SAN GORGONIO
MEMORIAL HEALTHCARE
DISTRICT

AGENDA

REGULAR MEETING OF THE BOARD OF DIRECTORS
Tuesday, August 25, 2026
4:30 PM

Modular C Classroom
600 N. Highland Springs Avenue, Banning, CA 92220

In compliance with the Americans with Disabilities Act, if you need special assistance to participate in this meeting, please contact the Administration Office at (951) 769-2160. **Notification 48 hours prior to the meeting** will enable the Healthcare District to make reasonable arrangements to ensure accessibility to this meeting. [28 CFR 35.02-35.104 ADA Title II].

TAB

I. Call to Order — S. McDougall, Chair

II. Public Comment

A five-minute limitation shall apply to each member of the public who wishes to address the Healthcare District Board of Directors on any matter under the subject jurisdiction of the Board. A thirty-minute time limit is placed on this section. No member of the public shall be permitted to "share" his/her five minutes with any other member of the public. (Usually, any items received under this heading are referred to staff for future study, research, completion and/or future Board Action.) (PLEASE STATE YOUR NAME AND ADDRESS FOR THE RECORD.)

On behalf of the Healthcare District Board of Directors, we want you to know that the Board acknowledges the comments or concerns that you direct to this Board. While the Board may wish to occasionally respond immediately to questions or comments if appropriate, they often will instruct the Hospital CEO, or other Hospital Executive personnel, to do further research and report back to the Board prior to responding to any issues raised. If you have specific questions, you will receive a response either at the meeting or shortly thereafter. The Board wants to ensure that it is fully informed before responding, and so if your questions are not addressed during the meeting, this does not indicate a lack of interest on the Board's part; a response will be forthcoming.

NOTE: ALL MEMBERS OF THE SAN GORGONIO MEMORIAL HOSPITAL BOARD OF DIRECTORS ARE INVITED PARTICIPANTS AND MAY ADDRESS THE SAN GORGONIO MEMORIAL HEALTHCARE DISTRICT BOARD OF DIRECTORS AT ANY TIME DURING THIS MEETING.

OLD BUSINESS

III. *** Proposed Action - Approve Minutes** — S. McDougall
- July 28, 2026, Regular Meeting — A

San Gorgonio Memorial Healthcare District
Board of Directors Regular Meeting
August 25, 2026

NEW BUSINESS

IV.	Chief of Staff Report ***Proposed Action - Approve Recommendations of the Medical Executive Committee** ▪ **ROLL CALL**	S. Khalil, MD Chief of Staff	B
V.	District Board Chair Monthly Report	S. McDougall	verbal
VI.	CEO Monthly Report	C. Bjornberg	verbal
VII.	*** Proposed Action – Discussion and possible action on the future of the OB program** ▪ **ROLL CALL**	C. Bjornberg	verbal
VIII.	*** Proposed Action – Approve the Emergency Obstetric/Cesarean Contingency Plan** ▪ **ROLL CALL**	A. Brady	C
IX.	Conifer Health Solutions – Presentation *** Proposed Action – Discussion and Approval to Authorize Ryan Marshall and Christopher Bjornberg to finalize terms and language of the Conifer contract to be presented at a future board meeting for approval** ▪ **ROLL CALL**	C. Bjornberg	D
X.	*** Proposed Action – Approve Addendum #4 to the PSA between San Gorgonio Memorial Hospital, San Gorgonio Memorial Healthcare District and Jasleen Singh, MD, a Professional Corporation (Apna)** ▪ **ROLL CALL**	C. Bjornberg	E
XI.	*** Proposed Action – Discussion and Approval to Authorize Ryan Marshall and Christopher Bjornberg to finalize terms and language of the Waypoint Management Consulting, LLC, contract to be presented at a future board meeting for approval** ▪ **ROLL CALL**	C. Bjornberg	verbal
XII.	*** Proposed Action – Adopt Resolution No. 2026-13** ▪ **ROLL CALL**	R. Marshall	F
XIII.	Committee Reports:		
•	Finance Committee *** Proposed Action – Approve July 2026 Financial Statement (Unaudited)** ▪ **ROLL CALL**	P. Brown/ R. Marshall	G
XIV.	***Proposed Action - Approve Policies and Procedures**	Staff	H

- **ROLL CALL**

*** **ITEMS FOR DISCUSSION/APPROVAL IN CLOSED SESSION** S. McDougall

- Receive Quarterly Security and Emergency Preparedness Report
  (Health & Safety Code §32155)
- Proposed Action – Approve Medical Staff Credentialing
  (Health & Safety Code §32155; and Evidence Code §1157)
- Receive Quarterly Performance Improvement Committee Report
  (Health & Safety Code §32155)

XV. **ADJOURN TO THE CLOSED SESSION OF THE HEALTHCARE DISTRICT BOARD**

*** The Board will convene to the Open Session portion of the meeting approximately 2 minutes after the conclusion of Closed Session.**

RECONVENE TO OPEN SESSION

*** **REPORT ON ACTIONS TAKEN DURING CLOSED SESSION** S. McDougall

XVI. General Information

XVII. Future Agenda Items

XVIII. Adjournment S. McDougall

***Action Required**

In accordance with The Brown Act, *Section 54957.5*, all public records relating to an agenda item on this agenda are available for public inspection at the time the document is distributed to all, or a majority of all, members of the Board. Such records shall be available at the Healthcare District Administration office located at 600 N. Highland Springs Avenue, Banning, CA 92220 during regular business hours, Monday through Friday, 8:00 am - 4:30 pm.

I certify that on August 21, 2026, I posted a copy of the foregoing agenda near the regular meeting place of the Board of Directors of San Gorgonio Memorial Healthcare District, and on the San Gorgonio Memorial Hospital website, said time being at least 72 hours in advance of the regular meeting of the Board of Directors (*Government Code Section 54954.2*).

Executed at Banning, California on August 21, 2026

Ariel Whitley

Ariel Whitley, Executive Assistant

TAB A

MINUTES: Not Yet Approved by Board

REGULAR MEETING OF THE
SAN GORGONIO MEMORIAL HEALTHCARE DISTRICT
BOARD OF DIRECTORS

July 28, 2026

The regular meeting of the San Gorgonio Memorial Hospital Board of Directors was held on Tuesday, July 28, 2026, in Modular C meeting room, 600 N. Highland Springs Avenue, Banning, California.

Members Present: Pat Brown, Doris Foreman, Shannon McDougall (C), Ron Rader, Lanny Swerdlow

Members Absent: None

Required Hospital: Chris Bjornberg (CEO), Angie Brady (CNO), John Peleuses (VP Ancillary and Support Services), Ariel Whitley (EA/Director of Compliance and Privacy), Annah Karam (CHRO), Ryan Marshall (CFO),

<table>
<tr><th>AGENDA ITEM</th><th>DISCUSSION</th><th>ACTION / FOLLOW-UP</th></tr>
<tr><td>Call To Order</td><td>Chair Shannon McDougall called the meeting to order at 5:16 pm.</td><td></td></tr>
<tr><td>Public Comment</td><td>No public comment.</td><td></td></tr>
<tr><td colspan="3">OLD BUSINESS</td></tr>
<tr><td>Proposed Action - Approve Minutes

June 30, 2026, Regular Meeting
June 30, 2026, Special Meeting</td><td>Chair McDougall asked for any changes or corrections to the minutes of the following meetings:

• June 30, 2026, Regular Meeting
• June 30, 2026, Special Meeting</td><td>The minutes will stand approved as submitted.</td></tr>
<tr><td colspan="3">NEW BUSINESS</td></tr>
<tr><td>Chief of Staff Report

Proposed Action – Approve Recommendations of the Medical Executive Committee</td><td>Sherif Khalil, MD, Chief of Staff, briefly reviewed the Medical Executive Committee report as included on the board tablets.

BOARD MEMBER ROLL CALL:

<table><tr><td>Brown</td><td>Yes</td><td>Foreman</td><td>Yes</td></tr><tr><td>McDougall</td><td>Yes</td><td>Rader</td><td>Yes</td></tr><tr><td>Swerdlow</td><td>Yes</td><td colspan="2">Motion carried.</td></tr></table></td><td>M.S.C., (Swerdlow/Rader), the SGMHD Board of Directors approved the recommendations of the Medical Executive Committee Report (memorandum).</td></tr>
<tr><td>District Board Chair Monthly Report</td><td>No formal report.</td><td></td></tr>
</table>

<table>
<tr><th>AGENDA ITEM</th><th>DISCUSSION</th><th>ACTION / FOLLOW-UP</th></tr>
<tr><td>CEO Monthly Report</td><td>Chris Bjornberg, CEO, reported that leadership is realigning responsibilities for operational sense. Some department directors will report to an executive they did not report to before. Chris also discussed the financial pressure and cash flow risks that the hospital is experiencing. The approved budget aims to shift the organization from an $8-9 million loss to a surplus of around $4-5 million through reworked contracts and savings in supplies, labor, and other areas. Chris also discussed the strategic plan and the steps that will need to be taken to achieve those goals.</td><td></td></tr>
<tr><td>Proposed Action – Approve the Associate Holiday Gift Cards</td><td>Annah Karam reported that every year associates are provided with holiday gift cards. See Tab C for the breakdown.

BOARD MEMBER ROLL CALL:

<table><tr><td>Brown</td><td>Yes</td><td>Foreman</td><td>Yes</td></tr><tr><td>McDougall</td><td>Yes</td><td>Rader</td><td>Yes</td></tr><tr><td>Swerdlow</td><td>Yes</td><td colspan="2">Motion carried.</td></tr></table></td><td>M.S.C., (Foreman/Rader), the SGMHD Board of Directors voted to approve the Associate Holiday Gift Cards as presented.</td></tr>
<tr><td>Proposed Action – Approve the changes to the Conflict-of-Interest Code and Resolution No. 2026-09</td><td>Ariel Whitley reported that the Fair Political Practices Commission (FPPC) requires that the District’s Conflict of Interest Code be reviewed, and any changes made bi-annually.

BOARD MEMBER ROLL CALL:

<table><tr><td>Brown</td><td>Yes</td><td>Foreman</td><td>Yes</td></tr><tr><td>McDougall</td><td>Yes</td><td>Rader</td><td>Yes</td></tr><tr><td>Swerdlow</td><td>Yes</td><td colspan="2">Motion carried.</td></tr></table></td><td>M.S.C., (Foreman/Brown), the SGMHD Board of Directors voted to approve the changes to the Conflict-of-Interest Code and Adopt Resolution No. 2026-09.</td></tr>
<tr><td>Proposed Action – Approve the June 2026 Financial Report</td><td>Ryan Marshall, CFO, reviewed the June 2026 Finance Report as included on board tablets.

BOARD MEMBER ROLL CALL:

<table><tr><td>Brown</td><td>Yes</td><td>Foreman</td><td>Yes</td></tr><tr><td>McDougall</td><td>Yes</td><td>Rader</td><td>Yes</td></tr><tr><td>Swerdlow</td><td>Yes</td><td colspan="2">Motion carried.</td></tr></table></td><td>M.S.C., (Rader/Brown), the SGMHD Board of Directors approved the June 2026 Financial Report as presented.</td></tr>
<tr><td>Proposed Action – Adopt Resolution No. 2026-10</td><td>Resolution to direct Riverside County to levy Measure A for FY 2026–2027 to pay principal and interest (~$8.177 million). Refinancing considered but postponed for six months due to unfavorable rates and conditions.

BOARD MEMBER ROLL CALL:

<table><tr><td>Brown</td><td>Yes</td><td>Foreman</td><td>Yes</td></tr><tr><td>McDougall</td><td>Yes</td><td>Rader</td><td>Yes</td></tr><tr><td>Swerdlow</td><td>Yes</td><td colspan="2">Motion carried.</td></tr></table></td><td>M.S.C., (Rader/Foreman), the SGMHD Board of Directors voted to adopt Resolution No. 2026-10 as presented.</td></tr>
</table>

<table>
<tr><th>AGENDA ITEM</th><th>DISCUSSION</th><th>ACTION / FOLLOW-UP</th></tr>
<tr><td>Proposed Action – Approve the Quarterly Investing Report 6-30-26</td><td>The quarterly investment report was included on the tablets for approval.

BOARD MEMBER ROLL CALL:

<table><tr><td>Brown</td><td>Yes</td><td>Foreman</td><td>Yes</td></tr><tr><td>McDougall</td><td>Yes</td><td>Rader</td><td>Yes</td></tr><tr><td>Swerdlow</td><td>Yes</td><td colspan="2">Motion carried.</td></tr></table></td><td>M.S.C., (Rader/Swerdlow), the SGMHD Board of Directors approved the quarterly investing report 6-30-26 as presented.</td></tr>
<tr><td>Proposed Action – Approve the Declaration of Surplus Property - Van</td><td>Closure of BHC rendered patient transport vans obsolete. Coachella Valley Behavioral Health expressed interest in at least one van. Selling obsolete items will reduce insurance costs.

BOARD MEMBER ROLL CALL:

<table><tr><td>Brown</td><td>Yes</td><td>Foreman</td><td>Yes</td></tr><tr><td>McDougall</td><td>Yes</td><td>Rader</td><td>Yes</td></tr><tr><td>Swerdlow</td><td>Yes</td><td colspan="2">Motion carried.</td></tr></table></td><td>M.S.C., (Rader/Brown), the SGMHD Board of Directors approved the declaration of surplus property – van.</td></tr>
<tr><td>Proposed Action – Approve the Declaration of Surplus Property – Disaster Food</td><td>A 10-year supply of disaster preparedness food has been replaced. The expiration date of the supply will be determined and the usable food will be disposed or distributed.

BOARD MEMBER ROLL CALL:

<table><tr><td>Brown</td><td>Yes</td><td>Foreman</td><td>Yes</td></tr><tr><td>McDougall</td><td>Yes</td><td>Rader</td><td>Yes</td></tr><tr><td>Swerdlow</td><td>Yes</td><td colspan="2">Motion carried.</td></tr></table></td><td>M.S.C., (Foreman/Swerdlow), the SGMHD Board of Directors approved the declaration of surplus property – Disaster Food.</td></tr>
<tr><td>Proposed Action – Approve Policies and Procedures</td><td>There were fifty (50) policies and procedures included on the board tablets presented for approval by the Board.

