		Entity Name: INHS/St. Luke's Rehabilitation Institute						
(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 NANCY WEBSTER	X		233,494	44,554	9,650	16,907	14,080	318,684
2 FREDERICK GALUSHA			408,134	77,147	14,307	17,875	13,372	530,834
3 BRIAN MALONE			201,279	140,414	-	11,999	18,298	371,990
4 MICHAEL SMYLY			235,486	97,930	2,660	15,920	13,372	365,367
5 GREGORY CARTER			368,448	-	4,442	16,827	18,298	408,015
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