

Calendar Year: 2023 Entity Name: Astria Toppenish Hospital								
(A)Employee Name (who does not have direct patient care responsibilities)	Indicate if Lead Administrator	Hospital if applicable	(B) Breakdown (i) Base Compensation	of W-2 and/or 1099 I (ii) Bonus & Incentive Compensation	MISC Compensation (iii) Other Reportable Compensation	(C) Retirement and Deferred Compensation	(D)Non- Taxable Benefits	(E) Total
<sup>1</sup> Bambrick, Catherine	Administrator	Astria Toppenish Hospital	see attached Form 990 Schedule J part 3					0
<sup>2</sup> Owens, Maxwell	CFO	Astria Toppenish Hospital	see attached Form 990 Schedule J part 3					0
<sup>3</sup> Record, Jaime		Astria Toppenish Hospital	214,618		119	8,722	27,439	250,898
<sup>4</sup> Jaussaud, Amy		Astria Toppenish Hospital	167,237		140	5,128	27,461	199,966
<sup>5</sup> Villafan, Tyra		Astria Toppenish Hospital	155,802		197	4,777	13,901	174,677
<sup>6</sup> Hogsett, Steve		Astria Toppenish Hospital	126,289		211	3,379	37,796	167,675
<sup>7</sup> Steltz, Lani		Astria Toppenish Hospital	156,674		467	6,272	1,798	165,211
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

MFT: 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.

## 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 III - OTHER ADDITIONAL INFORMATION** THE ADMINISTRATOR AND CFO WERE HIRED AND PAID THROUGH ASTRIA HEALTH. THE SALARIES ARE ESTABLISHED AT THE TIME OF HIRE AND PERIODICALLY THEREAFTER. IN ADDITION TO BASE SALARY, THE ADMINISTRATOR AND CFO MAY BE ELIGIBLE FOR INCENTIVE COMPENSATION BASED ON PERFORMANCE PARAMETERS OUTLINED IN THE HOSPITAL'S CONTRACT WITH ASTRIA HEALTH AND APPROVED BY THE HOSPITAL BOARD. THE MOST RECENT YEAR IN WHICH THIS PROCESS OCCURED WAS 2023. THE MANAGEMENT FEE PAID IN 2023 WAS \$536,514. \_\_\_\_\_ Schedule J (Form 990) 2023