

**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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2022**

Open to Public  
Inspection

Name of the organization

HARRISON MEDICAL CENTER

Employer identification number

91-0565546

**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 checked="" type="checkbox"/> Compensation committee              | <input checked="" type="checkbox"/> Written employment contract                     |
| <input checked="" type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study                    |
| <input type="checkbox"/> Form 990 of other organizations                | <input checked="" 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
<b>1a</b>		
<b>1b</b>		
<b>2</b>		
<b>3</b>		
<b>4a</b>	X	
<b>4b</b>	X	
<b>4c</b>		X
<b>5a</b>		X
<b>5b</b>		X
<b>6a</b>		X
<b>6b</b>		X
<b>7</b>		X
<b>8</b>		X
<b>9</b>		

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) DAVID SCHULTZ FORMER PRESIDENT (THRU 9/21)	(i)	365,613.	351,431.	1,150,659.	17,191.	1,036.	1,885,930.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) SATYAVARDHAN PULUKURTHY FORMER HIGHEST COMPENSATED EMPLOYEE	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	1,239,219.	168,235.	1,260.	11,321.	36,517.	1,456,552.	0.
(3) NATHAN SEGERSON FORMER HIGHEST COMPENSATED EMPLOYEE	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	940,993.	157,229.	1,932.	17,925.	35,661.	1,153,740.	0.
(4) R. KING FORMER HIGHEST COMPENSATED EMPLOYEE	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	1,059,654.	0.	24,530.	37,925.	31,067.	1,153,176.	20,000.
(5) MANAS JAIN FORMER HIGHEST COMPENSATED EMPLOYEE	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	1,096,739.	14,464.	840.	17,750.	11,830.	1,141,623.	0.
(6) JACOB MATHEW FORMER HIGHEST COMPENSATED EMPLOYEE	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	934,907.	13,764.	1,260.	18,128.	32,834.	1,000,893.	0.
(7) MICHAEL ANDERSON CHIEF MEDICAL OFFICER (THRU 12/2022)	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	659,105.	71,380.	10,668.	17,925.	21,204.	780,282.	0.
(8) CHAD MELTON PRESIDENT	(i)	498,957.	190,322.	1,579.	8,559.	32,734.	732,151.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(9) DAVID NOSACKA DIVISION SVP & CFO	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	545,115.	125,420.	8,839.	10,675.	33,861.	723,910.	0.
(10) DIANNE AROH DIV SVP CNO	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	478,425.	30,761.	32,946.	10,197.	3,090.	555,419.	0.
(11) KIM MOORE MD INTERIM SVP/CHIEF MEDICAL OFFICER	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	443,995.	45,969.	1,932.	18,560.	14,924.	525,380.	0.
(12) DAVID WEISS FORMER KEY EMPLOYEE	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	400,564.	29,546.	3,612.	17,789.	16,045.	467,556.	0.
(13) PETER RE RN CERT	(i)	452,137.	600.	200.	7,782.	0.	460,719.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(14) REVELA ROSIMO RN CERT	(i)	377,070.	1,000.	4,866.	10,175.	35,000.	428,111.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(15) JIM TERWILLIGER DIVISION SVP-COO	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	339,347.	70,000.	5,485.	942.	165.	415,939.	0.
(16) GEMMA BULANDI RN CERT	(i)	290,063.	11,400.	8,188.	14,463.	29,613.	353,727.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.

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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) MA EJEM-DAGAHYO RN	(i)	294,768.	1,400.	3,222.	15,551.	32,440.	347,381.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(18) JEANELL RASMUSSEN VP & CNO (THRU 6/2/23)	(i)	281,844.	21,104.	4,146.	17,750.	15,497.	340,341.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(19) CATINA STRODE RN	(i)	285,327.	3,500.	297.	8,368.	23,240.	320,732.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
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	(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 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

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): DAVID SCHULTZ, \$1,118,493

**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 4B:

DURING THE 2022 CALENDAR YEAR, COMMONSPIRIT HEALTH ("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.

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

PURSUANT TO THE SUPER VESTING RULES: DAVID SCHULTZ, \$31,125

DURING THE 2022 CALENDAR YEAR, HARRISON MEDICAL CENTER MAINTAINED A

SUPPLEMENTAL, NON QUALIFIED DEFERRED COMPENSATION PLAN.

DURING 2022 THE FOLLOWING DISTRIBUTIONS WERE MADE BY HARRISON MEDICAL

**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.

CENTER FROM THE DEFERRED COMPENSATION PLAN: ROBERT KING, \$20,018

# Compensation of Hospital Employees

Calendar Year: 2022 Entity Name: Harrison 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 Michael Anderson			659,105	71,380	10,668	17,925	21,204	780,282
2 Chad Melton	Y		498,957	190,322	1,579	8,559	32,734	732,151
3 David Nosacka			545,115	125,420	8,839	10,675	33,861	723,910
4 Dianne Aroh			478,425	30,761	32,946	10,197	3,090	555,419
5 Kim Moore			443,995	45,969	1,932	18,560	14,924	525,380
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)