SAN GORGONIO MEMORIAL HEALTHCARE DISTRICT

AGENDA

REGULAR MEETING OF THE BOARD OF DIRECTORS
Tuesday, September 29, 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

- August 18, 2026, Special Meeting — A
- August 25, 2026, Regular Meeting — B
- September 11, 2026, Special Meeting — C
- September 24, 2026, Special Meeting — D

San Gorgonio Memorial Healthcare District
Board of Directors Regular Meeting
September 29, 2026

NEW BUSINESS

IV.	Chief of Staff Report	S. Khalil, MD Chief of Staff	verbal
V.	District Board Chair Monthly Report	S. McDougall	verbal
VI.	CEO Monthly Report	C. Bjornberg	verbal
VII.	*** Proposed Action – Discussion and approval to bypass bid process for EMR selection** ▪ **ROLL CALL**	C. Bjornberg	verbal
VIII.	*** Proposed Action – Approval of New EMR System** ▪ **ROLL CALL**	C. Bjornberg	handout
IX.	*** Proposed Action – Approve the Amendment to the Altera Agreement** ▪ **ROLL CALL**	C. Bjornberg	handout
X.	*** Proposed Action – Approve the 2027 Associates Health Plan Benefits** ▪ **ROLL CALL**	A. Karam	E
XI.	*** Proposed Action – Approve the Atellica CI Service Agreement** ▪ **ROLL CALL**	C. Bjornberg	F
XII.	Committee Reports:		
•	Finance Committee	R. Rader/ R. Marshall	G
	*** Proposed Action – Approve August 2026 Financial Statement (Unaudited)** ▪ **ROLL CALL**		
XIII.	***Proposed Action - Approve Policies and Procedures** ▪ **ROLL CALL**	Staff	H
***	**ITEMS FOR DISCUSSION/APPROVAL IN CLOSED SESSION**	S. McDougall	

- Receive Infection Prevention and Control Report
  (Health & Safety Code §32155)
- Proposed Action – Approve Medical Staff Credentialing
  (Health & Safety Code §32155; and Evidence Code §1157)

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

San Gorgonio Memorial Healthcare District
Board of Directors Regular Meeting
September 29, 2026

*** 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
XV.	General Information	
XVI.	Future Agenda Items	
XVII.	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 September 25, 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 September 25, 2026

Ariel Whitley

Ariel Whitley, Executive Assistant

TAB A

MINUTES: Not Yet Approved by Board

JOINT SPECIAL MEETING OF THE
SAN GORGONIO MEMORIAL HOSPITAL AND HEALTHCARE DISTRICT
BOARD OF DIRECTORS

August 18, 2026

The joint special meeting of the San Gorgonio Memorial Hospital Board and Healthcare District Board of Directors was held on, Tuesday August 18, 2026, in Modular C meeting room, 600 N. Highland Springs Avenue, Banning, California.

Members Present: Pat Brown, Susan DiBiasi (Chair), Ron Rader, Randal Stevens, Lanny Swerdlow

Members Absent: Doris Foreman, Shannon McDougall, Darrell Petersen

Required Staff: Christopher Bjornberg (CEO), Angie Brady (CNE), Ariel Whitley (EA/Director of Comp. and Privacy), Annah Karam (CHRO)

<table>
<tr><th>AGENDA ITEM</th><th></th><th>ACTION / FOLLOW-UP</th></tr>
<tr><td>Call To Order</td><td>The District Board and Hospital Board meeting was called to order at 9:53 am.</td><td></td></tr>
<tr><td>Public Comment</td><td>No public comment.</td><td></td></tr>
<tr><td colspan="3">NEW BUSINESS</td></tr>
<tr><td>Proposed Action of Both Boards – Adopt Resolution No. 2026-11</td><td>Resolution No. 2026-10 is a resolution approving an amendment to increase the revolving line of credit under the Tenet Line of Credit Agreement.

