

**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

**2023**

Open to Public  
Inspection

Name of the organization <b>HARRISON MEDICAL CENTER</b>	Employer identification number <b>91-0565546</b>
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**Part I Questions Regarding Compensation**

	Yes	No
<b>1a</b> 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"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account <input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (such as maid, chauffeur, chef)		
<b>b</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 .....	<b>1b</b>	
<b>2</b> 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? .....	<b>2</b>	
<b>3</b> 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"/> Independent compensation consultant <input type="checkbox"/> Form 990 of other organizations <input type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee		
<b>4</b> 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:		
<b>a</b> Receive a severance payment or change-of-control payment? .....	<b>4a</b>	X
<b>b</b> Participate in or receive payment from a supplemental nonqualified retirement plan? .....	<b>4b</b>	X
<b>c</b> Participate in or receive payment from an equity-based compensation arrangement? .....	<b>4c</b>	X
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.		
<b>Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</b>		
<b>5</b> 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:		
<b>a</b> The organization? .....	<b>5a</b>	X
<b>b</b> Any related organization? .....	<b>5b</b>	X
If "Yes" on line 5a or 5b, describe in Part III.		
<b>6</b> 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:		
<b>a</b> The organization? .....	<b>6a</b>	X
<b>b</b> Any related organization? .....	<b>6b</b>	X
If "Yes" on line 6a or 6b, describe in Part III.		
<b>7</b> 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 .....	<b>7</b>	X
<b>8</b> 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 .....	<b>8</b>	X
<b>9</b> If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? .....	<b>9</b>	

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) JIM TERWILLIGER FORMER OFFICER/PRESIDENT, PUGET SOUND	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	704,308.	176,177.	115,991.	19,175.	1,776.	1,017,427.	0.
(2) CHAD MELTON PRESIDENT	(i)	519,392.	198,110.	1,115.	19,477.	33,572.	771,666.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) DAVID NOSACKA TREASURER/SVP&CFO NORTHWEST REGION	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	568,187.	75,800.	1,709.	19,175.	30,769.	695,640.	0.
(4) DIANNE AROH FORMER OFFICER/DIV SVP/CHIEF NURSING	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	502,601.	800.	4,904.	19,243.	3,090.	530,638.	0.
(5) KIM MOORE MD FORMER OFFICER/VP/INTERIM CHIEF MEDICAL OFFICER	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	493,187.	800.	1,709.	20,185.	11,730.	527,611.	0.
(6) DAVID WEISS FORMER KEY EMPLOYEE	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	416,648.	800.	3,195.	19,350.	19,943.	459,936.	0.
(7) MIRIAM CHAMBLISS SECRETARY/VP GENERAL COUNSEL NORTHWEST REGION	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	280,293.	131,031.	951.	15,119.	30,788.	458,182.	0.
(8) REVELA ROSIMO RN	(i)	324,131.	800.	3,007.	21,958.	29,551.	379,447.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(9) PETER RE RN CERT	(i)	330,311.	800.	40.	7,625.	18,481.	357,257.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(10) MA EJEM-DAGAHOY RN	(i)	296,843.	800.	7,580.	17,962.	31,531.	354,716.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(11) RONALD DOMMERMUTH FORMER HIGHEST COMPENSATED EMPLOYEE	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	289,745.	0.	6,081.	16,971.	29,741.	342,538.	0.
(12) MATTHEW SMITH FORMER HIGHEST COMPENSATED EMPLOYEE	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	267,067.	0.	1,254.	13,558.	35,060.	316,939.	0.
(13) PETER LUNDBLAD FORMER HIGHEST COMPENSATED EMPLOYEE	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	264,711.	0.	1,132.	15,276.	1,257.	282,376.	0.
(14) PAUL LIMUEL LINGAT FLOAT RN CERT	(i)	268,326.	800.	0.	8,478.	0.	277,604.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(15) ALPHA LINGAT FLOAT RN	(i)	259,508.	800.	0.	8,376.	0.	268,684.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(16) ROSALIE APALISOK VP PATIENT CARE SERVICES	(i)	205,255.	800.	29,800.	12,203.	1,772.	249,830.	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) JEANELL RASMUSSEN FORMER VP & CNO	(i)	128,634.	0.	1,985.	13,436.	5,683.	149,738.	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.

PART I, LINE 4B:

DURING THE 2023 CALENDAR YEAR, COMMONSPIRIT HEALTH ("COMMONSPIRIT")

MAINTAINED A SUPPLEMENTAL NON-QUALIFIED DEFERRED COMPENSATION PLAN FOR

**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.

DIVISION CEOS/PRESIDENTS AND OTHER DESIGNATED COMMONSPIRIT EXECUTIVES

AT THE LEVEL OF SENIOR VICE PRESIDENT AND ABOVE.

DUE TO THE "SUPER" VESTING RULES UNDER COMMONSPIRIT'S 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. THESE CASH PAYOUTS ARE  
INCLUDED IN THE PARTICIPANT'S REPORTABLE COMPENSATION IN COLUMN (III)  
OTHER REPORTABLE COMPENSATION ON SCHEDULE J PART II.

SCHEDULE J, PART II

HARRISON MEDICAL CENTER FOLLOWS COMMONSPIRIT'S EXECUTIVE 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

**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.

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.

# Compensation of Hospital Employees

Calendar Year: 2023 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 Miriam Chambliss			280,293	131,031	951	15,119	30,788	458,182
2 Chad Melton	Y		519,392	198,110	1,115	19,477	33,572	771,666
3 David Nosacka			568,187	75,800	1,709	19,175	30,769	695,640
4 Rosalie Apalisok			205,255	800	29,800	12,203	1,772	249,830
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)