

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest
Compensated Employees
Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
Attach to Form 990.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2022

Open to Public
Inspection

Name of the organization

VIRGINIA MASON MEDICAL CENTER

Employer identification number

91-0565539

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|--|---|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input checked="" type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (such as maid, chauffeur, chef) |

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?

3 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- | | |
|--|--|
| <input type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment?
- b** Participate in or receive payment from a supplemental nonqualified retirement plan?
- c** Participate in or receive payment from an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization?
- b** Any related organization?
- If "Yes" on line 5a or 5b, describe in Part III.

6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization?
- b** Any related organization?
- If "Yes" on line 6a or 6b, describe in Part III.

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III

8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1b	X	
2	X	
4a	X	
4b	X	
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2022

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) KETUL PATEL CHIEF EXECUTIVE OFFICER VMFH	(i)	1,348,212.	1,189,554.	530,202.	17,750.	11,786.	3,097,504.	192,482.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) RAJIV SETHI NEUROSURGEON	(i)	2,037,429.	63,000.	270.	13,221.	33,935.	2,147,855.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) CHRISTOPHER L FELLOWS CARDIOLOGIST	(i)	1,352,639.	17.	21,719.	13,221.	24,244.	1,411,840.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) STEPHEN W BAYLES CHIEF, SURGERY	(i)	1,221,181.	3.	21,274.	13,221.	22,347.	1,278,026.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) GAUTAM VELAMOR CARDIOTHORACIC SURGEON	(i)	1,203,679.	17.	20,770.	13,221.	29,651.	1,267,338.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) ROBERT MORACA CARDIOTHORACIC SURGEON	(i)	1,203,511.	17.	20,914.	8,181.	29,819.	1,262,442.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) SHAYAN IRANI GASTROENTEROLOGIST	(i)	1,189,367.	134.	20,770.	13,221.	26,568.	1,250,060.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) ANDREW ROSS INTERIM VP/CHIEF CLINICAL OFFICER	(i)	1,021,827.	35,093.	20,770.	13,221.	33,112.	1,124,023.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(9) MICHAEL GLENN FORMER CHIEF MEDICAL OFFICER	(i)	152,317.	0.	824,000.	0.	0.	976,317.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(10) KATERIE CHAPMAN PRESIDENT (THROUGH 3/10/2023)	(i)	571,797.	298,916.	21,400.	13,221.	33,721.	939,055.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(11) JOHN CORMAN CHIEF CLINICAL OFFICER (THRU 5/1/23)	(i)	674,401.	102,555.	21,274.	13,221.	24,847.	836,298.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(12) CRAIG GOODRICH CFO (THROUGH 8/18/22)	(i)	303,920.	24,719.	397,815.	12,876.	14,554.	753,884.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(13) DAVID NOSACKA TREASURER / SVP & CFO VMFH	(i)	545,115.	125,420.	8,839.	10,675.	33,861.	723,910.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(14) DAVID COY CHIEF, RADIOLOGY	(i)	595,175.	8.	20,914.	13,221.	35,311.	664,629.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(15) MARIKO KITA CHIEF, MEDICINE	(i)	555,442.	8.	414.	13,221.	37,174.	606,259.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(16) DENISE DUBUQUE VICE PRESIDENT, PATIENT CARE SERVICE	(i)	176,688.	25,500.	265,686.	0.	8,526.	476,400.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(17) JANE DUNHAM CHIEF, PRIMARY CARE	(i)	363,820.	25.	414.	13,221.	29,850.	407,330.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(18) SHELLY POWELL VICE PRESIDENT, PATIENT CARE SERVICE	(i)	277,960.	21,395.	9,057.	13,221.	35,925.	357,558.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(19) WILLIAM POPPY FORMER SENIOR VICE PRESIDENT, CTO	(i)	82,958.	0.	136,667.	0.	0.	219,625.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(20) SUZANNE ANDERSON FORMER PRESIDENT	(i)	0.	0.	167,375.	0.	0.	167,375.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(21) DEANNA KYRIMIS VICE PRESIDENT, PATIENT CARE SERVICE	(i)	58,631.	93,000.	173.	0.	4,519.	156,323.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(22) FRED GOVIER FORMER CHIEF OF SURGERY	(i)	139,724.	0.	0.	0.	0.	139,724.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

PART I, LINE 1A:

SOCIAL CLUB DUES ARE PROVIDED TO ONE MEMBER OF THE SENIOR LEADERSHIP TEAM

WHO USES THE CLUB MEMBERSHIPS FOR BUSINESS PURPOSES. THESE PAYMENTS ARE

TREATED AS NON-TAXABLE.

PART I, LINE 1B:

ALL INVOICES FOR PAYMENT OF SOCIAL CLUB DUES AND ASSOCIATED MONTHLY

EXPENSES ARE PAID PURSUANT TO THE MEDICAL CENTER BUSINESS EXPENSE POLICY

AND SOCIAL CLUB DUES POLICY.