DISTRICT BOARD MEMBER ROLL CALL:

<table>
<tr><td>Brown</td><td>Yes</td><td>Foreman</td><td>Absent</td></tr>
<tr><td>McDougall</td><td>Absent</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 Resolution No. 2026-11.</td></tr>
<tr><td>Proposed Action of Both Boards – Adopt Resolution No. 2026-10</td><td>HOSPITAL BOARD MEMBER ROLL CALL:

<table>
<tr><td>Brown</td><td>Yes</td><td>DiBiasi</td><td>Yes</td></tr>
<tr><td>Foreman</td><td>Absent</td><td>McDougall</td><td>Absent</td></tr>
<tr><td>Petersen</td><td>Absent</td><td>Rader</td><td>Yes</td></tr>
<tr><td>Stevens</td><td>Yes</td><td>Swerdlow</td><td>Yes</td></tr>
</table>
Motion carried.</td><td>M.S.C., (Swerdlow/Stevens), the SGMH Board of Directors approved Resolution No. 2026-10.</td></tr>
</table>

<table>
<tr><th>AGENDA ITEM</th><th></th><th>ACTION / FOLLOW-UP</th></tr>
<tr><td>Proposed Action – Approve the modification of the Subordination and Intercreditor Agreement as it relates to Amendment of the Tenet Line of Credit Agreement</td><td>During discussion it was noted that the creditor ranking was clarified; the substance of the subordination agreement remains unchanged; modification approved.

DISTRICT BOARD MEMBER ROLL CALL:

<table><tr><td>Brown</td><td>Yes</td><td>Foreman</td><td>Absent</td></tr><tr><td>McDougall</td><td>Absent</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 modification of the Subordination and Intercreditor Agreement as it relates to Amendment of Tenet Line of Credit Agreement.</td></tr>
<tr><td>Proposed Action – Adopt Resolution No. 2026-12</td><td>Resolution No. 2026-12 is a resolution authorizing Christopher Bjornberg to execute for and on behalf of San Gorgonio Memorial Healthcare District, all grants and grant programs.

DISTRICT BOARD MEMBER ROLL CALL:

<table><tr><td>Brown</td><td>Yes</td><td>Foreman</td><td>Absent</td></tr><tr><td>McDougall</td><td>Absent</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 Resolution No. 2026-12.</td></tr>
<tr><td>Adjournment</td><td>The District Board and Hospital Board meeting was adjourned at 10:04 am.</td><td></td></tr>
</table>

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 Hospital 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.

Respectfully submitted by Ariel Whitley, Executive Assistant

TAB B

MINUTES: Not Yet Approved by Board

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

August 25, 2026

The regular meeting of the San Gorgonio Memorial Hospital Board of Directors was held on Tuesday, August 25, 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

July 28, 2026, Regular Meeting</td><td>Chair McDougall asked for any changes or corrections to the minutes of the following meetings:

• July 28, 2026, Regular 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>Absent</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 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>
<tr><td>CEO Monthly Report</td><td>Chris Bjornberg, CEO, reported that he will be meeting with Dr. Khalil, Chief of Staff, at a regular cadence.</td><td></td></tr>
</table>

<table>
<tr><th>AGENDA ITEM</th><th>DISCUSSION</th><th>ACTION / FOLLOW-UP</th></tr>
<tr><td>Proposed Action – Approve the Emergency Obstetric/Cesarean Contingency Plan</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>Absent</td></tr><tr><td>Swerdlow</td><td>Yes</td><td colspan="2">Motion carried.</td></tr></table></td><td>M.S.C., (Brown/Swerdlow), the SGMHD Board of Directors voted to approve the Emergency Obstetric/Cesarean Contingency Plan.</td></tr>
<tr><td>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.</td><td>Conifer Health Systems Solutions presented their proposed services, which were delayed, allowing new leadership to better understand the hospital's needs. David Dawson (SVP, Client Success) and Deepali Narula (COO) introduced Conifer, a company created by Tenet in 2008 with 35 years of experience in revenue cycle operations. The proposal for San Gorgonio includes mid-cycle and back-end AR services, mirroring the current scope provided by Guidehouse, with a projected 12% reduction in the cost to collect and an annual cash lift of $1-1.5 million.

