

Compensation of Hospital Employees



DOH 346-095 April 2023

Calendar Year: 2023 Entity Name: Jefferson County Public Hospital District No 2								
(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 Glenn, Mike	x		\$ 347,343.14	\$ -	\$ 546.00			\$ 347,889.14
2 Davidson, Jacob			\$ 261,876.78	\$ -	\$ 546.00			\$ 262,422.78
3 Toner, Tina			\$ 247,381.34	\$ -	\$ 546.00			\$ 247,927.34
4 Freeman, Tyler B.			\$ 244,921.58	\$ -	\$ 378.00			\$ 245,299.58
5 Manuel, Brandie M.			\$ 224,453.19	\$ -	\$ 546.00			\$ 224,999.19
6								\$ -
7								\$ -
8								\$ -
9								\$ -
10								\$ -
11								\$ -
12								\$ -
13								\$ -
14								\$ -
15								\$ -

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.