

**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

FRANCISCAN HEALTH SYSTEM

Employer identification number

91-0564491

**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
<b>1b</b>		
<b>2</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) 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 SVP/CHIEF OPERATING OFFICER (THRU 1/	(i)	31,714.	267,068.	1,281,748.	9,249.	1,733.	1,591,512.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) KERRY SHANNON SVP/CHIEF INTEGRATION OFFICER	(i)	674,197.	116,918.	70,386.	10,675.	21,204.	893,380.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) CHARLEEN TACHIBANA RN SVP/CHIEF QUALITY, SAFETY AND PATIEN	(i)	637,666.	97,375.	93,854.	10,675.	22,204.	861,774.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) THOMAS KRUSE SVP/CHIEF STRATEGY OFFICER	(i)	647,892.	120,298.	2,222.	17,583.	29,475.	817,470.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) JENNIFER SCHOMBURG PRESIDENT ST JOSEPH MEDICAL CENTER	(i)	521,440.	201,918.	65,758.	1,413.	23,047.	813,576.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) MICHAEL ANDERSON SVP/CHIEF MEDICAL OFFICER (THRU 12/3	(i)	659,105.	71,380.	10,668.	17,925.	21,204.	780,282.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) DAVID NOSACKA TREASURER / SVP & CFO	(i)	545,115.	125,420.	8,839.	10,675.	33,861.	723,910.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(9) ROGER NG CARDIOLOGIST INVASIVE	(i)	300.	0.	0.	16,870.	7,995.	25,165.	0.
	(ii)	485,838.	128,526.	711.	0.	1,100.	616,175.	0.
(10) CARY EVANS DIV VP-PUBLIC POLICY-ADVOCACY	(i)	275,408.	28,297.	298,581.	17,193.	17,245.	636,724.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(11) RYAN PONG DIV VP-ACADEMIC OFFICER	(i)	501,196.	50,382.	1,662.	7,175.	33,763.	594,178.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(12) DIANNE AROH SVP/CHIEF NURSING OFFICER	(i)	478,425.	30,761.	32,946.	10,197.	3,090.	555,419.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(13) DHYAN LAL DIV VP PAYER STRATEGY-ACCOUNT CARE	(i)	397,822.	83,537.	1,932.	17,925.	33,109.	534,325.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(14) NARINE FRANGULYAN RN-PATIENT CARE BEDSIDE NON-EXEMPT C	(i)	499,205.	400.	319.	7,250.	18,563.	525,737.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(15) KIMBERLY MOORE VP/INTERIM CHIEF MEDICAL OFFICER	(i)	443,995.	45,969.	1,932.	18,560.	14,924.	525,380.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(16) SHARON ROYNE VP-HR/CHIEF HRO (THRU 12/31/2022)	(i)	423,804.	46,326.	5,544.	17,718.	21,204.	514,596.	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) JAMES TERRIWILLIGER SVP/COO	(i)	339,347.	70,000.	5,485.	942.	165.	415,939.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(18) RUSSELL WOOLLEY COO ST FRANCIS HOSPITAL & ST ANNE HC	(i)	310,751.	21,981.	817.	17,915.	34,176.	385,640.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(19) DAVID BUTCHERITE FORMER TREASURER / DIV VP FINANCE	(i)	301,786.	32,345.	4,467.	17,750.	20,941.	377,289.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(20) MIRIAM CHAMBLISS CORPORATE SECRETARY / VP GENERAL COU	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	269,119.	51,504.	982.	15,841.	30,577.	368,023.	0.
(21) DINO JOHNSON COO ST ANTHONY HOSPITAL & INTERIM CO	(i)	277,760.	20,621.	690.	17,621.	33,750.	350,442.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(22) PATRICIA ELLISOR FORMER INTERIM SVP/CNO	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	219,718.	54,750.	6,208.	16,785.	9,827.	307,288.	0.
(23) LOIS ERICKSON CHIEF OPERATING OFFICER ST CLARE HOS	(i)	245,662.	18,580.	3,604.	15,972.	21,943.	305,761.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(24) ROSE SHANDROW SVP/CHIEF MISSION OFFICER (THRU 7/8/	(i)	177,449.	32,060.	5,012.	14,558.	7,865.	236,944.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(25) MICHAEL COX CHIEF MISSION OFFICER	(i)	77,725.	32,699.	40,830.	0.	8,706.	159,960.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(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 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, LINES 4A-B:

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

**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.

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): CARY EVANS, \$296,312; IAN WORDEN,

\$1,281,338.

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;

KERRY SHANNON, \$65,055; CHARLEEN TACHIBANA, \$83,597.

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

**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.

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: Franciscan Health System								
(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 Russell Woolley	Y	St. Francis & St. Anne (thru 10/2022)	310,751	21,981	817	17,915	34,176	385,640
2 Dino Johnson	Y	St. Anthony & St. Francis (starting 10/2022)	277,760	20,621	690	17,621	33,750	350,442
3 Lois Erickson	Y	St. Clare	245,662	18,580	3,604	15,972	21,943	305,761
4 Jennifer Schomburg	Y	St. Joseph	521,440	201,918	65,758	1,413	23,047	813,576
5 Ketul Patel			1,348,212	1,189,554	530,202	17,750	11,786	3,097,504
6 Ian Worden			31,714	267,068	1,281,748	9,249	1,733	1,591,512
7 Kerry Shannon			674,197	116,918	70,386	10,675	21,204	893,380
8 Charleen Tachibana			637,666	97,375	93,854	10,675	22,204	861,774
9 Thomas Kruse			647,892	120,298	2,222	17,583	29,475	817,470
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)