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>Absent</td></tr><tr><td>Swerdlow</td><td>Yes</td><td colspan="2">Motion carried.</td></tr></table></td><td>M.S.C., (Brown/Foreman), the SGMHD Board of Directors voted to approve authorizing Ryan Marshall and Christopher Bjornberg to finalize terms and language of the Conifer contract to be presented at a future board meeting for approval.</td></tr>
<tr><td>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)</td><td>An amendment to the PSA with Jasleen MD Professional Corp for OB coverage was recommended for approval to adjust payments to locum-equivalent rates, despite concerns over high costs relative to low delivery volumes.

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>Absent</td></tr><tr><td>Swerdlow</td><td>Yes</td><td colspan="2">Motion carried.</td></tr></table></td><td>M.S.C., (Swedlow/Foreman), the SGMHD Board of Directors approved Addendum #4 to the PSA between San Gorgonio Memorial Hospital, San Gorgonio Memorial Healthcare District and Jasleen Singh, MD, a Professional Corporation (Apna).</td></tr>
</table>

<table>
<tr><th>AGENDA ITEM</th><th>DISCUSSION</th><th>ACTION / FOLLOW-UP</th></tr>
<tr><td>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.</td><td>Waypoint previously presented the concept of a Distinct Part Nursing Facility (DPNF) program, a special designation available in California. Status: awaiting a conflict waiver signature from the tenant before contract negotiations. Board approved initiating contract negotiations and returning with a finalized contract for a vote.

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>Absent</td></tr><tr><td>Swerdlow</td><td>Yes</td><td colspan="2">Motion carried.</td></tr></table></td><td>M.S.C., (Brown/Foreman), the SGMHD Board of Directors approved authorizing 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.</td></tr>
<tr><td>Proposed Action – Adopt Resolution No. 2026-13</td><td>Resolution No. 2026-13, a resolution removing Dan Heckathorne and Michele Finney as signers on the bank accounts.

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>Absent</td></tr><tr><td>Swerdlow</td><td>Yes</td><td colspan="2">Motion carried.</td></tr></table></td><td>M.S.C., (Brown/Foreman), the SGMHD Board of Directors voted to adopt Resolution No. 2026-13 as presented.</td></tr>
<tr><td>Proposed Action – Approve the July 2026 Financial Report</td><td>Ryan Marshall, CFO, reviewed the July 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>Absent</td></tr><tr><td>Swerdlow</td><td>Yes</td><td colspan="2">Motion carried.</td></tr></table></td><td>M.S.C., (Brown/Foreman), the SGMHD Board of Directors approved the July 2026 Financial Report as presented.</td></tr>
<tr><td>Proposed Action – Approve Policies and Procedures</td><td>There were four (4) policies and procedures included on the board tablets presented for approval by the Board.

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>Absent</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 policies and procedures as submitted.</td></tr>
</table>

AGENDA ITEM	DISCUSSION	ACTION / FOLLOW-UP
Adjourn to Closed Session	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.	
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.	

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Minutes respectfully submitted by Ariel Whitley, Executive Assistant

TAB C

MINUTES: Not Yet Approved by Board

JOINT SPECIAL MEETING OF THE
SAN GORGONIO MEMORIAL HOSPITAL AND HEALTHCARE DISTRICT
BOARD OF DIRECTORS

September 11, 2026

The joint special meeting of the San Gorgonio Memorial Hospital Board and Healthcare District Board of Directors was held on Friday, September 11, 2026, in Modular C meeting room, 600 N. Highland Springs Avenue, Banning, California.

