

Compensation of Hospital Employees



DOH 346-095 (REV 08/01/2016)

Calendar Year: 2021 Entity Name: FORKS COMMUNITY HOSPITAL								
(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 Heidi L Anderson	Yes		154,538			28,744	19,932	203,214
2 Paul A Babcock			140,458			10,230	24,906	175,594
3 Andrea j Perkins-Peppers			95,572			29,853	18,623	144,048
4 Todd S Broussard			106,568			15,412	10,245	132,226
5 Tanya L MacNeil			85,011			22,740	18,623	126,374
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/1990sj.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 mail, fax or email to the following address:

Washington State Department of Health

Community Health Systems/Hospital Financial and Charity Care Section

MS: 47853

Olympia, WA 98504-7853
email: hos@doh.wa.gov