## Compensation of Hospital Employees

**Calendar Year:** 2017  
**Entity Name:** Harrison Medical Center

<table>
<thead>
<tr>
<th>(A) Employee Name (who does not have direct patient care responsibilities)</th>
<th>Indicate if Lead Administrator</th>
<th>Hospital if applicable</th>
<th>(B) Breakdown of W-2 and/or 1099 MISC Compensation</th>
<th>(C) Retirement and Deferred Compensation</th>
<th>(D) Non-Taxable Benefits</th>
<th>(E) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. David Schultz</td>
<td>X</td>
<td></td>
<td>(i) Base Compensation: 503,799</td>
<td>(ii) Bonus &amp; Incentive Compensation: 288,638</td>
<td>(iii) Other Reportable Compensation: 64,304</td>
<td>61,435</td>
</tr>
<tr>
<td>2. Mike Fitzgerald</td>
<td></td>
<td></td>
<td>603,722</td>
<td>350,764</td>
<td>79,367</td>
<td>16,075</td>
</tr>
<tr>
<td>4. Jeanell Rasmussen</td>
<td></td>
<td></td>
<td>257,408</td>
<td>47,886</td>
<td>12,207</td>
<td>16,030</td>
</tr>
<tr>
<td>5. Matthew Wheelus</td>
<td></td>
<td></td>
<td>247,834</td>
<td>47,846</td>
<td>2,996</td>
<td>5,819</td>
</tr>
</tbody>
</table>

Add Additional lines as needed

Notes:
- Please refer to IRS Form 990 and Schedule J for definitions of types of compensation.

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 mail, fax or email to the following address:
- Washington State Department of Health  
- Center for Health Statistics/Hospital and Patient Data Section  
- MS: 47814  
- Olympia, WA 98504-7814  
- Fax: (360) 753-4135  
- email: hos@doh.wa.gov
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.

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.

- [ ] First-class or charter travel
- [ ] Housing allowance or residence for personal use
- [ ] Travel for companions
- [ ] Payments for business use of personal residence
- [ ] Tax indemnification and gross-up payments
- [ ] Health or social club dues or initiation fees
- [ ] Discretionary spending account
- [ ] Personal services (such as, maid, chauffeur, chef)

1b 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 filing 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.

- [ ] Compensation committee
- [ ] Independent compensation consultant
- [ ] Compensation survey or study
- [ ] Written employment contract
- [ ] Approval by the board or compensation committee
- [ ] Form 990 of other organizations

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?

4b ✔

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.

4c ✔

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?

5a ✔

b Any related organization?

5b ✔

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?

6a ✔

b Any related organization?

6b ✔

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.

7 ✔

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.

8 ✔

9 If “Yes” on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

9 ✔
**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.

