

# Compensation of Hospital Employees

Calendar Year: 2024 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 Anderson	Y		276,150				15,320	291,470
2 Paul Babcock			201,749				27,069	228,818
3 Todd Broussard			128,772				15,320	144,092
4 Sandra Lyons			115,247				8,259	123,506
5 Janet Barker			112,330				6,466	118,797
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>

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](mailto:doh.information@doh.wa.gov).