BOARD MEMBER ROLL CALL:

<table><tr><td>Brown</td><td>Absent</td><td>Foreman</td><td>Yes</td></tr><tr><td>McDougall</td><td>Yes</td><td>Rader</td><td>Yes</td></tr><tr><td>Swerdlow</td><td>Yes</td><td colspan="2">Motion carried.</td></tr></table></td><td>M.S.C., (Foreman/Rader), the SGMHD Board of Directors approved the policies and procedures as submitted.</td></tr>
<tr><td>Adjourn to Closed Session</td><td>Chair McDougall reported the items to be reviewed and discussed and/or acted upon during Closed Session will be:

➢ Proposed Action–Approve Medical Staff Credentialing.
➢ Receive Quarterly Physical Environment/Life Safety/Utility Management Report

The meeting adjourned to Closed Session at 5:37 pm.</td><td></td></tr>
</table>

AGENDA ITEM	DISCUSSION	ACTION / FOLLOW-UP
Reconvene to Open Session	The meeting was reconvened to Open Session at 5:49 pm. Chair McDougall reported on the actions taken/information received during closed session as follows: ➢ Approved Medical Staff Credentialing ➢ Received Quarterly Physical Environment/Life Safety/Utility Management Report	
General Information	• None	
Future Agenda Items	• None	
Adjournment	The meeting was adjourned at 5:51 pm.	

In accordance with The Brown Act, *Section 54957.5*, all reports and handouts discussed during this Open Session meeting are public records and are available for public inspection. These reports and/or handouts are available for review at the Healthcare District Administration office located at 600 N. Highland Springs Avenue, Banning, CA 92220 during regular business hours, Monday through Friday, 8:00 am - 4:30 pm.

Minutes respectfully submitted by Ariel Whitley, Executive Assistant

TAB B

SAN GORGONIO MEMORIAL HOSPITAL
Medical Staff Services Department

M E M O R A N D U M

DATE: August 19, 2026

TO: Chair
Governing Board

FROM: Sherif Khalil, M.D., Chairman
Medical Executive Committee

SUBJECT: MEDICAL EXECUTIVE COMMITTEE REPORT

At the Medical Executive Committee meeting held on this date, the following items were approved and recommended for final approval by the Governing Board:

Approval Item(s):

2026 Annual approval of Policies & Procedures
The 2026 Policies and Procedures were reviewed and recommended for approval (See attached). Revisions were made by the respective departments, and all changes have been highlighted for reference.

New L&D/OB Order Sets
Attached are the approved OB order sets developed for use at DRMC. We are requesting Governing Board approval to implement these order sets for use by OB physicians and RNs.

2026 Annual Approval of Drug Formulary
The 2026 Hospital Drug Formulary has been reviewed and updated to reflect the medications approved for use within the hospital (See attached).

2026 Annual Approval of Pharmacy Compounding Policies
The Pharmacy Compounding Policies have been reviewed by the appropriate pharmacy and clinical leadership and are maintained to support safe, consistent, and compliant compounding practices within the hospital.

The policies establish the standards and procedures governing pharmacy compounding activities, including applicable requirements for preparation, handling, storage, labeling, quality assurance, and documentation.

Emergency Obstetric/Cesarean Contingency Plan
The Emergency Obstetric/Cesarean Contingency Plan has been developed to establish a clear and coordinated response for emergency obstetric situations, including the need for an emergency cesarean delivery. The plan outlines the processes, responsibilities, resources, and clinical response measures necessary to support timely and safe care for obstetric patients.
The plan has been reviewed by the appropriate clinical and administrative leadership and is intended to support compliance with applicable CDPH requirements and hospital standards.

SAN GORGONIO MEMORIAL HOSPITAL
2026 ANNUAL APPROVAL
POLICIES & PROCEDURES

Title	Policy Area	Revised?
Antibiotic Stewardship Program	Pharmacy	Revised
Anticoagulation Protocol for Heparin Infusion Therapy	Pharmacy	Revised
Cleaning Computer Keyboards and Scanners	Infection Prevention	Revised
Compounding Aseptic Isolator: Standard Operational Procedure and Maintenance	Pharmacy	Revised
Controlled Air Purifying Respirator (CAPR)	Infection Prevention	Revised
Flowers and Plants	Infection Prevention	Revised
General Ordering of Medications	Pharmacy	Revised
Herbal/Natural Remedies	Pharmacy	Revised
Intravenous Vancomycin Adult Dosing and Monitoring Protocol	Pharmacy	Unchanged
Isolyser Liquid Treatment System	Infection Prevention	Revised
Medication Storage	Pharmacy	Revised
Medication to Discharged Patients	Pharmacy	Revised
Multiple Dose Vials	Pharmacy	Revised
Outbreak Surveillance	Infection Prevention	Revised
PACU - Admission to the PACU, Assessment and reassessment of the post anesthesia patient	Surgical Services	Revised
PACU – Post Procedural sedation hand-off communication	Surgical Services	Revised
Pediatric Dosing-General Guidelines	Pharmacy	Revised
Perioperative Services Departments- Emergency Equipment	Surgical Services	Revised
Pharmacist Meal and Rest Periods	Pharmacy	New
Pharmacy Renal Dose Adjustment Protocol	Pharmacy	Unchanged
Piperacillin-Tazobactam (Zosyn®) Extended Infusion	Pharmacy	Revised
Postpartum Mental Health	Obstetrics	New
Reportable Disease Notification	Infection Prevention	Revised
Specialty Consultation Response and Escalation Policy	Medical Staff	New
Sterile Processing - Sterilizer Control Number	Surgical Services	Revised
Sterile Processing - Storing Handling and Monitoring Sterile Supplies	Surgical Services	Revised
Therapeutic Automatic Substitution	Pharmacy	Revised
Tracheostomy Collar	Respiratory Therapy	Revised
Undergraduate Medical Education Program	Medical Staff	Revised
USP 800: Associate Handling of Hazardous Drugs	Pharmacy	Revised
Warfarin Therapy	Pharmacy	Revised

TAB C

SAN GORGONIO MEMORIAL HOSPITAL

Emergency Obstetric / Cesarean Contingency Plan

Absence of Obstetric Physician On-Call Coverage

Effective Date	_____	**Review Date**	_____
Approved By	_____	**Policy Owner**	Risk & Quality / Nursing Administration

1. Purpose

To establish a coordinated process for the evaluation, stabilization, emergency treatment, and transfer of pregnant patients who present to San Gorgonio Memorial Hospital during periods when no obstetric physician is available for on-call coverage.

2. Guiding Principle

When a patient has an emergency medical condition and transfer would create a greater risk to the pregnant patient or unborn child, the hospital will provide all stabilizing treatment within its available capability and capacity while mobilizing the fastest safe pathway to definitive obstetric care.

This plan does not authorize any practitioner to perform a procedure outside the practitioner's education, demonstrated competency, scope of practice, or Medical Staff privileges.

3. Immediate Assessment

- The Emergency Department physician performs the required medical screening examination.
- A qualified registered nurse performs maternal and fetal assessment, including fetal monitoring when clinically appropriate and available.
- The care team determines gestational age, maternal condition, fetal status, stage of labor, imminence of delivery, and whether an obstetric emergency is present.
- Potential emergencies include, but are not limited to, placental abruption, umbilical cord prolapse, uterine rupture, severe fetal bradycardia, severe preeclampsia or eclampsia, maternal hemorrhage, shoulder dystocia, and uterine inversion.

4. Immediate Escalation Triggers

The following findings or circumstances require immediate escalation and activation of the obstetric emergency response process. Staff should not delay escalation while awaiting routine consultation, transfer acceptance, or further administrative deliberation when maternal or fetal safety may be compromised.

Immediate escalation triggers include, but are not limited to:

- Nonreassuring fetal status, including persistent fetal bradycardia, prolonged deceleration, recurrent significant decelerations, or other fetal heart rate findings requiring urgent intervention.

- Significant or rapidly progressing maternal hemorrhage.
- Maternal seizure or suspected eclampsia.
- Umbilical cord prolapse or suspected cord prolapse.
- Suspected uterine rupture.
- Suspected placental abruption with maternal instability, significant bleeding, fetal compromise, or rapidly progressing labor.
- Delivery that is imminent or progressing to the point that transfer before delivery may no longer be medically safe.
- Maternal hemodynamic instability, including significant hypotension, severe hypertension with concerning symptoms, altered mental status, or other evidence of clinical deterioration.
- Maternal respiratory compromise, hypoxia, respiratory distress, or impending respiratory failure.
- Shoulder dystocia or another acute delivery complication requiring immediate intervention.
- Maternal cardiac arrest or another immediately life-threatening maternal condition.
- Suspected sepsis with maternal instability or rapid clinical deterioration.
- Any maternal or fetal condition in which delay in treatment or definitive care may reasonably result in serious harm.
- Inability to secure timely transfer acceptance when the patient has an emergent or time-sensitive obstetric condition.
- Any circumstance in which a qualified staff member believes immediate escalation is necessary to protect the pregnant patient or fetus.

When an immediate escalation trigger is identified, staff shall initiate all feasible stabilization measures within the hospital's capability while simultaneously activating the appropriate emergency response, consultation, transfer, and leadership notification pathways.

Inability to promptly secure acceptance from a receiving facility shall not delay stabilization, emergency intervention within the hospital's capability, EMS activation when clinically indicated, or escalation through the hospital's established transfer chain of command.

Clinical judgment shall prevail. This list is not exhaustive, and staff are expected to escalate whenever the maternal or fetal condition presents an immediate or potentially evolving threat to life or safety.

5. Emergency Activation and Notifications

The House Supervisor/ Charge Nurse of the department or designee immediately activates the emergency response and notifies the following, as applicable:

- Administrator on Call
- Chief of Staff or designee
- Chief Nursing Officer or designee
- Emergency Department physician and Medical Director
- Anesthesia provider
- Operating Room team
- Blood Bank / Laboratory
- Respiratory Therapy and Pediatrician support personnel
- Receiving hospital transfer center and accepting obstetric service
- Emergency Medical Services

6. Immediate Efforts to Obtain Qualified Obstetric Assistance

- Contact all available obstetric physicians with current privileges who may be able to respond.
- Contact qualified locum tenens or contracted coverage resources, if available.
- Contact other appropriately privileged practitioners with documented obstetric competence, if applicable.
- Request real-time consultation from the receiving obstetrician while transfer or emergency treatment is being coordinated.
- The Emergency Department physician remains responsible for emergency evaluation and stabilization until care is transferred to another qualified practitioner.

7. Transfer Decision

Patient Stable for Transfer	Transfer Not Medically Safe or Delivery Imminent
• Obtain acceptance by the receiving physician and hospital. • Arrange the most appropriate transport level without unnecessary delay. • Provide stabilizing treatment pending transfer. • Complete all required EMTALA documentation, including risks, benefits, acceptance, records, and physician certification when required.	• Continue aggressive maternal and fetal stabilization. • Mobilize all available qualified personnel and resources. • Prepare the Operating Room if an emergency cesarean delivery may be required and qualified personnel are available. • Continue efforts to obtain immediate obstetric consultation and the fastest safe transfer pathway.

8. Emergency Cesarean Delivery

When an emergency cesarean delivery is considered the only potentially life-saving intervention, the responsible physician and hospital leadership must immediately determine whether the hospital has the qualified personnel and resources necessary to proceed.

If qualified and privileged personnel are available: proceed with the emergency intervention according to the responsible physician's clinical judgment and hospital emergency procedures.

If qualified personnel are not available: continue all feasible maternal and fetal resuscitative measures while arranging the fastest medically appropriate transfer. No practitioner is expected or authorized to perform a cesarean delivery solely because the situation is emergent if the practitioner lacks the required competence or privileges.

9. Department-Specific Readiness

Anesthesia

- Respond immediately when activated.
- Prepare airway equipment, emergency medications, and rapid-sequence induction capability.
- Coordinate hemodynamic stabilization and massive transfusion support when indicated.

Blood Bank / Laboratory

- Prioritize emergency laboratory testing.
- Prepare uncrossmatched blood according to policy when clinically indicated.

Neonatal Support

- Prepare neonatal warmer and resuscitation equipment.
- Activate qualified neonatal resuscitation personnel.
- Coordinate neonatal consultation and transfer to a higher level of care when required.

Nursing

- Initiate maternal assessment, fetal monitoring, intravenous access, laboratory collection, and medications as ordered.
- Prepare emergency delivery and Operating Room equipment.
- Maintain a contemporaneous event timeline and support communication with the patient and family.

10. Patient and Representative Communication

When clinically feasible, the patient and/or legally authorized representative shall be kept informed throughout the emergency evaluation, stabilization, and transfer process.

Communication should be timely, clear, compassionate, and appropriate to the urgency of the situation. The responsible physician or qualified member of the care team should explain, as applicable:

- The patient's current maternal and fetal condition.
- The nature and seriousness of the suspected or confirmed obstetric emergency.
- The limitations created by the absence of an on-call obstetric physician.
- The recommended plan of care and the reasons for the recommended interventions.
- The risks and anticipated benefits of available treatment options.
- The risks and anticipated benefits of transfer.
- The potential risks associated with delaying transfer or treatment.
- The name or location of the receiving facility when known.
- The anticipated method and level of transport.
- Known delays in obtaining a receiving physician, hospital acceptance, transportation, or other required resources.
- Actions being taken by the hospital while transfer or consultation is being arranged.
- Available alternative care options, when clinically appropriate.
- Changes in the plan of care when the patient's condition evolves or transfer becomes unsafe.

Patient questions should be addressed whenever circumstances permit. Staff should use language the patient or representative can reasonably understand and obtain interpreter services when needed and when doing so does not delay emergency stabilization.

When immediate intervention is necessary to prevent serious harm and the urgency of the clinical situation does not allow for a full discussion in advance, the care team should provide the explanation as soon as reasonably feasible after the immediate emergency has been addressed.

Communication with the patient or representative shall not delay necessary emergency stabilization, resuscitation, emergency treatment, or activation of transfer resources.

When transfer is recommended, the physician should discuss the risks and benefits of transfer and document the discussion in accordance with EMTALA and hospital policy. If the patient or representative refuses recommended treatment or transfer, the responsible physician shall explain the reasonably foreseeable risks of refusal and document the discussion and patient's decision in the medical record.