Members Present: Pat Brown, Susan DiBiasi (Chair), Doris Foreman, Shannon McDougall, Darrell Petersen, Ron Rader, Randal Stevens

Members Absent: Lanny Swerdlow

Required Staff: Christopher Bjornberg (CEO), Angie Brady (CNE), Ariel Whitley (EA/Director of Comp. and Privacy), Annah Karam (CHRO)

<table>
<tr><th>AGENDA ITEM</th><th></th><th>ACTION / FOLLOW-UP</th></tr>
<tr><td>Call To Order</td><td>The District Board and Hospital Board meeting was called to order at 10:10 am.</td><td></td></tr>
<tr><td>Public Comment</td><td>No public comment.</td><td></td></tr>
<tr><td colspan="3">NEW BUSINESS</td></tr>
<tr><td rowspan="2">Perinatal Services Closure Update

Proposed Action of Both Boards – Approve the scheduling of a date for the public hearing.</td><td>Paperwork for the OB program closure was submitted to the CDPH online portal. The local CDPH office, along with the city councils for Banning and Beaumont and county supervisors, have been notified. A public hearing must be held within 60 days to allow for public comment. The meeting must be held within 25 miles of the hospital's location and follow standard public notice procedures. A date of September 24, 2026, at 5:00 PM was selected and approved.

DISTRICT 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>Absent</td><td colspan="2">Motion carried.</td></tr>
</table></td><td>M.S.C., (Stevens/Rader), the SGMHD Board of Directors approved September 24th at 5:00pm as the date and time for the public hearing.</td></tr>
<tr><td>HOSPITAL BOARD MEMBER ROLL CALL:

<table>
<tr><td>Brown</td><td>Yes</td><td>DiBiasi</td><td>Yes</td></tr>
<tr><td>Foreman</td><td>Yes</td><td>McDougall</td><td>Yes</td></tr>
<tr><td>Petersen</td><td>Yes</td><td>Rader</td><td>Yes</td></tr>
<tr><td>Stevens</td><td>Yes</td><td>Swerdlow</td><td>Absent</td></tr>
</table>
Motion carried.</td><td>M.S.C., (Brown/Rader), the SGMH Board of Directors approved September 24th at 5:00pm as the date and time for the public hearing.</td></tr>
<tr><td>Adjournment</td><td>The District Board and Hospital Board meeting was adjourned at 4:11 pm.</td><td></td></tr>
</table>

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 Hospital 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.

Respectfully submitted by Ariel Whitley, Executive Assistant

TAB D

MINUTES: Not Yet Approved by Board

JOINT SPECIAL MEETING OF THE
SAN GORGONIO MEMORIAL HOSPITAL AND HEALTHCARE DISTRICT
BOARD OF DIRECTORS

September 24, 2026

The joint special meeting of the San Gorgonio Memorial Hospital Board and Healthcare District Board of Directors was held on Thursday, September 24, 2026, in Modular C meeting room, 600 N. Highland Springs Avenue, Banning, California.

Members Present: Pat Brown, Susan DiBiasi (Chair), Doris Foreman, Darrell Petersen, Ron Rader, Lanny Swerdlow

Members Absent: Shannon McDougall, Randal Stevens

Required Staff: Christopher Bjornberg (CEO), Angie Brady (CNE), Ariel Whitley (EA/Director of Comp. and Privacy), Ryan Marshall (CFO), John Peleuses (VP; Ancillary and Support Services)