<table>
<thead>
<tr>
<th>(A) Name and Title</th>
<th>(B) Breakdown of W-2 and/or 1099-MISC compensation</th>
<th>(C) Retirement and other deferred compensation</th>
<th>(D) Nontaxable benefits</th>
<th>(E) Total of columns (B)(i)–(D)</th>
<th>(F) Compensation in column (B) reported as deferred on prior Form 990</th>
</tr>
</thead>
<tbody>
<tr>
<td>GORDON CROMWELL, FORMER INTERIM CHIEF MEDICAL OFFICER</td>
<td><img src="image1" alt="Base compensation" /></td>
<td><img src="image2" alt="Bonus &amp; incentive compensation" /></td>
<td><img src="image3" alt="Other reportable compensation" /></td>
<td><img src="image4" alt="Total of columns (B)(i)–(D)" /></td>
<td><img src="image5" alt="Compensation in column (B) reported as deferred on prior Form 990" /></td>
</tr>
<tr>
<td>MIKE FITZGERALD, CHIEF MEDICAL OFFICER</td>
<td><img src="image1" alt="Base compensation" /></td>
<td><img src="image2" alt="Bonus &amp; incentive compensation" /></td>
<td><img src="image3" alt="Other reportable compensation" /></td>
<td><img src="image4" alt="Total of columns (B)(i)–(D)" /></td>
<td><img src="image5" alt="Compensation in column (B) reported as deferred on prior Form 990" /></td>
</tr>
<tr>
<td>SATYAVARDHAN PULUKURTHY, FORMER EXECUTIVE DIRECTOR &amp; CNO</td>
<td><img src="image1" alt="Base compensation" /></td>
<td><img src="image2" alt="Bonus &amp; incentive compensation" /></td>
<td><img src="image3" alt="Other reportable compensation" /></td>
<td><img src="image4" alt="Total of columns (B)(i)–(D)" /></td>
<td><img src="image5" alt="Compensation in column (B) reported as deferred on prior Form 990" /></td>
</tr>
<tr>
<td>R. CHRIS KING</td>
<td><img src="image1" alt="Base compensation" /></td>
<td><img src="image2" alt="Bonus &amp; incentive compensation" /></td>
<td><img src="image3" alt="Other reportable compensation" /></td>
<td><img src="image4" alt="Total of columns (B)(i)–(D)" /></td>
<td><img src="image5" alt="Compensation in column (B) reported as deferred on prior Form 990" /></td>
</tr>
<tr>
<td>MANAS JAIN</td>
<td><img src="image1" alt="Base compensation" /></td>
<td><img src="image2" alt="Bonus &amp; incentive compensation" /></td>
<td><img src="image3" alt="Other reportable compensation" /></td>
<td><img src="image4" alt="Total of columns (B)(i)–(D)" /></td>
<td><img src="image5" alt="Compensation in column (B) reported as deferred on prior Form 990" /></td>
</tr>
<tr>
<td>JACOB MATHEW</td>
<td><img src="image1" alt="Base compensation" /></td>
<td><img src="image2" alt="Bonus &amp; incentive compensation" /></td>
<td><img src="image3" alt="Other reportable compensation" /></td>
<td><img src="image4" alt="Total of columns (B)(i)–(D)" /></td>
<td><img src="image5" alt="Compensation in column (B) reported as deferred on prior Form 990" /></td>
</tr>
<tr>
<td>SATYAVARDHAN PULUKURTHY, FORMER EXECUTIVE DIRECTOR &amp; CNO</td>
<td><img src="image1" alt="Base compensation" /></td>
<td><img src="image2" alt="Bonus &amp; incentive compensation" /></td>
<td><img src="image3" alt="Other reportable compensation" /></td>
<td><img src="image4" alt="Total of columns (B)(i)–(D)" /></td>
<td><img src="image5" alt="Compensation in column (B) reported as deferred on prior Form 990" /></td>
</tr>
<tr>
<td>NATHAN M SEGERSON</td>
<td><img src="image1" alt="Base compensation" /></td>
<td><img src="image2" alt="Bonus &amp; incentive compensation" /></td>
<td><img src="image3" alt="Other reportable compensation" /></td>
<td><img src="image4" alt="Total of columns (B)(i)–(D)" /></td>
<td><img src="image5" alt="Compensation in column (B) reported as deferred on prior Form 990" /></td>
</tr>
</tbody>
</table>
### 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.

<table>
<thead>
<tr>
<th>Return Reference - Identifier</th>
<th>Explanation</th>
</tr>
</thead>
<tbody>
<tr>
<td>SCHEDULE J, PART I, LINE 4A</td>
<td>POST-TERMINATION PAYMENTS ARE ADDRESSED IN EXECUTIVE EMPLOYMENT AGREEMENTS FOR CATHOLIC HEALTH INITIATIVES (CHI) AND RELATED ORGANIZATIONS' EMPLOYEES AT THE LEVEL OF VICE PRESIDENT AND ABOVE, INCLUDING THE MBO CEOS. THESE EMPLOYMENT AGREEMENTS REQUIRE THAT IN ORDER FOR THE EXECUTIVE TO RECEIVE POST-TERMINATION PAYMENTS, THESE INDIVIDUALS MUST EXECUTE A GENERAL RELEASE AND SETTLEMENT AGREEMENT. POST-TERMINATION PAYMENT ARRANGEMENTS ARE PERIODICALLY REVIEWED FOR OVERALL REASONABILITY IN LIGHT OF THE EXECUTIVE'S OVERALL COMPENSATION PACKAGE.</td>
</tr>
</tbody>
</table>