11. Documentation Requirements

- Time of arrival, triage findings, and medical screening examination.
- Maternal and fetal assessments and changes in condition.
- All attempts to contact obstetric providers and alternate qualified resources.
- Consultations, recommendations, and the names and times of contacted practitioners.
- Transfer decision, receiving physician and hospital acceptance, mode of transport, and required EMTALA documentation.
- Clinical rationale when transfer was delayed, declined, or determined unsafe.
- Treatments, procedures, medications, blood products, and emergency interventions provided.
- Patient or representative communication, including risks, benefits, and plan of care.
- A complete timeline of significant events and escalation notifications.

12. Post-Event Review

- Conduct an immediate multidisciplinary debrief.
- Submit the event through the hospital event reporting system.
- Complete peer review, quality review, and root cause or apparent cause analysis when indicated.
- Review the event through the appropriate Medical Staff, Quality, and Governing Body channels.
- Identify corrective actions, responsible owners, deadlines, and effectiveness measures.

13. Preparedness Actions During Coverage Gaps

- Communicate coverage status to affected departments, EMS, and receiving facilities as appropriate.
- Confirm daily availability of anesthesia, Operating Room, blood products, neonatal equipment, and transport resources.
- Maintain current transfer agreements and direct contact information for the receiving obstetric service and transfer center.
- Use early recognition and early transfer whenever a patient can be safely transferred before clinical deterioration.
- Conduct drills or tabletop exercises for imminent delivery, hemorrhage, cord prolapse, fetal bradycardia, and emergency transfer.

14. Approval and Review

This plan should be reviewed and approved through the hospital's established policy process, including Medical Staff leadership, Emergency Services, Anesthesia, Perioperative Services, Nursing Administration, Risk & Quality, executive leadership, and legal counsel, as applicable.

TAB D

CONIFER
HEALTH SOLUTIONS®

By operators, for operators

Your partner in care.

August 25, 2026

Agenda

San Gorgonio Memorial Hospital | Conifer Health Solutions

- Introductions & Session Overview
- Why Conifer?
- Conifer Overview
- Technology & Business Intelligence
- Governance
- Integration and Implementation Timeline
- Proposal Summary
- Questions & Discussion

Deepali Narula
Chief Operating Officer
Conifer Health Solutions

David Dawson
SVP, Client Success
Conifer Health Solutions

Why Conifer is the right revenue cycle partner for San Gorgonio

- Conifer proposes to assume revenue cycle mid-cycle and accounts receivable management services, integrate ConiferCore technology, and leverage our expertise, best practices, and global delivery model to provide **yield improvement of approximately $1M to $1.5M annually while lowering the cost to collect by 12%.**

- Conifer brings more than **35 years of exclusive healthcare revenue cycle experience**, built by hospital owners and operators who have carried the same margin, mission, and community pressures your Finance Committee and Board weighs every month. We have a **deep understanding of health system culture, operations, and challenges** with subject matter experts that speak the language of your CFO, Case Managers, RCM Ops leaders, Physicians, and Clinical Leaders.

- As experienced revenue cycle operators in the California market for over 35 years, we understand the challenges of managing complex payer mixes, Medicare and Medi-Cal requirements, high labor costs, patient financial assistance obligations, and diverse patient populations. We have **deep expertise in California's reimbursement environment** with established relationships with Medi-Cal and national and regional payers.

- Our **ConiferCore Technology Platform** unifies the entire patient's financial journey into a single, efficient workflow offering a **comprehensive, tailored solution** by combining technology, operational focus, and a scalable infrastructure to drive efficiency and improve performance. This month, we successfully integrated ConiferCore with an Altera system for another client and will leverage that experience to support a similar integration for SGMH.

- We have a **100% cash performance mindset** with a fee structure that aligns our success directly with San Gorgonio's. Deep integration between RCM operations, case management, clinical leaders, and managed care is needed to aggressively pursue the 5% of cash collections that are the toughest to collect.

Unmatched Expertise and Scale

Technology, Automation & Innovation

End-to-End Revenue Cycle Management

Scalable, Global Delivery

By operators, for operators

- Maximize Revenue & Reimbursement
- Improve Yield & Reduce Cost
- Drive Technology-Enabled Results

Prevent downstream challenges upfront

Accelerate Revenue Capture. Support Accurate Documentation. Reinforce a Culture of Integrity.

Strategic Enablers

- 1,700 credentialed coding professionals across the enterprise
- Over 60 credentialed coding quality compliance auditors
- Specialized training for client physicians and clinicians
- Speech recognition for transcription utilizing natural language processing
- Continuous improvement with Lean Six Sigma techniques

Clinical Documentation Integrity

650K+
CDI Records Reviewed

>98%
Query Accuracy

Revenue Integrity

0.7 Days
CDM Requests Turnaround Time

99%
Accuracy

Health Information Management

190M
Documents Imaged

99.8%
Document Imaging Accuracy

Coding & Coding Quality

27M+
Charts Coded

98%
Coding Quality

Stats reflect annual numbers Revenue Integrity includes Charge Capture, Charge Integrity and CDM Health Information Management includes Transcription

Increase cash collections and optimize yield

Improve Patient Experience. Minimize Future Denials. Increase Cash Flow.

Strategic Enablers

- 100 dedicated staff focused on product and process automation and innovations to drive value and scale
- Real-time inventory management to optimize right-time, right-touch, exceptions-based accounts resolution
- Seamless integration between onshore and offshore resources
- Deep expertise within regulatory, legal and compliance teams

Billing Integrity

64%
Reduction in Claim Correction Turn-Around Time

100%
Cash Collected

Third-Party Resolution

63M+
Automated Claim Inquiries Processed

250+
Payors on Direct Connect

Denials & Appeals Management

33%
Reduction in AR Cycle Time

294K+
Automated First Level Technical Appeals

Self-Pay/ Bad Debt

12%
Lower Payment Plan Default Rates

40%
Self-Service Adoption for Patient Payments

Note: Stats reflect annual numbers

ConiferCore® Revenue Intelligence Platform

Seamlessly integrates with all EHR's bringing advanced technology, proprietary, and best-in-class solutions

Enhance patient experience & access
(Front-End)

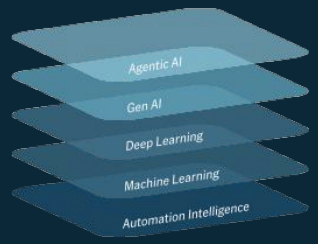
Maximize recovery and reimbursement
(Mid-Cycle)

Improve yield and reduce cost
(Back-End)

Automated Workflow Engine | Advanced Analytics

1M+ Tasks Automated Annually | 3K+ Quality Rules | 2M+ Authorization Rules

- Scheduling
- Pre-Reg & Financial Clearance
- Registration
- Eligibility & Enrollment
- Revenue Integrity
- Clinical Documentation Improvement
- Coding
- Health Information Management
- Claim Submission
- Third Party Resolution
- Denials & Appeals Management
- Self-Pay Bad Debt



Artificial Intelligence Layer

Unifies the revenue cycle value-chain, improving automation and operational speed from patient intake through reimbursement.

- Authorization Automation
- Eligibility & Authorization
- Plan Code Accuracy
- Coverage Detection
- Charity/Government Programs
- Coding QA/ Charge Anomaly
- Payer Direct Connect
- Claim Statusing
- Billing Automation
- Omni-channel Segmentation
- Clinical & Technical Appeals

Technology and automation to protect revenue and drive yield

AI & Advanced Analytics

Anticipate and prevent denials before they impact revenue, leveraging data to uncover root causes and systematically improve yield.

Automation & Digital Tools

Accelerate cash realization by standardizing workflows, reducing manual variation, and prioritizing action with the highest financial impact.

Operational Intelligence

Provide continuous visibility into revenue performance, enabling accountability and faster decision-making tied directly to financial outcomes.

ConiferCore® Business Intelligence enables transparent enterprise performance reporting

- Web-based analytics engine that provides access to best practice KPIs, scorecards and dashboards
- Utilizes A.I. to predict performance outcomes
- Detects anomalies based on supervised predictive models
- Enables operators to proactively address potential issues based on leading versus trailing indicators

A strong governance model ensures alignment of interest

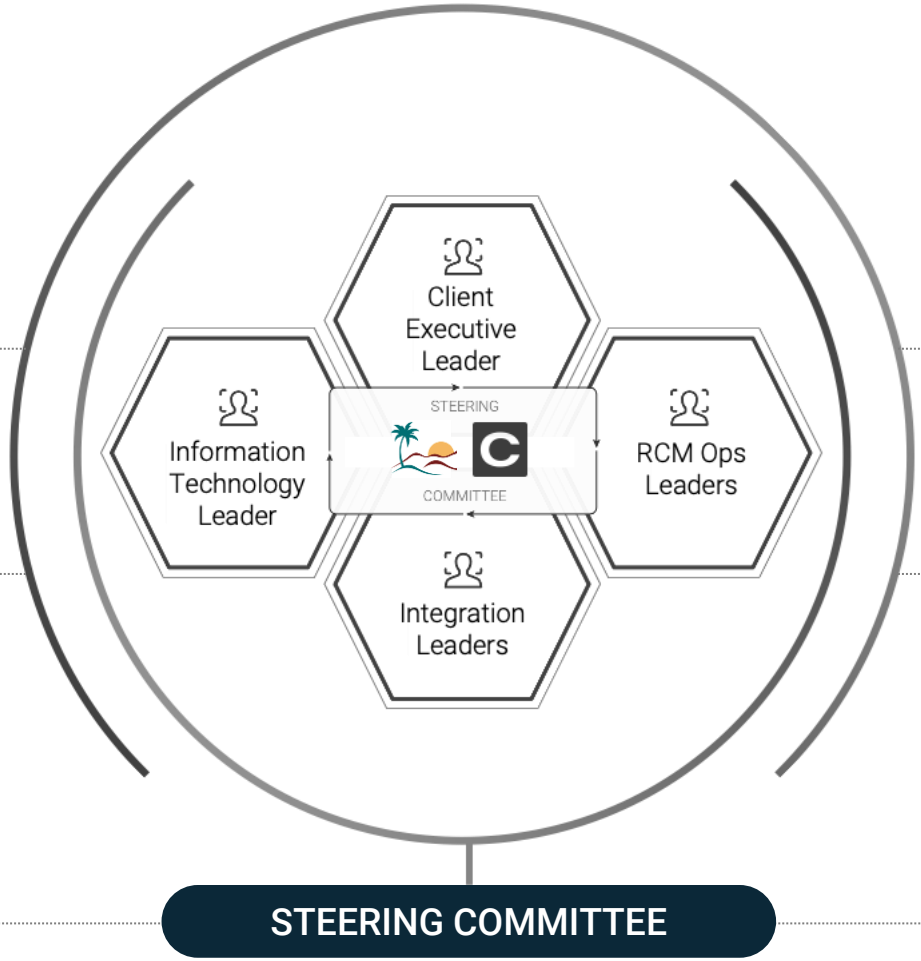
Implementation

Project Manager
Revenue Cycle Operations
IT, Compliance, HR

Integration Leader
Service Line Optimization Leaders
IT, Compliance, Analytics, HR

Project Work Stream Updates
Risk Review
Barrier Removal
Milestone/Timelines Calibration
Vendor Migration

Recurring Work Stream Meetings



Operations

Revenue Cycle Leadership
Hospital CFO
Hospital Operational Owners

Dedicated Client Executive
Dedicated Operational Leaders
IT, Compliance, Analytics, HR

Recurring Governance Meetings

Monthly Revenue Cycle Performance / KPI Review
Optimization Opportunities
Escalations
Denials Prevention
Weekly CFO Touchpoint

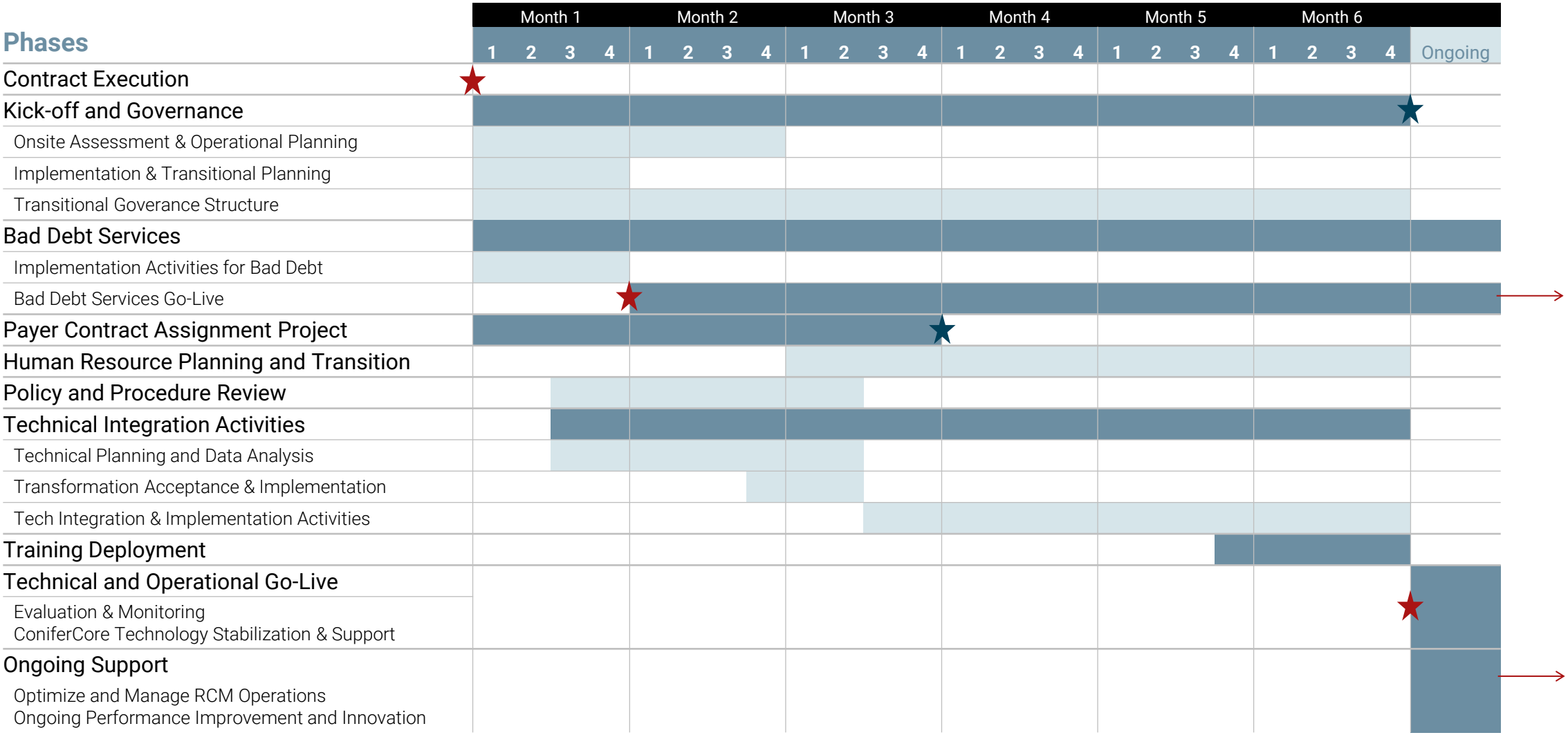
STEERING COMMITTEE

Ensure Strategic Alignment & Goals, Clear Roles and Responsibility Assignment, Review Operational Performance