<table>
<tr><th>AGENDA ITEM</th><th></th><th>ACTION / FOLLOW-UP</th></tr>
<tr><td>Call To Order</td><td>The District Board and Hospital Board meeting was called to order at 5:10 pm.</td><td></td></tr>
<tr><td>Roll Call</td><td>BOARD MEMBER ROLL CALL:
<table><tr><td>Brown</td><td>Yes</td><td>DiBiasi</td><td>Yes</td></tr><tr><td>Foreman</td><td>Yes</td><td>McDougall</td><td>Absent</td></tr><tr><td>Petersen</td><td>Yes</td><td>Rader</td><td>Yes</td></tr><tr><td>Stevens</td><td>Absent</td><td>Swerdlow</td><td>Yes</td></tr></table></td><td></td></tr>
<tr><td>Open Public Hearing</td><td>Christopher Bjornberg, CEO, and Angela Brady, CNO, gave a presentation regarding the proposed elimination of Obstetrical Services, effective December 31, 2026. The topics included;
Services affected, alternative providers, patient transition planning, impact on the community, regulatory requirements, and planned implementation timeline.</td><td></td></tr>
<tr><td>Public Comment</td><td>No public comment cards were received.</td><td></td></tr>
<tr><td>Board Discussion</td><td>Board members discussed the topics in the presentation and asked questions regarding requirements and notifications.</td><td></td></tr>
<tr><td>Close Public Hearing</td><td>After no questions or comments were received. The public hearing was closed.</td><td></td></tr>
<tr><td>Adjournment</td><td>The District Board and Hospital Board meeting was adjourned at 5:31 pm.</td><td></td></tr>
</table>

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 Hospital 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.

Respectfully submitted by Ariel Whitley, Executive Assistant

TAB E

San Gorgonio Memorial Hospital

2027 Executive Overview

September 9, 2026

2027 Executive Summary

Alliant Insurance Services

Medical:

- **Anthem Negotiated fully insured Anthem renewal: +9.5% or +$513K, cost avoidance of $424K**
  - **Anthem initial renewal (aggregate): +17.4% or +$936K**
    - Anthem strategically adjusted the 2027 renewal terms to retain SGMH and strengthen the ongoing partnership amid competitive underwriting pressure
    - Anthem reporting total loss ratio for SGMH over 100% (inclusive of HMO & PPO experience, HMO only loss ratio 91%)
      - Fully insured medical carriers typical target a loss ratio of 85%
      - Medical experience remains pressured by increased claims activity, severity, and pharmacy utilization
        - 6 HMO claimants exceeded $50K through May 2026, totaling $544K; acute kidney failure, chronic kidney disease, and breast cancer are among the leading diagnoses

- **Medical Plan Marketing - Comprehensive fully insured marketing conducted with carriers: Aetna, Blue Shield, Cigna, UHC, Kaiser, & PRISM (Anthem/BS)**
  - Aetna, Blue Shield, CIGNA, and UHC: Declined to quote due to current SGMH experience and uncompetitive projected positions
    - Carriers provided preliminary renewal ranges: +12% to +22% over current
  - Kaiser full takeover proposal: +22.2% or +$1.19M

- **Anthem fully insured alternative plan designs:**
  - Anthem alternative plan designs options increase to member cost share (see sides 23 - 25)
    - Option 1 - Aggregate renewal impact: +3% or +$171K
    - Option 2 - Aggregate renewal impact: 0% or +$940

2027 Executive Summary *(continued)*

Alliant Insurance Services

Medical (continued):

- **Alternative Funding:**
  - HRA Plan options: estimates utilization (65%): +4.2% or +$242K at 65% with maximum liability: +13% or +$743K (100% utilization of HRA)
  - ICHRA estimates - comparable plan design: +29% / +$1.5M; Gold: +26% / +$1.3M; Silver: -1% / -$58K; Bronze: -4% / -$208K.
    - ICHRA figures are illustrative projected aggregate cost

- **Self-funded Projection: +15% or $815K (0% margin) to +18.5% or +$997K (3.5% margin)**
  - Self-funded projection assumes Anthem ASO bundled with bundled CarelonRx PBM
  - Comprehensive TPA and PBM marketing conducted – Anthem ASO provided most competitive overall package with lowest administration cost (offset by Rx Rebates) and Rx pricing and guaranteed rebates
  - Assumes illustrative stop loss proposal - final stop loss marketing with firm proposal expected end of October to early November
    - Stop loss carriers require data through September 2026 to provide firm proposals