PART I, LINE 3:

DURING THE CALENDAR YEAR 2022, COMPENSATION FOR THE TOP MANAGEMENT

OFFICIALS WAS ESTABLISHED AND PAID BY COMMONSPIRIT HEALTH, AN UNRELATED

ORGANIZATION. COMMONSPIRIT HEALTH USED THE FOLLOWING TO ESTABLISH THE TOP

MANAGEMENT OFFICIAL'S COMPENSATION: (1) COMPENSATION COMMITTEE; (2)

INDEPENDENT COMPENSATION CONSULTANT; (3) COMPENSATION SURVEY OR STUDY; (4)

APPROVAL BY THE BOARD OR COMPENSATION COMMITTEE.

PART I, LINES 4A-B:

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

PART I LINE 4A

THE MEDICAL CENTER MADE SEVERANCE PAYMENTS TO CERTAIN INDIVIDUALS AND THESE SEVERANCE PAYMENTS WERE INCLUDED IN THE INDIVIDUALS' W-2 INCOME AND REPORTABLE COMPENSATION ON PART VII AND SCHEDULE J, PART II, COLUMN (B)(III).

THE FOLLOWING REPORTABLE INDIVIDUALS RECEIVED SEVERANCE PAYMENTS DURING THE 2022 CALENDAR YEAR: SUZANNE ANDERSON - \$167,375; DENISE DUBUQUE - \$263,541; MICHAEL GLENN - \$824,000; CRAIG GOODRICH - \$395,277; WILLIAM POPPY - \$136,667.

PART I LINE 4B

THE MEDICAL CENTER HAS A SUPPLEMENTAL EXECUTIVE RETIREMENT PLAN (SERP). THE SERP IS A 457(F) NONQUALIFIED DEFERRED COMPENSATION PLAN PURSUANT TO WHICH PLAN BENEFITS ARE SUBJECT TO A SUBSTANTIAL RISK OF FORFEITURE. THE PLAN WAS APPROVED BY THE BOARD'S COMPENSATION AND BENEFITS COMMITTEE, A COMMITTEE COMPOSED OF INDEPENDENT BOARD MEMBERS TO WHOM THE BOARD DELEGATES THE

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

AUTHORITY TO APPROVE COMPENSATION AND BENEFITS FOR THE MEDICAL CENTER'S
MOST SENIOR EXECUTIVES. THE COMMITTEE RECEIVES ADVICE FROM AN INDEPENDENT
COMPENSATION CONSULTANT TO ENSURE THAT COMPENSATION AND BENEFITS, INCLUDING
THE SERP, ARE MARKET COMPETITIVE AND REASONABLE. SUPPLEMENTAL EXECUTIVE
RETIREMENT PLANS SUCH AS THIS ARE CUSTOMARY FOR SENIOR EXECUTIVES IN THE
HEALTH CARE INDUSTRY.

DURING THE 2022 CALENDAR YEAR, COMMONSPIRIT HEALTH, AN UNRELATED
ORGANIZATION, MAINTAINED A SUPPLEMENTAL NON-QUALIFIED DEFERRED COMPENSATION
PLAN FOR DIVISION CEOS/PRESIDENTS AND OTHER DESIGNATED COMMONSPIRIT
EXECUTIVES AT THE LEVEL OF SENIOR VICE PRESIDENT AND ABOVE. DURING 2022 THE
FOLLOWING DISTRIBUTIONS WERE MADE BY COMMONSPIRIT FROM THE DEFERRED
COMPENSATION PLAN: KETUL PATEL, \$303,924

DUE TO THE "SUPER" VESTING RULES UNDER THE DEFERRED COMPENSATION PLAN,
PARTICIPANTS WHO HAVE MET CERTAIN REQUIREMENTS SUCH AS INVOLUNTARY
TERMINATION WITHOUT CAUSE, AGE, AGE AND YEARS OF SERVICE, OR MORE THAN 5
YEARS OF PLAN PARTICIPATION ARE ELIGIBLE TO RECEIVE THEIR 2022
CONTRIBUTIONS IN CASH. DURING 2022, THE FOLLOWING PAYMENTS WERE MADE

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

PURSUANT TO THE SUPER VESTING RULES: KETUL PATEL, \$212,946

SCHEDULE J, PART II - COMPENSATION FROM AN UNRELATED ORGANIZATION

LIST OF OFFICERS WHO RECEIVED COMPENSATION FROM COMMONSPIRIT HEALTH, AN

UNRELATED ORGANIZATION:

KETUL PATEL - \$3,097,504

LIST OF OFFICERS WHO RECEIVED COMPENSATION FROM FRANCISCAN HEALTH

SYSTEM, AN UNRELATED ORGANIZATION:

DAVID NOSACKA - \$723,910

Compensation of Hospital Employees

Calendar Year: 2022

Entity Name: Virginia Mason Medical Center

	(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	Ketul Patel			1,348,212	1,189,554	530,202	17,750	11,786	3,097,504
2	Katerie Chapman	Y		571,797	298,916	21,400	13,221	33,721	939,055
3	Craig Goodrich			303,920	24,719	397,815	12,876	14,554	753,884
4	David Nosacka			545,115	125,420	8,839	10,675	33,861	723,910
5									0
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 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)