Client: Senior Executives
Conifer: Senior Executives

Weekly, Monthly, Quarterly and Annually Governance Meetings Cadence

Integration and implementation timeline



Proposal Summary: Phase I

Bad Debt Services

22%

of Cash Collected

Scope of Work

- Bad Debt Collections:
  - Contract & Relationship Management
  - Collection Performance Oversight
  - Quality Assurance & Patient Experience
  - Operational Governance
- Included:
  - Business Insights and Reporting (Daily, Weekly, Monthly)
  - $0 Implementation fee

5-Year Term

Assumptions

- Placement volume remains constant throughout year (~$1.0M monthly/~$12M annually)
- No change in account mix or inventory quality
- Inventory prior to start date remains with current vendor for resolution
- Current vendor recovery performance: 1.27%
- Fee structure aligns with current vendor contract

Final pricing is valid for a period of 120 days from the date of issuance, subject to standard confirmatory due diligence. After this period, prices are subject to review and may be adjusted.

Proposal Summary: Phase II

Mid-Cycle and AR Services

3.20%

% of Collections

Scope of Work

- Mid-Cycle Services:
  - Coding
  - CDM Maintenance
  - CDI
  - HIM Operations and ROI
- AR Services:
  - AR Management
    Claims Submission, Edits, Follow-Up)
  - Self-Pay
    Submission, Patient Statements, Early Out Billing, Follow-Up, Customer Service, Payment Plan Setup and Maintenance
  - Denials Management & Appeals
  - Payment Posting & Reconciliation, Cash Research, Refunds, Credit Balance

5-Year Term

Included

- Business Insights and Reporting (Daily, Weekly, Monthly)
- Hybrid Global Delivery Model
- $0 Implementation fee

Assumptions

- 6-month termination of current vendor after contract execution
- Implement ConiferCore technology platform prior to assuming services
- Rebadging RCM SGMH staff relevant to scope
- Potential to add Patient Access to scope – due diligence underway

Final pricing is valid for a period of 120 days from the date of issuance, subject to standard confirmatory due diligence. After this period, prices are subject to review and may be adjusted.

The right mix.

Innovation.
Discipline.
Talent.

Technology-enabled Solutions

Integrate with your existing systems to prioritize the patient experience and improve financial performance

Intelligent process automation

Transform your business model to boost productivity and reduce operational risk

Global delivery model

Leverage best-cost geographies to increase quality and efficiency while decreasing your cost

Deep domain expertise

Guide your organization to apply best practices that solve problems and create lasting value

CONIFER
HEALTH SOLUTIONS®

By operators, for operators

Your partner in care.

TAB E

Addendum #4

Professional Services Agreement Between
San Gorgonio Memorial Healthcare District,
San Gorgonio Memorial Hospital
and
Jasleen Singh MD a Professional Corporation

This Fourth addendum ("***Fourth Addendum***") is effective as of the date the last signature is attached, by and between:

San Gorgonio Memorial Healthcare District ("***District***")

and,

San Gorgonio Memorial Hospital ("***SGMH***"),

and,

Jasleen Singh, M.D., P.C. (dba Apna Health) ("***Apna***").

District and SGMH are collectively referred to in this Fourth Addendum as the "***Hospital Parties***." Singh MD, a Professional Medical Corporation - Staffing, TIN/EIN 42-2477794 ("***Assignee***" or "***Apna Health-Staffing***"), joins this Fourth Addendum solely for purposes of accepting the assignment and assumption described herein.

This Addendum updates the Professional Services Agreement ("***Agreement***") entered into on December 1, 2024, as previously amended by Addendum #1 dated December 10, 2024, Addendum #2 dated September 15, 2025, and Addendum #3 dated October 3, 2025. For ease of reference, this Addendum shall use the terms as defined in the Agreement unless defined otherwise.

The parties agree to update the scope of services and compensation to reflect temporary OB/GYN emergency call coverage, additional clinic coverage, and insurance-related payment obligations as follows:

1. Role and Scope of Services

Apna, through its OB/GYN providers, shall provide professional services under temporary OB/GYN emergency call coverage and related clinical coverage, including:

1.1. OB/GYN in-house emergency call coverage.
1.2. OB/GYN out-of-hospital backup emergency call coverage.
1.3. Additional clinical coverage as needed by District and/or SGMH.
1.4. Coordination with SGMH medical staff, nursing staff, administration, and Apna OB/GYN providers as reasonably necessary to support the services covered by this Addendum #4.

2. Temporary OB/GYN Emergency Call Coverage and Compensation

For a period of three (3) months commencing on the effective date of this Addendum #4, Apna shall provide OB/GYN emergency call coverage services as needed by District and/or SGMH. Compensation for these specific OB/GYN emergency call duties shall be structured as follows:

2.1. **OB/GYN In-House Call Coverage:** Apna OB/GYN providers shall be compensated at a rate of Four Thousand Five Hundred Dollars ($4,500) per twenty-four (24) hour OB/GYN call shift for in-house emergency coverage.

2.2. **OB/GYN Out-of-Hospital Backup Call Coverage:** Apna OB/GYN providers shall be compensated at a rate of Three Thousand Dollars ($3,000) per twenty-four (24) hour OB/GYN call shift for emergency out-of-hospital backup coverage.

3. Clinic Coverage

For any additional OB/GYN clinical coverage provided by Apna Health-Staffing under this Addendum #4, Apna Health-Staffing shall be compensated at a rate of Two Hundred Fifty-Five Dollars ($255) per hour. OB/GYN Clinic coverage shall be payable for services provided as needed by District and/or SGMH, actually performed by Apna or an Apna OB/GYN provider, and documented in accordance with Apna Health-Staffing's invoice.

4. Malpractice Insurance and Tail Insurance

District and SGMH shall be jointly and severally responsible for the payment obligations described in this Section 4 and are referred to collectively in this Addendum #4 as the "Hospital Parties."

4.1. The Hospital Parties shall pay for or reimburse Apna for the actual, documented cost of professional liability insurance or malpractice insurance for each additional OB/GYN physician or OB/GYN provider brought on by Apna to fulfill services under the Agreement, Addendum #1, Addendum #2, Addendum #3, or this Addendum #4.

4.2. The Hospital Parties shall pay for or reimburse Apna for the actual, documented cost of tail insurance, extended reporting period coverage, prior acts coverage, or substantially equivalent coverage required or reasonably necessary to cover claims arising from services performed by Apna or Apna OB/GYN providers under the Agreement, Addendum #1, Addendum #2, Addendum #3, or this Addendum #4.

4.3. Any tail insurance, extended reporting period coverage, prior acts coverage, or substantially equivalent coverage payable under this Addendum #4 shall apply only to claims arising from services performed by Apna or Apna OB/GYN providers under the Agreement and its Addenda and shall not apply to outside practice, unrelated professional services, moonlighting, private patients, or other services performed outside the scope of the Agreement and its Addenda.

4.4. Apna or Assignee, as applicable under Section 9, shall provide the Hospital Parties with an invoice, carrier quote, premium statement, declaration page, endorsement, proof of payment if already paid by Apna or Assignee, or other reasonable supporting documentation identifying the premium amount, coverage period, coverage limits, covered entity or OB/GYN provider, and the relationship of the coverage to the Agreement and its Addenda. If any insurance invoice includes coverage for both services under the Agreement and unrelated services, Apna or Assignee shall use commercially reasonable efforts to provide a reasonable allocation or supporting explanation of the portion attributable to the Agreement and its Addenda.

4.5. The Hospital Parties may satisfy the payment obligation under this Section by direct payment to the insurance carrier or broker or by reimbursement to Apna or Assignee, as applicable under Section 9, after Apna or Assignee provides the supporting documentation described above. No markup, administrative fee, duplicate payment, or reimbursement for unrelated coverage shall be owed under this Section.

5. Billing and Payment Timing

The Hospital Parties shall remit payment in full upon receipt of invoice from Assignee for amounts arising on or after May 1, 2026, or from Apna for amounts arising before May 1, 2026, and no later than seven (7) business days thereafter. This payment obligation applies to OB/GYN emergency call coverage, clinic coverage provided as needed, and documented insurance-related amounts payable under this Addendum #4. In the event of a good-faith dispute regarding any portion of an invoice, the Hospital Parties shall timely pay all undisputed amounts and the parties shall work cooperatively and in good faith to resolve the disputed portion. Any unpaid, undisputed balances not paid within the required timeframe shall accrue interest at the

maximum legal rate until paid in full. District and SGMH shall be jointly and severally responsible for payment obligations under this Addendum #4.

6. Schedule

Specific dates and times for OB/GYN call coverage and clinic coverage shall be determined based on program needs, SGMH scheduling needs, and Apna OB/GYN provider availability. Apna shall not be obligated to provide a specific OB/GYN call shift unless the call shift is accepted by Apna.

7. Compliance

The parties acknowledge that all compensation and insurance-related payments under this Addendum #4 are intended to reflect fair market value for actual services performed or actual documented insurance costs, are commercially reasonable, and are not determined in a manner that takes into account the volume or value of referrals or other business generated between the parties. Nothing in this Addendum #4 requires either party to make referrals to the other party.

8. General

8.1. Except as expressly modified by this Addendum #4, all other terms, conditions, and provisions of the Agreement, Addendum #1, Addendum #2, and Addendum #3 remain unchanged and in full force and effect.

8.2. In the event of a conflict between this Addendum #4 and the Agreement or prior Addenda, this Addendum #4 shall control solely with respect to the temporary OB/GYN emergency call coverage, OB/GYN clinic coverage, and insurance-related payment obligations described herein.

9. Assignment and Assumption; TIN Change. Effective May 1, 2026, Apna assigns to Singh MD, a Professional Medical Corporation - Staffing, TIN/EIN 42-2477794 ("***Assignee***"), and Assignee accepts and assumes, the Agreement, Addendum #1, Addendum #2, Addendum #3, and this Addendum #4 for professional services, OB/GYN call coverage, clinic coverage, coverage as needed, invoices, payment rights, tax identification/payment records, insurance-related payment rights, duties, and obligations arising on and after the Assignment Effective Date.

9.1. The "***Assignment Effective Date***" shall be May 1, 2026.

9.2. Execution of this Addendum #4 by District and SGMH shall constitute their written approval of the assignment and TIN/EIN change described in this Section, effective as of the Assignment Effective Date.

9.3. Beginning on the Assignment Effective Date, Assignee shall be substituted for Apna as the contracting party for future performance under the Agreement and its Addenda, and references to Apna shall be deemed references to Assignee for matters arising on or after the Assignment Effective Date.

9.4. For all services, OB/GYN call coverage, clinic coverage provided as needed, and insurance-related costs arising on or after the Assignment Effective Date, invoices shall be submitted by Assignee using TIN/EIN 42-2477794. The Hospital Parties shall update their vendor, payee, payment, and tax records immediately upon execution of this Addendum #4 to reflect Assignee as payee for amounts arising on or after the Assignment Effective Date.

9.5. Apna may submit invoices only for services, coverage, and insurance-related amounts incurred before the Assignment Effective Date. Assignee shall submit invoices for services, coverage, and insurance-related amounts incurred on or after the Assignment Effective Date.

9.6. Apna shall remain responsible only for obligations, claims, liabilities, services, and coverage arising before the Assignment Effective Date, unless otherwise expressly agreed in writing. Assignee shall be responsible for obligations, claims, liabilities, services, and coverage arising on or after the Assignment Effective Date. This Section does not modify the compensation rates, scope of services, compliance

obligations, or insurance-related payment obligations stated in this Addendum #4 except to reflect the assignment, assumption, and TIN/EIN change described above.

The parties executing this Addendum represent and warrant that they have read and understood its terms, and that they have the authority to bind their respective entities to the obligations set forth herein.

JASLEEN SINGH MD PC

By: _____

Name _____

Title _____

Date _____

SAN GORGONIO MEMORIAL HEALTHCARE DISTRICT

By: _____

Name _____

Title _____

Date _____

SINGH MD, A PROFESSIONAL MEDICAL CORPORATION - STAFFING

TIN/EIN: 42-2477794

By: _____

Name _____

Title _____

Date _____

SAN GORGONIO MEMORIAL HOSPITAL

By: _____

Name _____

Title _____

Date _____

TAB F

SAN GORGONIO MEMORIAL HEALTHCARE DISTRICT
RESOLUTION NO. 2026-13

BE IT RESOLVED, that at a regular board meeting held August 25, 2026, by the Board of Directors of San Gorgonio Memorial Healthcare District, a California Health Care District, that Christopher R. Bjornberg, Chief Executive Officer, Ryan J. Marshall, Chief Financial Officer, and Angela Brady, Chief Nursing Officer are authorized to enter into deposit accounts, transfer funds, brokerage, invest, manage cash, deposit service agreements and sign on behalf of the District with financial institutions. They may designate from time to time who is authorized to withdraw funds, initiate payment orders and otherwise give instructions on behalf of the Healthcare District with respect to its deposit and brokerage accounts. Two (2) signatures are required for withdrawal amounts in excess of $10,000. .

