

**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

ENUMCLAW REGIONAL HOSPITAL ASSOCIATION

Employer identification number

91-0715805

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 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
1a		
1b		
2		
3		
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)	0.	0.	0.	0.	0.	0.	0.
	(ii)	1,348,212.	1,189,554.	530,202.	17,750.	11,786.	3,097,504.	192,482.
(2) IAN WORDEN FORMER SVP/CHIEF OPERATING OFFICER	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	31,714.	267,068.	1,281,748.	9,249.	1,733.	1,591,512.	0.
(3) DAVID NOSACKA TREASURER/SVP & CFO	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	545,115.	125,420.	8,839.	10,675.	33,861.	723,910.	0.
(4) DAVID BUTCHERITE FORMER TREASURER / DIV VP FINANCE	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	301,786.	32,345.	4,467.	17,750.	20,941.	377,289.	0.
(5) MIRIAM CHAMBLISS SECRETARY/VP GENERAL COUNSEL	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	269,119.	51,504.	982.	15,841.	30,577.	368,023.	0.
(6) LOIS ERICKSON FORMER HCE/ASSOC VP-PT CARE SVCS	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	245,662.	18,580.	3,604.	15,972.	21,943.	305,761.	0.
(7) RENEE ESPINOSA VP/CHIEF OPERATING OFFICER	(i)	236,664.	17,751.	2,112.	15,085.	18,785.	290,397.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) TERRY TYRRELL PHARMACY DIRECTOR	(i)	210,397.	6,212.	2,508.	12,913.	19,194.	251,224.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(9) AMY POWELL HRN RN	(i)	190,615.	400.	7,293.	4,525.	10,091.	212,924.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(10) KATHLEEN GIBSON RN-PATIENT CARE BEDSIDE NON-EXEMPT C	(i)	203,810.	300.	200.	5,250.	0.	209,560.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(11) SHARON TOMT HRN RN	(i)	183,651.	400.	248.	10,469.	143.	194,911.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(12) JOLLY BROWN RN-PATIENT CARE BEDSIDE NON-EXEMPT C	(i)	173,358.	400.	200.	9,713.	0.	183,671.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(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 3:

DURING THE CALENDAR YEAR 2022, COMPENSATION FOR THE TOP MANAGEMENT OFFICIAL

WAS ESTABLISHED AND PAID BY COMMONSPIRIT HEALTH, A RELATED 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, LINE 4A:

CERTAIN REPORTABLE INDIVIDUALS ARE COVERED BY AN EXECUTIVE SEVERANCE

POLICY THAT PROVIDES MARKET-STANDARD COMPENSATION, RANGING FROM

PAYMENTS OF 9 MONTHS TO 2 YEARS OF BASE COMPENSATION, DEPENDING ON THE

EXECUTIVE'S POSITION, IN THE EVENT OF A POSITION ELIMINATION OR OTHER

INVOLUNTARY TERMINATION, IN ACCORDANCE WITH THE GUIDELINES OF THE

POLICY.

CERTAIN REPORTABLE INDIVIDUALS ARE COVERED BY A NON-EXECUTIVE SEVERANCE

POLICY THAT PROVIDES MARKET-STANDARD COMPENSATION, RANGING FROM

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.

PAYMENTS OF 2 WEEKS TO 52 WEEKS OF BASE COMPENSATION, DEPENDING ON THE EMPLOYEE'S POSITION AND TENURE, IN THE EVENT OF A POSITION ELIMINATION OR OTHER INVOLUNTARY TERMINATION, IN ACCORDANCE WITH THE GUIDELINES OF THE POLICY.

THE FOLLOWING REPORTABLE INDIVIDUALS RECEIVED SEVERANCE PAYMENTS DURING THE 2022 CALENDAR YEAR, 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): IAN WORDEN, \$1,281,338.

PART I, LINE 4B:

DURING THE 2022 CALENDAR YEAR, COMMONSPIRIT 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,

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.

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

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

Compensation of Hospital Employees

Calendar Year: 2022

Entity Name: Enumclaw Regional Hospital Association

(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 Renee Espinosa	Y		236,664	17,751	2,112	15,085	18,785	290,397
2 Ketul Patel			1,348,212	1,189,554	530,202	17,750	11,786	3,097,504
3 David Nosacka			545,115	125,420	8,839	10,675	33,861	723,910
4 Miriam Chambliss			269,119	51,504	982	15,841	30,577	368,023
5 Terry Tyrrell			210,397	6,212	2,508	12,913	19,194	251,224
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)