

**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

2023

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		

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

Schedule J (Form 990) 2023

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)	1,393,552.	959,840.	259,995.	19,350.	12,803.	2,645,540.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) RAJIV SETHI NEUROSURGEON	(i)	1,774,187.	0.	270.	12,469.	33,027.	1,819,953.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) ROBERT MORACA CARDIOTHORACIC SURGEON	(i)	1,289,152.	0.	22,914.	7,429.	28,809.	1,348,304.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) CHRISTOPHER L FELLOWS CARDIOLOGIST	(i)	1,285,288.	0.	24,478.	12,469.	24,186.	1,346,421.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) GAUTAM VELAMOR CARDIOTHORACIC SURGEON	(i)	1,281,152.	0.	22,914.	12,469.	28,809.	1,345,344.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) SHAYAN IRANI GASTROENTEROLOGIST	(i)	1,223,790.	0.	22,770.	12,469.	25,877.	1,284,906.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) STEPHEN W BAYLES CHIEF, SURGERY	(i)	1,211,122.	218.	23,274.	12,469.	22,415.	1,269,498.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) KATERIE CHAPMAN FORMER PRESIDENT (THROUGH 3/10/2023)	(i)	278,197.	0.	775,656.	0.	7,665.	1,061,518.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(9) ANDREW ROSS VP/CHIEF CLINICAL OFFICER	(i)	999,684.	0.	22,770.	12,469.	29,186.	1,064,109.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(10) DAVID COY CHIEF, RADIOLOGY	(i)	618,351.	25,000.	23,274.	12,469.	33,504.	712,598.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(11) DAVID NOSACKA TREASURER / SVP & CFO VMFH	(i)	568,187.	75,800.	1,709.	19,175.	30,769.	695,640.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(12) MARIKO KITA CHIEF, MEDICINE	(i)	572,026.	84.	774.	12,469.	37,476.	622,829.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(13) JOHN CORMAN CHIEF CLINICAL OFFICER (THRU 5/1/23)	(i)	338,777.	50,000.	10,169.	0.	9,886.	408,832.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(14) JANE DUNHAM CHIEF, PRIMARY CARE	(i)	375,520.	126.	414.	12,469.	29,508.	418,037.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(15) SHELLY POWELL VICE PRESIDENT, PATIENT CARE SERVICE	(i)	308,544.	30,817.	5,850.	12,469.	35,431.	393,111.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(16) DEANNA KYRIMIS VICE PRESIDENT, PATIENT CARE SERVICE	(i)	284,456.	8.	1,323.	0.	21,964.	307,751.	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) MONICA HILT PRESIDENT	(i)	143,973.	85,000.	645.	0.	2,298.	231,916.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(18) SYDNEY BERSANTE INTERIM PRESIDENT	(i)	220,832.	0.	0.	12,469.	0.	233,301.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(19) MICHAEL GLENN FORMER CHIEF MEDICAL OFFICER	(i)	152,316.	0.	34,333.	0.	0.	186,649.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(20) 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)							
	(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 2023, 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 2023 CALENDAR YEAR: KATERIE CHAPMAN - \$756,603; MICHAEL GLENN - \$34,333.

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 AUTHORITY TO APPROVE COMPENSATION AND BENEFITS FOR THE MEDICAL CENTER'S MOST SENIOR EXECUTIVES. THE COMMITTEE RECEIVES ADVICE FROM AN INDEPENDENT

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.

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 2023 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.

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 2023

CONTRIBUTIONS IN CASH. DURING 2023, THE FOLLOWING PAYMENTS WERE MADE

PURSUANT TO THE SUPER VESTING RULES: KETUL PATEL, \$246,662

SCHEDULE J, PART II - COMPENSATION FROM AN UNRELATED ORGANIZATION

VIRGINIA MASON MEDICAL CENTER FOLLOWS COMMONSPIRIT'S EXECUTIVE

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.

COMPENSATION PHILOSOPHY. COMMONSPIRIT'S EXECUTIVE COMPENSATION

PHILOSOPHY IS DESIGNED TO ASSIST COMMONSPIRIT IN ATTRACTING AND

RETAINING THE CALIBER OF EXECUTIVES REQUIRED TO ENABLE COMMONSPIRIT TO

FULFILL ITS MISSION OF PROVIDING HIGH QUALITY HEALTHCARE FOR ALL

PERSONS REGARDLESS OF THEIR ABILITY TO PAY FOR SERVICES, IMPROVING THE

QUALITY OF LIFE IN THE COMMUNITIES COMMONSPIRIT SERVES, PROMOTING

PATIENT AND EMPLOYEE SATISFACTION, AND ENSURING FINANCIAL STABILITY. A

SUBSTANTIAL PORTION OF EXECUTIVE COMPENSATION IS PERFORMANCE BASED AND

IS LINKED TO ORGANIZATIONAL GOALS APPROVED IN ADVANCE BY THE HUMAN

RESOURCES AND COMPENSATION COMMITTEE. THESE GOALS INCLUDE ATTAINMENT OF

ANNUAL AND LONG-TERM FINANCIAL PERFORMANCE, CERTAIN HEALTHCARE QUALITY

STANDARDS AND COMMONSPIRIT'S COMMITMENT TO SERVING THE POOR AND

DISENFRANCHISED IN THE COMMUNITIES IT SERVES. TOTAL COMPENSATION, WHICH

INCLUDES BASE SALARY, ANNUAL, AND LONG-TERM INCENTIVE COMPENSATION, IS

ESTABLISHED TO APPROXIMATE THE PREVAILING MARKET CONDITIONS FOR

EXECUTIVES OF COMPANIES OF SIMILAR SIZE, REVENUES AND COMPLEXITY.

PAYMENTS PURSUANT TO A LONG-TERM FINANCIAL PERFORMANCE GOAL WERE PAID

IN CALENDAR YEAR 2023.

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.

LIST OF OFFICERS WHO RECEIVED COMPENSATION FROM COMMONSPIRIT HEALTH, AN

UNRELATED ORGANIZATION:

KETUL PATEL - \$2,645,540

LIST OF OFFICERS WHO RECEIVED COMPENSATION FROM FRANCISCAN HEALTH

SYSTEM, AN UNRELATED ORGANIZATION:

DAVID NOSACKA - \$695,640

Compensation of Hospital Employees

Calendar Year: 2023 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			1,393,552	959,840	259,995	19,350	12,803	2,645,540
2 Katerie Chapman	Y		278,197	0	775,656	0	7,665	1,061,518
3 David Nosacka			568,187	75,800	1,709	19,175	30,769	695,640
4 Monica Hilt	Y		143,973	85,000	645	0	2,298	231,916
5 Sydney Bersante	Y		220,832	0	0	12,469	0	233,301
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)

To request this document in another format, call 1-800-525-0127. Deaf or hard of hearing customers, please call 711 (Washington Relay) or email doh.information@doh.wa.gov.