Further, authorizations for all the aforementioned activities previously granted to Michelle Finney, former Interim Chief Executive Officer and Daniel R. Heckathorne, Executive Director of Finance are hereby revoked as of September 12, 2026.

AND BE IT FURTHER RESOLVED THAT this authorization is in addition to any other authorizations in effect and shall remain in full force until written notice of its revocation is delivered to said financial institutions.

Signed: DATE: August 25, 2026

_____

San Gorgonio Memorial Healthcare District Board Secretary

TAB G

SAN GORGONIO MEMORIAL HOSPITAL
BANNING, CALIFORNIA

Unaudited Financial Statements

for

ONE MONTH ENDING JULY 31, 2026

FY 2027

Certification Statement:
To the best of my knowledge, I certify for the hospital that the attached financial statements do not contain any untrue statement of a material fact or omit to state a material fact that would make the financial statements misleading. I further certify that the financial statements present in all material respects the financial condition and results of operation of the hospital and all related organizations reported herein.
Note: Because these reports are prepared for internal users only, they do not purport to conform to the principles contained in U.S. GAAP.

Certified by:
Daniel R. Heckathorne
Daniel R. Heckathorne **8/19/2026**

Executive Director of Finance

San Gorgonio Memorial Hospital
Board Dashboard
Jul-26

	2.49	2.73 OP Factor			2.49	2.73			2.66		2.66	
	Current Month				Year To Date				Prior Year			
	Actual	Budget	Units Var	% Var	Actual	Budget	Units Var	% Var	Month	% Growth	YTD	% Growth
Admissions	219	229	(10)	-4.4%	219	229	(10)	-4.4%	209	4.8%	209	14.8%
Adjusted Admissions	545	626	(81)	-12.9%	545	626	(81)	-12.9%	555	-1.8%	555	-1.8%
Adjusted Patient Days	2,575	2,182	393	18.0%	2,575	2,182	393	18.0%	2,043	26.0%	2,043	26.0%
ALOS	4.72	3.48	(1.24)	-35.6%	4.72	3.48	(1.24)	-35.6%	3.68	-28.3%	3.68	-28.3%
Total Surgeries	63	79	(16)	-20.3%	63	79	(16)	-20.3%	89	-29.2%	89	-29.2%
EBIDA	(1,746)	(2,143)	397	18.5%	(1,746)	(2,143)	397	18.5%	(2,216)	21.2%	(2,216)	21.2%
Normalized EBIDA [annualized Supplementals]	704	307	397	-129.6%	704	307	397	129.6%	(571)	223.3%	(571)	223.3%
Net Operating Margin (%)	-25.23%	-33.12%	0	-23.8%	-25.23%	-33.12%	7.9%	-23.8%	-33.10%	-23.8%	-33.10%	-23.8%
Net Coll. Rev per Adj. Adm.	11,274	9,124	2,150	23.6%	11,274	9,124	2,150	23.6%	10,628	6.1%	10,628	6.1%
Uncollect Exp % Net Pat Rev	17.8%	19.6%	1.8%	9.2%	17.8%	19.6%	1.8%	9.2%	19.4%	-8.4%	19.4%	-8.4%

NORMALIZING ITEMS EBIDA:

$2.45M = Rate Range $11.6M, Other Supp $15M, P4P/QIP $2.9M

San Gorgonio Memorial Hospital
Board Dashboard
Jul-26

	2.49	2.73 OP Factor			2.49	2.73			2.66		2.66	
	Current Month				Year To Date				Prior Year			
	Actual	Budget	Units Var	% Var	Actual	Budget	Units Var	% Var	Month	% Growth	YTD	% Growth
Paid FTE/AA												
Paid FTE/APD												
SWB/AA	9,441	7,916	(1,525)	-19.3%	9,441	7,916	(1,525)	-19.3%	9,560	1.2%	9,560	1.2%
SWB/APD	1,999	2,272	273	12.0%	1,999	2,272	273	12.0%	2,597	23.0%	2,597	23.0%
Supply Exp per Adj. Adm.	1,438	1,482	44	3.0%	1,438	1,482	44	3.0%	1,747	17.7%	1,747	17.7%
OCE/NCE Per Adj. Adm	5,019	4,357	(662)	-15.2%	5,019	4,357	(662)	-15.2%	4,749	-5.7%	4,749	-5.7%
Total Operating Expense Per Adj. Adm	15,898	13,755	(2,143)	-15.6%	15,898	13,755	(2,143)	-15.6%	16,056	1.0%	16,056	1.0%
Contract Labor	437	225	(211)	-93.9%	437	225	(211)	-93.9%	290	-50.4%	290	-50.4%

San Gorgonio Memorial Hospital

Financial Report - Executive Summary – 08/19/26
For the Month of July, 2026 and YTD One Month Ended July 31, 2026 (Unaudited)
Unfavorable Variances Show as (Negatives)

Monthly Profit/Loss (EBIDA) Summary - Positive (comparison to Budget)

INCOME STATEMENT - CURRENT MONTH	July 2025 ACTUAL	July 2026 ACTUAL	VARIANCE July 2026 TO July 2025	PERCENTAGE VARIANCE July 2026 TO July 2025	July 2026 BUDGET	VARIANCE July 2026 ACTUAL TO BUDGET	PERCENTAGE VARIANCE July 2026 ACTUAL TO BUDGET
NET INCOME	(2,358,234)	(1,904,318)	453,916	19.2%	(2,383,247)	478,929	20.1%
EBIDA	(2,216,419)	(1,746,129)	470,290	21.2%	(2,143,385)	397,256	18.5%

YTD Profit/Loss (EBIDA) Summary - Positive (comparison to Budget)

(See Current Month Information)

Items of Note:

- Inpatient Days, Adjusted Patient Days, and Outpatient Registrations were 29%, 18%, and 27% respectively over budget.
- E/R visits were 4.5% under budget and Surgeries and Newborn Deliveries were significantly under budget.
- July's Supplemental Funding revenues were nominal as expected ($760).
- Other Items of Note are outlined in the Board Dashboard report.

Monthly Workloads – The following table illustrates the monthly Workload Units:

KEY WORKKLOAD UNITS - CURRENT MONTH	JULY 2025 ACTUAL	JULY 2026 ACTUAL	VARIANCE JULY 2026 TO JULY 2025	PER CENTAGE VARIANCE JULY 2026 TO JULY 2025	JULY 2026 BUDGET	VARIANCE JULY 2026 ACTUAL TO BUDGET	PER CENTAGE VARIANCE JULY 2026 ACTUAL TO BUDGET
TOTAL ACUTE PATIENT DAYS	770	1,036	266	34.5%	803	233	29.0%
AVERAGE DAILY CENSUS	24.8	33.4	8.6	34.5%	25.9	7.5	29.0%
AVERAGE ACUTE LENGTH OF STAY	3.68	4.73	1.0	28.4%	3.51	1.22	34.9%
PATIENT DISCHARGES	209	219	10	4.8%	229	(10)	-4.4%
ADJUSTED PATIENT DAYS	2,043	2,575	532	26.0%	2,182	393	18.0%
OBSERVATION COUNT	383	349	(34)	-8.9%	384	(35)	-9.0%
TOTAL EMERGENCY ROOM VISITS	3,521	3,469	(52)	-1.5%	3,633	(164)	-4.5%
AVERAGE EMERGENCY VISITS PER DAY	113.6	111.9	(1.7)	-1.5%	117.2	(5)	-4.5%
TOTAL SURGERIES (EXCLUDING G.I.'S)	89	63	(26)	-29.2%	79	(16)	-20.3%
DELIVERIES/BIRTHS	4	7	3	75.0%	12	(5)	-41.7%
OUTPATIENT REGISTRATIONS (EXCLUDING EMERGENCY AND CLINIC)	581	742	161	27.7%	585	157	26.8%
CASE MIX INDEX	1.5937	1.5150	(0.0787)	-4.9%	1.4884	0.0266	1.8%

YTD Workloads – The following table illustrates the YTD Workload Units:

(See Current Month Information)

Monthly Patient Revenues - Positive Variance

INCOME STATEMENT - CURRENT MONTH	July 2025 ACTUAL	July 2026 ACTUAL	VARIANCE July 2026 TO July 2025	PERCENTAGE VARIANCE July 2026 TO July 2025	July 2026 BUDGET	VARIANCE July 2026 ACTUAL TO BUDGET	PERCENTAGE VARIANCE July 2026 ACTUAL TO BUDGET
NET PATIENT REVENUE	5,899,380	6,146,465	247,085	4.2%	5,714,101	432,364	7.6%
GROSS REVENUE FROM PATIENT SERVICES	49,979,786	52,954,616	2,974,830	6.0%	50,193,746	2,760,870	5.5%
TOTAL INPATIENT REVENUE	18,818,009	21,272,058	2,454,049	13.0%	18,354,369	2,917,689	15.9%
TOTAL OUTPATIENT REVENUE	31,161,777	31,682,558	520,781	1.7%	31,839,377	(156,819)	-0.5%
DEDUCTIONS FROM REVENUE	(44,080,406)	(46,808,151)	(2,727,745)	6.2%	(44,479,645)	(2,328,506)	5.2%
OTHER OPERATING REVENUE	796,807	774,629	(22,178)	-2.8%	756,824	17,805	2.4%

YTD Patient Revenues - Positive Variance

(See Current Month Information)

Monthly Total Operating Revenues - Positive Variance

INCOME STATEMENT - CURRENT MONTH	July 2025 ACTUAL	July 2026 ACTUAL	VARIANCE July 2026 TO July 2025	PERCENTAGE VARIANCE July 2026 TO July 2025	July 2026 BUDGET	VARIANCE July 2026 ACTUAL TO BUDGET	PERCENTAGE VARIANCE July 2026 ACTUAL TO BUDGET
NET OPERATING REVENUE	6,696,187	6,921,094	224,907	3.4%	6,470,925	450,169	7.0%
NET PATIENT REVENUE	5,899,380	6,146,465	247,085	4.2%	5,714,101	432,364	7.6%
OTHER OPERATING REVENUE	796,807	774,629	(22,178)	-2.8%	756,824	17,805	2.4%

YTD Total Operating Revenues – Positive Variance

(See Current Month Information)

Monthly Operating Expenses - Negative Variance

INCOME STATEMENT - CURRENT MONTH	July 2025 ACTUAL	July 2026 ACTUAL	VARIANCE July 2026 TO July 2025	PERCENTAGE VARIANCE July 2026 TO July 2025	July 2026 BUDGET	VARIANCE July 2026 ACTUAL TO BUDGET	PERCENTAGE VARIANCE July 2026 ACTUAL TO BUDGET
TOTAL OPERATING EXPENSE	8,912,606	8,667,223	245,383	2.8%	8,614,310	(52,913)	-0.6%
TOTAL LABOR EXPENSE	5,306,559	5,146,988	159,571	3.0%	4,957,509	(189,479)	-3.8%
WAGES	4,088,991	3,804,723	284,268	7.0%	3,889,206	84,483	2.2%
EMPLOYEE BENEFITS	927,259	905,722	21,537	2.3%	843,201	(62,521)	-7.4%
CONTRACT LABOR	290,309	436,543	(146,234)	-50.4%	225,102	(211,441)	-93.9%
PHYSICIAN FEES	732,959	874,985	(142,026)	-19.4%	787,508	(87,477)	-11.1%
PURCHASED SERVICES	1,181,191	1,152,152	29,039	2.5%	1,152,317	165	0.0%
SUPPLY EXPENSE	969,916	784,176	185,740	19.2%	928,380	144,204	15.5%
UTILITIES	133,288	108,085	25,203	18.9%	136,369	28,284	20.7%
REPAIRS AND MAINTENANCE	89,577	79,711	9,866	11.0%	82,338	2,627	3.2%
INSURANCE	298,168	343,449	(45,281)	-15.2%	355,949	12,500	3.5%
OTHER EXPENSES	91,247	132,728	(41,481)	-45.5%	172,758	40,030	23.2%
LEASE AND RENTALS	109,701	44,949	64,752	59.0%	41,182	(3,767)	-9.1%

Monthly Expense Items of Note: 1) Total Labor costs were $189K (3.82%) over budget, while Adjusted Patient Days were 18.0% over budget; 2) Purchased Services were $165 under budget in spite of Dialysis & Lab fees, and I/T expenses being $53K and $29K respectively over budget; 3) Physician Fees were $87K over budget, largely due to extra fees to cover OB and Anesthesia services; Supply Expenses were $144K under budget due to favorable variances in general medical supplies ($83K), Radioactive supplies ($23K), and all other supplies ($38K); 4) Other favorable variances included Utilities ($28K), Other Expenses ($40K), and other minor variances in all categories combined ($11K).

Non-Operating Revenues and Expenses were favorably impacted by Depreciation expense ($53K) and Interest expense ($21K) along with combined favorable non-operating Interest Income and Donations ($7K). See next following Table.

YTD Operating Expenses - Negative Variance

(See Current Month Information)

YTD Expense Items of Note

(See Current Month Information)

Monthly Non-Operating Revenue (Positive); Depreciation, & Interest Exp. (Positive) Variances

INCOME STATEMENT - CURRENT MONTH	July 2025 ACTUAL	July 2026 ACTUAL	VARIANCE July 2026 TO July 2025	PERCENTAGE VARIANCE July 2026 TO July 2025	July 2026 BUDGET	VARIANCE July 2026 ACTUAL TO BUDGET	PERCENTAGE VARIANCE July 2026 ACTUAL TO BUDGET
NON-OPERATING REVENUE & EXPENSE							
TOTAL NON-OPERATING REVENUE & EXPENSE	823,975	833,710	9,735	1.2%	826,328	7,382	0.9%
OTHER NON-OPERATING REVENUE	177,566	172,130	(5,436)	-3.1%	164,748	7,382	4.5%
NON-OPERATING INTEREST INCOME	78,153	68,033	(10,120)	-12.9%	64,470	3,563	5.5%
NON-OPERATING DONATIONS/GAIN ON SALE	99,413	104,097	4,684	4.7%	100,278	3,819	3.8%
NON-OPERATING TAX REVENUE	646,409	661,580	15,171	2.3%	661,580	0	0.0%
EXTRAORDINARY REVENUE	0	0	0	0.0%	0	0	0.0%
			0				
TOTAL INTEREST & DEPRECIATION	965,790	991,899	(26,109)	-2.7%	1,066,190	74,291	7.0%
DEPRECIATION	458,308	455,375	2,933	0.6%	508,895	53,520	10.5%
INTEREST	507,482	536,524	(29,042)	-5.7%	557,295	20,771	3.7%

YTD Non-Operating Revenue, Depreciation, & Interest Expense Negative Variance

(See Current Month Information)

Balance Sheet/Cash Flow

Patient cash collections in July were $5.33M compared to $6.87M in June, $6.26M in May, and $6.24M in April. Gross Accounts Receivable Days for July were 60.8 compared to 57.1 in June, 58.1 in May, and 54.3 in April.

July's Operating Cash balance was $4.61M compared to $5.84M in June, $5.52M in May, and $5.61M in April. Accounts Payable for July were $13.65M in July, compared to $11.63M in June, $12.99M in May, and $13.72M in April. July's A/P days were 103 compared to 87 in June, 95 in May, and 99 in April. The Line of Credit principal balance, now with Tenet Healthcare, remained at $15.00M in July, the same as June 30.

Other key changes in the Balance Sheet included: 1) Normal changes to Taxes Receivable, Accrued Interest Payable for debt service, along with the impact on the corresponding bank accounts, including the continuation of semi-annual property tax receipts; 2) Establishment of a Grant Receivable of $131K for I/T software purchase; 3) an increase in Prepaid Expenses of $569K related mostly to annual Insurance payments made in July; and 4) an increase in Accounts Payable of $2.02M due to the temporary current cash shortage.

Positive takeaways:

1) Workload volumes, i.e. Patient Days, Adjusted Patient Days, and Outpatient Registrations were strong compared to budget and compared to June, 2026.
2) EBIDA exceeded budget by $397K; Net Revenues exceeded budget by $450K.
3) Operating Expenses only exceeded budget by $53K.

Negative/Challenging takeaways:

1) Cash balances continue to remain tight as we continue to aggressively pursue final resolution of the 3rd Quarter ERC funds that are waiting completion of the IRS audit process.
2) Contract Labor exceeded budget by $211K, however, there are expectations that these costs will be transitioning to regular wages and benefits over the next few months.
3) Physician costs are over budget due to OB and Anesthesia coverage requirements.

	A	B	O	AP	BC	BP	BQ
1		**SAN GORGONIO MEMORIAL HEALTHCARE DISTRICT & HOSPITAL - BANNING, CA**					**07/31/26**
2							
3			**FYE 22/23**	**FYE 23/24**	**FYE 24/25**	**FYE 25/26**	**FYE 26/27**
4			***12***	***12***	***12***	***12***	
5			**MONTHLY AVE.**	**MONTHLY AVE.**	**MONTHLY AVE.**	**MONTHLY AVE.**	**JULY**
6	**Gross Patient Revenue**						
7		Inpatient Revenue	**$ 14,171,780**	**$ 14,394,934**	**$ 17,450,067**	**$ 19,251,871**	**$21,272,058**
8		Inpatient Psych/Rehab Revenue		-	-	-	
9		Outpatient Revenue	**25,575,741**	**27,197,604**	**28,549,917**	**31,816,275**	**31,682,558**
10		Long Term Care Revenue		-	-	-	-
11		Home Health Revenue	**0**	-	-	-	-
12		**Total Gross Patient Revenue**	**39,747,521**	**41,592,538**	**45,999,984**	**51,068,146**	**52,954,616**
13							
14	**Deductions From Revenue**						
15		Discounts and Allowances	**(33,545,205)**	**(35,678,219)**	**(39,128,491)**	**(43,675,482)**	**(45,682,951)**
16		Bad Debt Expense	**(1,047,941)**	**(884,929)**	**(1,083,498)**	**(1,114,312)**	**(1,092,703)**
17		GI HMO Discounts	**0**	-	-	-	**0**
18		Charity Care	**(97,443)**	**(54,157)**	**(94,415)**	**(148,155)**	**(32,497)**
19		**Total Deductions From Revenue**	**(34,690,589)**	**(36,617,305)**	**(40,306,404)**	**(44,937,949)**	**(46,808,151)**
20			**-87.3%**	**-88.0%**	**-87.6%**	**-88.0%**	**-88.4%**
21	**Net Patient Revenue**		**5,056,932**	**4,975,233**	**5,693,580**	**6,130,197**	**6,146,465**
22							
23	**Non- Patient Revenues**						
24		Supplemental Revenues	**941,881**	**1,994,148**	**1,767,021**	**1,427,617**	**58,187**
25		Grants & Other Op Revenues	**986,421**	**341,356**	**195,412**	**234,628**	**210,278**
26		Clinic Net Revenues	**0**	-	-	-	**0**
27		Tax Subsidies Measure D/H	**213,402**	**242,508**	**231,175**	**233,729**	**238,403**
28		Tax Subsidies Prop 13	**189,707**	**218,100**	**240,726**	**259,962**	**267,761**
29		Tax Subsidies County Suplmtl Funds	**2,308**	**13,938**	-	-	**0**
30		**Non-Patient Revenues**	**2,333,719**	**2,810,051**	**2,434,334**	**2,155,935**	**774,629**
31							
32	**Total Operating Revenue**		**7,390,651**	**7,785,284**	**8,127,914**	**8,286,132**	**6,921,094**
33							
34	**Operating Expenses**						
35		Salaries and Wages	**3,634,721**	**3,922,586**	**4,073,968**	**4,078,974**	**3,804,723**
36		Fringe Benefits	**938,301**	**816,313**	**854,537**	**890,286**	**905,722**
37		Contract Labor	**81,255**	**135,922**	**233,823**	**353,164**	**436,543**
38		Physicians Fees	**299,739**	**425,458**	**711,175**	**736,362**	**874,985**
39		Purchased Services	**863,657**	**968,088**	**1,212,055**	**1,202,923**	**1,152,152**
40		Supply Expense	**953,253**	**781,620**	**1,065,725**	**1,089,094**	**784,176**
41		Utilities	**93,037**	**104,674**	**102,574**	**100,271**	**108,085**
42		Repairs and Maintenance	**76,806**	**101,283**	**102,208**	**78,992**	**79,711**
43		Insurance Expense	**119,548**	**127,300**	**143,335**	**169,239**	**343,449**
44		All Other Operating Expenses	**151,928**	**114,358**	**165,558**	**138,604**	**132,728**
45		IGT Expense	**91,499**	**120,769**	**127,110**	**131,640**	**0**
46		Leases and Rentals	**99,514**	**90,298**	**69,039**	**54,397**	**44,949**
47		1206 (b) CLINIC	**0**	-	-	-	**0**
48		**Total Operating Expenses**	**7,403,258**	**7,708,667**	**8,861,107**	**9,023,946**	**8,667,223**
49							
50	**EBIDA**		**(12,606)**	**76,617**	**(733,193)**	**(737,813)**	**(1,746,129)**
51							
52	**Interest, Depreciation, and Amortization**						
53		Depreciation Expense	**495,039**	**547,393**	**451,967**	**473,572**	**455,375**
54		Interest Expense	**484,663**	**438,303**	**527,058**	**535,209**	**536,524**
55		**Total Interest, Depr, & Amort.**	**979,702**	**985,697**	**979,025**	**1,008,781**	**991,899**
56							
57	**Non-Operating Revenue:**						
58		Contributions & Other	**132,587**	**483,520**	**356,470**	**279,532**	**172,130**
59		Tax Subsidies for GO Bonds - M-A	**660,979**	**1,074,156**	**745,407**	**744,875**	**661,580**
60		**Total Non Operating Revenue/(Expense)**	**793,566**	**1,557,676**	**1,101,877**	**1,024,407**	**833,710**
61							
62		**Total Net Surplus/(Loss)**	**(198,742)**	**648,598**	**(610,340)**	**(722,186)**	**(1,904,318)**
63		Change in Interest in Foundation	**0**	-	-	-	**0**
64		Extra-Ordinary Income (Loss)	**0**	**(231,988)**	**612,147**	**106,034**	**0**
65	**Increase/(Decrease in Unrestricted Net Assets**		**$ (198,742)**	**$ 416,610**	**$ 1,807**	**$ (616,152)**	**$ (1,904,318)**
66							
67	**Total Profit Margin**		**-2.7%**	**5.4%**	**0.0%**	**-7.4%**	**-27.5%**
68	**EBIDA %**		**-0.2%**	**1.0%**	**-9.0%**	**-8.9%**	**-25.2%**
69							
70		**Page 7**					

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q
1	**SAN GORGONIO MEMORIAL HEALTHCARE DISTRICT & HOSPITAL**										**NOTE: UNFAVORABLE VARIANCES SHOW AS NEGATIVES**						
2	**INCOME STATEMENT - CURRENT MONTH**									**July 2025 ACTUAL**	**July 2026 ACTUAL**	**VARIANCE July 2026 TO July 2025**	**PERCENTAGE VARIANCE July 2026 TO July 2025**		**July 2026 BUDGET**	**VARIANCE July 2026 ACTUAL TO BUDGET**	**PERCENTAGE VARIANCE July 2026 ACTUAL TO BUDGET**
3	**NET INCOME**									**(2,358,234)**	**(1,904,318)**	**453,916**	**19.2%**		**(2,383,247)**	**478,929**	**20.1%**
4		**EBIDA**								**(2,216,419)**	**(1,746,129)**	**470,290**	**21.2%**		**(2,143,385)**	**397,256**	**18.5%**
5																	
6			**NET OPERATING REVENUE**							**6,696,187**	**6,921,094**	**224,907**	**3.4%**		**6,470,925**	**450,169**	**7.0%**
7				**NET PATIENT REVENUE**						**5,899,380**	**6,146,465**	**247,085**	**4.2%**		**5,714,101**	**432,364**	**7.6%**
8					GROSS REVENUE FROM PATIENT SERVICES					49,979,786	52,954,616	2,974,830	6.0%		50,193,746	2,760,870	5.5%
9						TOTAL INPATIENT REVENUE				18,818,009	21,272,058	2,454,049	13.0%		18,354,369	2,917,689	15.9%
10						TOTAL OUTPATIENT REVENUE				31,161,777	31,682,558	520,781	1.7%		31,839,377	(156,819)	-0.5%
11					DEDUCTIONS FROM REVENUE					(44,080,406)	(46,808,151)	(2,727,745)	6.2%		(44,479,645)	(2,328,506)	5.2%
12					**OTHER OPERATING REVENUE**					**796,807**	**774,629**	**(22,178)**	**-2.8%**		**756,824**	**17,805**	**2.4%**
13					OTHER REVENUE - RATE RANGE					0	0	0	0.0%		0	0	0.0%
14					OTHER REVENUE - OTHER SUPPLEMENTALS					0	685	685	0.0%		0	685	0.0%
15					OTHER REVENUE - DSH					47,902	57,427	9,525	19.9%		57,427	0	0.0%
16					OTHER REVENUE - P4P					0	75	75	0.0%		0	75	0.0%
17					OTHER REVENUE - OTHER					214,525	210,278	(4,247)	-2.0%		179,064	31,214	17.4%
18					OPERATNG TAX REVENUES					534,380	506,164	(28,216)	-5.3%		520,333	(14,169)	-2.7%
19																	
20			**TOTAL OPERATING EXPENSE**							**8,912,606**	**8,667,223**	**245,383**	**2.8%**		**8,614,310**	**(52,913)**	**-0.6%**
21					TOTAL LABOR EXPENSE					5,306,559	5,146,988	159,571	3.0%		4,957,509	(189,479)	-3.8%
22						WAGES				4,088,991	3,804,723	284,268	7.0%		3,889,206	84,483	2.2%
23						EMPLOYEE BENEFITS				927,259	905,722	21,537	2.3%		843,201	(62,521)	-7.4%
24						CONTRACT LABOR				290,309	436,543	(146,234)	-50.4%		225,102	(211,441)	-93.9%
25					PHYSICIAN FEES					732,959	874,985	(142,026)	-19.4%		787,508	(87,477)	-11.1%
26					PURCHASED SERVICES					1,181,191	1,152,152	29,039	2.5%		1,152,317	165	0.0%
27					SUPPLY EXPENSE					969,916	784,176	185,740	19.2%		928,380	144,204	15.5%
28					UTILITIES					133,288	108,085	25,203	18.9%		136,369	28,284	20.7%
29					REPAIRS AND MAINTENANCE					89,577	79,711	9,866	11.0%		82,338	2,627	3.2%
30					INSURANCE					298,168	343,449	(45,281)	-15.2%		355,949	12,500	3.5%
31					OTHER EXPENSES					91,247	132,728	(41,481)	-45.5%		172,758	40,030	23.2%
32					LEASE AND RENTALS					109,701	44,949	64,752	59.0%		41,182	(3,767)	-9.1%
33																	
34			**NON-OPERATING REVENUE & EXPENSE**														
35			**TOTAL NON-OPERATING REVENUE & EXPENSE**							**823,975**	**833,710**	**9,735**	**1.2%**		**826,328**	**7,382**	**0.9%**
36							OTHER NON-OPERATING REVENUE			177,566	172,130	(5,436)	-3.1%		164,748	7,382	4.5%
37								NON-OPERATING INTEREST INCOME		78,153	68,033	(10,120)	-12.9%		64,470	3,563	5.5%
38								NON-OPERATING DONATIONS/GAIN ON SALE		99,413	104,097	4,684	4.7%		100,278	3,819	3.8%
39							NON-OPERATING TAX REVENUE			646,409	661,580	15,171	2.3%		661,580	0	0.0%
40							EXTRAORDINARY REVENUE			0	0	0	0.0%		0	0	0.0%
41												0					
42			**TOTAL INTEREST & DEPRECIATION**							**965,790**	**991,899**	**(26,109)**	**-2.7%**		**1,066,190**	**74,291**	**7.0%**
43							DEPRECIATION			458,308	455,375	2,933	0.6%		508,895	53,520	10.5%
44							INTEREST			507,482	536,524	(29,042)	-5.7%		557,295	20,771	3.7%
45																	
46												**Page 8**					

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q
1	**SAN GORGONIO MEMORIAL HEALTHCARE DISTRICT & HOSPITAL**										**NOTE: UNFAVORABLE VARIANCES SHOW AS NEGATIVES**						
2	**INCOME STATEMENT - 1 MONTH YTD**									**July 2025 YTD ACTUAL**	**July 2026 YTD ACTUAL**	**YTD VARIANCE July 2026 TO July 2025**	**PERCENTAGE YTD VARIANCE July 2026 TO July 2025**		**July 2026 YTD BUDGET**	**VARIANCE July 2026 YTD ACTUAL TO BUDGET**	**PERCENTAGE VARIANCE YTD July 2026 ACTUAL TO BUDGET**
3	**NET INCOME**									**(2,358,234)**	**(1,904,318)**	**453,916**	**19.2%**		**(2,383,247)**	**478,929**	**20.1%**
4		**EBIDA**								**(2,216,419)**	**(1,746,129)**	**470,290**	**21.2%**		**(2,143,385)**	**397,256**	**18.5%**
5																	
6			**NET OPERATING REVENUE**							**6,696,187**	**6,921,094**	**224,907**	**3.4%**		**6,470,925**	**450,169**	**7.0%**
7				**NET PATIENT REVENUE**						**5,899,380**	**6,146,465**	**247,085**	**4.2%**		**5,714,101**	**432,364**	**7.6%**
8					GROSS REVENUE FROM PATIENT SERVICES					49,979,786	52,954,616	2,974,830	6.0%		50,193,746	2,760,870	5.5%
9						TOTAL INPATIENT REVENUE				18,818,009	21,272,058	2,454,049	13.0%		18,354,369	2,917,689	15.9%
10						TOTAL OUTPATIENT REVENUE				31,161,777	31,682,558	520,781	1.7%		31,839,377	(156,819)	-0.5%
11					DEDUCTIONS FROM REVENUE					(44,080,406)	(46,808,151)	(2,727,745)	6.2%		(44,479,645)	(2,328,506)	5.2%
12					**OTHER OPERATING REVENUE**					**796,807**	**774,629**	**(22,178)**	**-2.8%**		**756,824**	**17,805**	**2.4%**
13					OTHER REVENUE - RATE RANGE					0	0	0	0.0%		0	0	0.0%
14					OTHER REVENUE - OTHER SUPPLEMENTALS					0	685	685	0.0%		0	685	0.0%
15					OTHER REVENUE - DSH					47,902	57,427	9,525	19.9%		57,427	0	0.0%
16					OTHER REVENUE - P4P					0	75	75	0.0%		0	75	0.0%
17					OTHER REVENUE - OTHER					214,525	210,278	(4,247)	-2.0%		179,064	31,214	17.4%
18					OPERATNG TAX REVENUES					534,380	506,164	(28,216)	-5.3%		520,333	(14,169)	-2.7%
19																	
20			**TOTAL OPERATING EXPENSE**							**8,912,606**	**8,667,223**	**245,383**	**2.8%**		**8,614,310**	**(52,913)**	**-0.6%**
21					TOTAL LABOR EXPENSE					5,306,559	5,146,988	159,571	3.0%		4,957,509	(189,479)	-3.8%
22						WAGES				4,088,991	3,804,723	284,268	7.0%		3,889,206	84,483	2.2%
23						EMPLOYEE BENEFITS				927,259	905,722	21,537	2.3%		843,201	(62,521)	-7.4%
24						CONTRACT LABOR				290,309	436,543	(146,234)	-50.4%		225,102	(211,441)	-93.9%
25					PHYSICIAN FEES					732,959	874,985	(142,026)	-19.4%		787,508	(87,477)	-11.1%
26					PURCHASED SERVICES					1,181,191	1,152,152	29,039	2.5%		1,152,317	165	0.0%
27					SUPPLY EXPENSE					969,916	784,176	185,740	19.2%		928,380	144,204	15.5%
28					UTILITIES					133,288	108,085	25,203	18.9%		136,369	28,284	20.7%
29					REPAIRS AND MAINTENANCE					89,577	79,711	9,866	11.0%		82,338	2,627	3.2%
30					INSURANCE					298,168	343,449	(45,281)	-15.2%		355,949	12,500	3.5%
31					OTHER EXPENSES					91,247	132,728	(41,481)	-45.5%		172,758	40,030	23.2%
32					LEASE AND RENTALS					109,701	44,949	64,752	59.0%		41,182	(3,767)	-9.1%
33																	
34			**NON-OPERATING REVENUE & EXPENSE**														
35			**TOTAL NON-OPERATING REVENUE & EXPENSE**							**823,975**	**833,710**	**9,735**	**1.2%**		**826,328**	**7,382**	**0.9%**
36							OTHER NON-OPERATING REVENUE			177,566	172,130	(5,436)	-3.1%		164,748	7,382	4.5%
37								NON-OPERATING INTEREST INCOME		78,153	68,033	(10,120)	-12.9%		64,470	3,563	5.5%
38								NON-OPERATING DONATIONS/GAIN ON SALE		99,413	104,097	4,684	4.7%		100,278	3,819	3.8%
39							NON-OPERATING TAX REVENUE			646,409	661,580	15,171	2.3%		661,580	0	0.0%
40							EXTRAORDINARY REVENUE			0	0	0	0.0%		0	0	0.0%
41												0					
42			**TOTAL INTEREST & DEPRECIATION**							**965,790**	**991,899**	**(26,109)**	**-2.7%**		**1,066,190**	**74,291**	**7.0%**
43							DEPRECIATION			458,308	455,375	2,933	0.6%		508,895	53,520	10.5%
44							INTEREST			507,482	536,524	(29,042)	-5.7%		557,295	20,771	3.7%
45																	
46												**Page 9**					

	A	B	C	D	E	F	G	H	I	J	K	L	M
1	**SAN GORGONIO MEMORIAL HEALTHCARE DISTRICT & HOSPITAL (2026 Amounts are Unaudited)**												
2	**BALANCE SHEET**								**PY Ending Balance Jun 26 ACT**	**May 26 Act**	**Jun 26 Act**	**Jul 26 Act**	**VARIANCE to Prior Month**
3													
4	**	**TOTAL ASSETS**							**106,741,457**	**105,999,572**	**106,741,457**	**107,507,411**	**765,954**
5			**CURRENT ASSETS**						**12,812,492**	**15,299,929**	**12,812,492**	**14,077,791**	**1,265,299**
6				CASH & EQUIVALENTS					**5,903,129**	**5,517,222**	**5,903,129**	**4,611,473**	**(1,291,656)**
7				NET PATIENT ACCOUNTS RECEIVABLE					**10,573,335**	**10,732,402**	**10,573,335**	**11,085,422**	**512,087**
8					HOSPITAL ACCOUNTS RECEIVABLE				**101,090,171**	**102,566,935**	**101,090,171**	**107,780,275**	**6,690,104**
9					LESS: DEDUCTIONS AND BAD DEBT ALLOWANCES				**(90,516,836)**	**(91,834,533)**	**(90,516,836)**	**(96,694,853)**	**(6,178,017)**
10				OTHER CURRENT ASSETS					**(3,663,972)**	**(949,695)**	**(3,663,972)**	**(1,619,104)**	**2,044,868**
11					TAXES RECEIVABLE				**471,664**	**1,941,638**	**471,664**	**1,586,722**	**1,115,058**
12					MISC RECEIVABLE				**(5,161,996)**	**(4,338,022)**	**(5,161,996)**	**(4,831,520)**	**330,476**
13					DUE FROM 3RD PARTIES				**(1,193,168)**	**(1,193,127)**	**(1,193,168)**	**(1,193,209)**	**(41)**
14					INVENTORIES				**1,887,012**	**2,491,479**	**1,887,012**	**1,917,720**	**30,708**
15					PREPAID EXPENSES				**332,516**	**148,337**	**332,516**	**901,183**	**568,667**
16													
17			**ASSETS WHICH USE IS LIMITED**						**21,213,078**	**17,513,725**	**21,213,078**	**21,214,597**	**1,519**
18			**NET PROPERTY, PLANT, AND EQUIPMENT**						**71,410,815**	**71,877,489**	**71,410,815**	**70,913,309**	**(497,506)**
19				PROPERTY, PLANT, AND EQUIPMENT					**176,041,676**	**175,948,361**	**176,041,676**	**176,004,351**	**(37,325)**
20					LAND & LAND IMPROVEMENTS				**8,091,366**	**8,091,366**	**8,091,366**	**8,091,366**	**0**
21					BUILDINGS & BUILDING IMPROVEMENTS				**119,440,724**	**116,880,119**	**119,440,724**	**119,440,724**	**0**
22					FIXED EQUIPMENT				**47,070,290**	**46,996,319**	**47,070,290**	**47,031,165**	**(39,125)**
23					CONSTRUCTION IN PROGRESS				**1,439,296**	**3,980,557**	**1,439,296**	**1,441,096**	**1,800**
24				LESS: ACCUMULATED DEPRECIATION					**(104,630,861)**	**(104,070,872)**	**(104,630,861)**	**(105,091,042)**	**(460,181)**
25			**OTHER ASSETS**						**1,305,072**	**1,308,429**	**1,305,072**	**1,301,714**	**(3,358)**
26													
27		**TOTAL LIABILITIES & FUND BALANCE**							**106,741,504**	**105,999,605**	**106,741,504**	**107,507,426**	**765,922**
28			**TOTAL LIABILITIES**						**145,422,167**	**146,693,593**	**145,422,167**	**148,092,452**	**2,670,285**
29			**CURRENT LIABILITES**						**38,353,773**	**39,570,432**	**38,353,773**	**41,076,153**	**2,722,380**
30				ACCOUNTS PAYABLE					**11,631,707**	**12,993,454**	**11,631,707**	**13,648,400**	**2,016,693**
31				PAYROLL PAYABLES					**4,742,514**	**4,619,486**	**4,742,514**	**5,004,706**	**262,192**
32					SALARIES & WAGES PAYABLE				**1,713,662**	**1,258,421**	**1,713,662**	**1,897,508**	**183,846**
33					PAYROLL TAXES & DEDUCTIONS PAYABLE				**0**	**185,385**	**0**	**236,643**	**236,643**
34					ACCRUED PTO & SICK DAYS PAYABLE				**3,028,852**	**3,175,680**	**3,028,852**	**2,870,555**	**(158,297)**
35				LINE OF CREDIT					**15,025,311**	**15,154,536**	**15,025,311**	**15,118,956**	**93,645**
36				OTHER CURRENT LIABILITIES					**6,954,241**	**6,802,956**	**6,954,241**	**7,304,091**	**349,850**
37					ACCRUED INTEREST PAYABLE				**1,832,952**	**1,441,261**	**1,832,952**	**2,206,797**	**373,845**
38					OTHER CURRENT LIABILITIES				**667,731**	**908,137**	**667,731**	**643,736**	**(23,995)**
39					DEBT - CURRENT				**4,453,558**	**4,453,558**	**4,453,558**	**4,453,558**	**0**
40													
41			**LONG TERM LIABILITIES**						**107,068,394**	**107,123,161**	**107,068,394**	**107,016,299**	**(52,095)**
42													
43			**NET ASSETS**						**(38,680,663)**	**(40,693,988)**	**(38,680,663)**	**(40,585,026)**	**(1,904,363)**
44			**NET ASSETS - UNRESTRICTED**						**(38,680,663)**	**(40,693,988)**	**(38,680,663)**	**(40,585,026)**	**(1,904,363)**
45				NET ASSETS - BEGINNING OF PERIOD					**(31,286,834)**	**(31,286,834)**	**(31,286,834)**	**(38,680,708)**	**(7,393,874)**
46				CURRENT YEAR NET GAIN/(LOSS)					**(7,393,829)**	**(9,407,154)**	**(7,393,829)**	**(1,904,318)**	**5,489,511**
47													
48	**** Slight variances due to "rounding"**												
49										**Page 10**			

	B	C	D	E	F	G	H
1	**SAN GORGONIO MEMORIAL HEALTHCARE DISTRICT & HOSPITAL**						
2						**(UNAUDITED)**	**(UNAUDITED)**
3	Note: These amounts do not include General Obligation Bonds Taxes & Payments					**Current Month**	**Y-T-D**
4						**7/31/2026**	**7/31/2026**
5	**BEGINNING CASH BALANCES**						
6		Cash: Beginning Balances- Hospital				$ 5,880,784	$ 5,880,784
7		Cash: Beginning Balances- District				22,345	22,345
8		Cash: Beginning Balances Totals				**$ 5,903,129**	**$ 5,903,129**
9							
10	**Receipts**						
11			Patient Collections			$ 5,333,986	$ 5,333,986
12			Tax Subsidies/Measure D/Prop 13			506,164	$ 506,164
13			Misc Tax Subsidies				$ -
14			Donations/Grants/Loans			104,097	$ 104,097
15			Supplemental Funding (Rate Range, Etc.)			760	$ 760
16			Draws/(Paydown) of LOC Balances				$ -
17			Other Revenues/Receipts/Transfers			210,278	$ 210,278
18	**TOTAL RECEIPTS**					**$ 6,155,285**	**$ 6,155,285**
19							
20	**Disbursements**						
21			Wages, Benefits, & Contract Labor			$ 5,146,988	$ 5,146,988
22			Other Operating Costs			3,520,235	$ 3,520,235
23			Capital Spending			(37,325)	$ (37,325)
24			Debt Service Payments (Excl.G/O Bonds)			90,670	$ 90,670
25			Other - Changes in A/P, IGT's, Other Rcvbls, Etc.			(1,273,627)	$ (1,273,627)
26	**TOTAL DISBURSEMENTS**					**$ 7,446,941**	**$ 7,446,941**
27							
28	**TOTAL CHANGE in CASH**					**$ (1,291,656)**	**$ (1,291,656)**
29							
30	**ENDING CASH BALANCES**						
31		Ending Balances- Hospital				$ 4,574,004	$ 4,574,004
32		Ending Balances- District				37,469	37,469
33		Ending Balances- Totals				**$ 4,611,473**	**$ 4,611,473**
34							
35							
36							
37	LOC Current Balances					$ 15,000,000	$ 15,000,000
38	**8/19/2026**						
39							
40					**Page 11**		

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O
1	**SAN GORGONIO MEMORIAL HEALTHCARE DISTRICT - STATEMENT OF REVENUES AND EXPENSES JULY 31, 2026 Unaudited**														
2	**DISTRICT INCOME STATEMENT**								**July 26 Bud**	**July 26 Act**	**Variance**		**July - July 26 Bud YTD**	**July - July 26 Bud YTD**	**Variance**
3															
4	**NET INCOME**								**259,340**	**312,734**	**53,394**		**259,340**	**312,734**	**53,394**
5		**EBIDA**							**328,726**	**321,942**	**(6,784)**		**328,726**	**321,942**	**(6,784)**
6															
7			**TOTAL OPERATING REVENUE**						**540,039**	**524,411**	**(15,628)**		**540,039**	**524,411**	**(15,628)**
8				OTHER REVENUE - OTHER					19,706	18,247	(1,459)		19,706	18,247	(1,459)
9				**OPERATNG TAX REVENUES**					**520,333**	**506,164**	**(14,169)**		**520,333**	**506,164**	**(14,169)**
10							703232 - OPERATING REVENUE TAX REVENUE MH.		247,589	238,403	(9,186)		247,589	238,403	(9,186)
11							703533 - OTHER REVENUE PROP 13		272,744	267,761	(4,983)		272,744	267,761	(4,983)
12															
13			**TOTAL OPERATING EXPENSE**						**211,313**	**202,469**	**8,844**		**211,313**	**202,469**	**8,844**
14				TOTAL LABOR EXPENSE					0	0	0		0	0	0
15				PROFESSIONAL FEES					204,488	198,027	6,461		204,488	198,027	6,461
16							601922 - CONSULTING FEES		4,084	0	4,084		4,084	0	4,084
17							601923 - LEGAL FEES		35,000	15,000	20,000		35,000	15,000	20,000
18							601926 - OTHER CONTRACT SERVICES		0	0	0		0	0	0
19							601962 - GROUND PURCHASED SERVICES		3,510	2,785	725		3,510	2,785	725
20							601966 - OTHER PURCHASED SERVICES		234	185	49		234	185	49
21							601967 - SERVICE AGREEMENTS		49,937	49,937	0		49,937	49,937	0
22							601969 - PURCHASED SERVICES		111,723	130,120	(18,397)		111,723	130,120	(18,397)
23															
24						SUPPLYS EXPENSE			0	0	0		0	0	0
25						OTHER EXPENSES			6,825	4,442	2,383		6,825	4,442	2,383
26							602177 - ELECTRICITY		486	273	213		486	273	213
27							602179 - WATER		4,250	4,169	81		4,250	4,169	81
28							602470 - FREIGHT SALES TAX		0	0	0		0	0	0
29							602472 - ELECTION FEES		0	0	0		0	0	0
30							602490 - OTHER EXPENSES		2,089	0	2,089		2,089	0	2,089
31															
32			**NON-OPERATING REVENUE & EXPENSE**						**814,601**	**823,369**	**8,768**		**814,601**	**823,369**	**8,768**
33							OTHER NON-OPERATING REVENUE		153,021	161,789	8,768		153,021	161,789	8,768
34							703098 - NON-OPERATING INTEREST INCOME		52,743	57,692	4,949		52,743	57,692	4,949
35							903031 - NON-OPERATING DONATIONS/GAIN ON SALE		100,278	104,097	3,819		100,278	104,097	3,819
36															
37							NON-OPERATING TAX REVENUE		661,580	661,580	0		661,580	661,580	0
38							EXTRAORDINARY REVENUE		0	0	0		0	0	0
39															
40			**TOTAL INTEREST & DEPRECIATION**						**883,987**	**832,577**	**51,410**		**883,987**	**832,577**	**51,410**
41							DEPRECIATION		508,895	455,375	53,520		508,895	455,375	53,520
42							INTEREST & AMORTIZATION		375,092	377,202	(2,110)		375,092	377,202	(2,110)
43										**Page 12**					

	A B C D E F G	H	I	J	K	L	M
1	**SAN GORGONIO MEMORIAL HEALTHCARE DISTRICT**						
2	**DISTRICT - BALANCE SHEET (UNAUDITED)**	**Apr 26 Act**	**May 26 Act**	**Jun 26 Act**	**Jul 26 Act**		**Var Jun 26 Act**
3							
4	**TOTAL ASSETS**	**108,180,452**	**110,909,266**	**92,697,702**	**93,483,037**		**785,335**
5	**CURRENT ASSETS**	**11,269,892**	**12,012,510**	**514,009**	**1,644,191**		**1,130,182**
6	CASH & EQUIVALENTS	17,793	1,139,127	22,345	37,469		15,124
7	OTHER CURRENT ASSETS	11,252,099	10,873,383	491,664	1,606,722		1,115,058
8	TAXES RECEIVABLE	2,320,354	1,941,638	471,664	1,586,722		1,115,058
9	MISC RECEIVABLE	8,911,745	8,911,745	0	0		0
10	PREPAID EXPENSES	20,000	20,000	20,000	20,000		0
11							
12	**ASSETS WHICH USE IS LIMITED**	**16,971,569**	**17,482,024**	**21,171,969**	**21,166,573**		**(5,396)**
13							
14	**NET PROPERTY, PLANT, AND EQUIPMENT**	**71,295,865**	**70,976,969**	**70,567,667**	**70,127,532**		**(440,135)**
15	**PROPERTY, PLANT, AND EQUIPMENT**	**173,761,632**	**173,922,997**	**174,006,049**	**174,021,289**		**15,240**
16	LAND & LAND IMPROVEMENTS	8,091,366	8,091,366	8,091,366	8,091,366		0
17	BUILDINGS & BUILDING IMPROVEMENTS	116,880,119	116,880,119	119,440,724	119,440,724		0
18	FIXED EQUIPMENT	44,825,763	44,970,955	45,034,663	45,048,103		13,440
19	CONSTRUCTION IN PROGRESS	3,964,384	3,980,557	1,439,296	1,441,096		1,800
20	LESS: ACCUMULATED DEPRECIATION	(102,465,767)	(102,946,028)	(103,438,382)	(103,893,757)		(455,375)
21	**OTHER ASSETS**	**8,643,126**	**10,437,763**	**444,057**	**544,741**		**100,684**
22	INVESTMENT IN AFFILIATE	8,192,354	9,990,349	0	104,042		104,042
23	BONDS	450,772	447,414	444,057	440,699		(3,358)
24							
25	**TOTAL LIABILITIES & FUND BALANCE**	**108,180,430**	**110,909,246**	**92,697,681**	**93,483,039**		**785,358**
26	**TOTAL LIABILITIES**	**125,946,967**	**128,385,908**	**128,829,675**	**129,354,118**		**524,443**
27	**CURRENT LIABILITES**	**19,018,099**	**21,482,250**	**21,951,228**	**22,498,106**		**546,878**
28	ACCOUNTS PAYABLE	1,353,777	587,431	664,718	837,751		173,033
29	LINE OF CREDIT	12,161,195	15,000,000	15,000,000	15,000,000		0
30	**OTHER CURRENT LIABILITIES**	**5,503,127**	**5,894,819**	**6,286,510**	**6,660,355**		**373,845**
31	ACCRUED INTEREST PAYABLE	1,049,569	1,441,261	1,832,952	2,206,797		373,845
32	DEBT - CURRENT	4,453,558	4,453,558	4,453,558	4,453,558		0
33	**LONG TERM LIABILITIES**	**106,928,868**	**106,903,658**	**106,878,447**	**106,856,012**		**(22,435)**
34							
35	**NET ASSETS**	**(17,766,537)**	**(17,476,662)**	**(36,131,994)**	**(35,871,079)**		**260,915**
36	NET ASSETS - BEGINNING OF PERIOD	(23,656,909)	(23,656,909)	(43,740,963)	(36,183,813)		7,557,150
37	CURRENT YEAR NET GAIN/(LOSS)	5,890,372	6,180,247	7,608,969	312,734		(7,296,235)
38			**Page 13**				

STATISTICS

Inpatient Admissions/Discharges (Monthly Average)	Represents number of patients admitted/discharged into and out of the hospital.
Patient Days (Monthly Average)	Each day a patient stays in the hospital is counted as a patient day. This count is normally done at midnight.
Average Daily Census (Inpatient)	Equals the average number of inpatients in the hospital on any given day or month.
Average Length of Stay (Inpatient)	Represents that average number of days that inpatients stay in the hospital.
Emergency Visits (Monthly Average)	Represents the number of patients who sought services at the emergency room.
Surgery Cases - Excluding G.I. (Monthly Average)	Equals the number of patients who had a surgical procedure(s) performed.
G.I. Cases (Monthly)	Number of patients who had a gastrointestinal exam performed.
Newborn Deliveries (Monthly)	Number of babies delivered.

PRODUCTIVITY

Worked FTEs (includes Registry FTEs)	Represents an equivalancy of full-time staff worked. One FTE is equivalent of working 40 hours per week, 80 hours per pay period, 173.3 hours per 30 day month, or 2,080 hours in a 52 week year. This calculation divides the number of hours worked by the number of hours in the respective work period (40, 80, etc.) Example: 340 hours worked in an 80 hour pay period = 4.25 FTE's
Worked FTES per APD	Divides the Total Worked FTE's by the daily average of the Adjusted Patient Days.
Paid FTEs (includes Registry FTEs)	Represents an equivalancy of full-time staff paid. One FTE is equivalent of working 40 hours per week, 80 hours per pay period, 173.3 hours per 30 day month, or 2,080 hours in a 52 week year. This calculation divides the number of hours paid (includes all hours paid consisting of worked hours, PTO hours, sick pay, etc.) by the number of hours in the respective work period (40, 80, etc.) Example: 500 hours paid in an 80 hour pay period = 6.25 FTE's.
Paid FTES per APD	Divides the Total Paid FTE's by the daily average of the Adjusted Patient Days.
ADJUSTED PATIENT DAYS	This is a blend of total patient days stayed in the hospital for a month, plus an equivalency factor (based on average inpatient revenue per patient day) applied to the outpatient revenues in order to account for outpatient workloads.

INCOME STATEMENT

Gross Patient Revenue (000's) (Monthly Ave.)	Represents total charges (before discounts and allowances) made for all patient services provided.
Net Patient Revenue (NPR) (000's) (Monthly Ave.)	Equals the sum of all (patient) charges for services provided that are due to the hospital, less estimated adjustments for discounts and other contractual disallowances for which the patients may be entitled.
NPR as % of Gross	Reflects the percentage of Gross Patient Revenues (charges) that are expected to be collected. Calculated by dividing Net Patient Revenue by the Gross Patient Revenue.
Total Operating Revenue (000's) (Monthly Ave.)	This reflects all Revenues available for payment of Operating Expenses. This includes Net Patient Revenue plus all other forms of miscellaneous Revenues.
Salaries, Wages, Benefits & Contract Labor (000's) (Monthly Ave.)	Represents the total staffing expenses of the Hospital
SWB + Contract Labor as % of Total Operating Revenue	Identifies what portion the Operating Revenues are spent on staffing costs.
Total Operating Expense (TOE) (000's)(Monthly Ave.)	Operating Expense reflects all costs needed to fund the Hospital's business operations.
TOE as % of Total Operating Revenue	Identifies the relationship that Operating Expenses have to the Total Operating Revenues.
EBIDA (000's)(Monthly Average)	Earnings Before Interest, Depreciation, and Amortization. This reflects the difference between Net Operating Revenues and Total Operating Expense. This is a quick measurment of the Hospital's ability to meet its financial obligations and have additional funds for equipment replacement and future growth of the organization.
EBIDA as % of NPR	This measurement is a guage of the surplus (or deficit) of funds available for operations and future growth.
Net Patient Revenue vs. Total Labor Expense	This measurement illustrates that Net Patient Revenues basically only cover Total Labor Expense, and that all of the Other Revenues and Supplemental Incomes are necessary to cover the remaining operational Expenses and EBIDA required to operate the Hospital.
Operating Revenues (Normalized), Expenses, Staffing Expenses, and EBIDA (Normalized)	This graph illustrates the "normalization" of Operating Revenues and EBIDA, by reallocating proportionate Supplemental Revenues and related Expenses into the current month and YTD results.

BALANCE SHEET (Period End)

Cash (000's)	Represents all unrestricted cash in the bank at each month-end.
Days Cash on Hand	Calculated by dividing amount of Cash on Hand by the historical average daily amount of cash requirmements to cover operating expenses.
Accounts Receivable - Net (000's)	Equals the sum of all (patient) accounts that are due to the hospital, less estimated adjustments for discounts and other contractual disallowances for which the patients may be entitled.
A/R Days - Net	This measures the average number of days it takes to collect payment of the Net Accounts Receivable. Lower values are desired.
Current Ratio (Current Assets/Current Liabilities)	A measure that illustrates the ability for the hospital to pay its obligations that come due over the course of the next year. The greater the Current Assets as compared to the Current Liabilities, the stronger position the organization is in to pay its upcoming obligations. Desired position is greater than 1:00 to 1:00, preferably at least 1:25 to 1:00 or greater.
Quick Ratio	This measures the Cash + Net Accounts Receivable compared to the Current Liabilities. Desired ratio is greater than 1.00 : 1.00.
Accounts Payable (000's)	Reflects payment obligations of the Hospital as of a point in time. Excludes Loans, Payroll and other Debt obligations. Lower values are desired.
Accounts Payable Days	Reflects the average number of days that it takes to pay routine bills. Lower numbers are desired. Calculated by dividing the Accounts Payable amount by the historical average daily cost of routine expenses.
Line of Credit Balance (000's)	The amount that is currently borrowed from a lending institution as of a given point in time.

TAB H

POLICIES AND PROCEDURES FOR BOARD APPROVAL - District Board Meeting August 25, 2026

	Title	Policy Area	Owner	Revised? Unchaged?
1	EKGs	Respiratory Therapy	Peleuses, John: VP of Ancillary Services	Unchanged
2	Emergency Codes and Response Procedures	Security	Hunter, Joey: Director Emergency Preparedness, EOC & Security	Revised
3	Impaired Pharmacy Personnel	Pharmacy	Lopez, Jose: Director Pharmacy	Revised
4	Respiratory Care Practitioner Standby Time	Respiratory Therapy	Caruso, Nicole: RespiratoryTherapy Manager	Revised