- **Anthem Self Funded alternative plan designs:**
  - Alternative plan designs options increase to member cost share (see sides 18 – 21)
    - Option 1 - Aggregate renewal impact: +9.6% or +$517K
    - Option 2 - Aggregate renewal impact: +7.2% or +$388K

Ancillary Benefits:

- **Dental – Sun Life:** 0% or $0 (rate guarantee through 12/31/28)
- **Vision – VSP:** Negotiated -1% or -$500 with 2- year rate guarantee through 12/31/2028
- **Life & Disability, EAP & Voluntary Benefits - Unum:** 0% or $0 (rate guarantee through 12/31/28)

2027 total projected renewal cost impact (all benefits): +8.9% or +512K
(negotiated incumbent renewals assuming no plan design changes)

2027 Financial Overview & Renewal Options

Alliant Insurance Services

San Gorgonio Memorial Hospital
Financial Overview
Renewal Effective: January 1, 2027

Final Decision

Line of Coverage	EE Count	Current	Initial Renewal			Negotiated Renewal			Option 1A Plan Decrements		
		Total Cost	Total Cost	% Δ	$ Δ	Total Cost	% Δ	$ Δ	Total Cost	% Δ	$ Δ
Anthem - Classic PPO	8	Anthem 250/20/20 $140,771	$175,964	25.0%	$35,193	$154,144	9.5%	$13,373	Anthem 750/30/50 $145,170	3.1%	$4,399
Anthem - Solutions PPO	7	Anthem 2500/25/20 $146,775	$183,470	25.0%	$36,694	$160,718	9.5%	$13,943	Anthem 3500/30/50 $154,257	5.1%	$7,482
Anthem - Medical HMO	338	Anthem HMO $5,109,188	$5,973,676	16.9%	$864,488	$5,594,549	9.5%	$485,361	Anthem HMO $0/$0 40/60/750 $5,269,493	3.1%	$160,305
Sun Life - DHMO	184	$58,945	$58,945	0.0%	$0	$58,944	0.0%	-$1	$58,945	0.0%	$0
Sun Life - DPPO	191	$171,417	$171,417	0.0%	$0	$171,416	0.0%	-$1	$171,417	0.0%	$0
VSP - Vision	348	$45,440	$44,964	-1.0%	-$476	$44,963	-1.0%	-$477	$44,964	-1.0%	-$476
Unum - Basic Life and AD&D	500	$41,550	$41,550	0.0%	$0	$41,549	0.0%	-$1	$41,550	0.0%	$0
Unum - Long Term Disability	491	$17,688	$17,688	0.0%	$0	$17,688	0.0%	$0	Converted to Voluntary LTD	0.0%	--
TOTAL ANNUAL PREMIUM		**$5,731,774**	**$6,667,674**			**$6,243,971**			**$5,885,796**		
$ CHANGE			**$935,900**			**$512,197**			**$154,022**		
% CHANGE			**16.3%**			**8.9%**			**2.7%**		

2027 Contribution Scenarios

San Gorgonio Memorial Hospital
Employee Contributions
Renewal Effective: January 1, 2027

Employee Contributions	Lives	Current Monthly Contributions Total	ER Cost	EE Cost	EE %	Final Decision: Renewal Option 1A (Anthem, SunLife, VSP) Total	ER Cost	EE Cost	EE %	EE $Δ
						Employee Splits Renewal Increase				
Anthem Classic PPO (FT)						*Anthem Classic PPO (FT)*				
EE Only	6	$1,150.67	$725.05	$425.62	37.0%	$1,186.63	$652.65	$533.98	45.0%	$108.36
EE + Child(ren)	2	$2,413.45	$1,519.91	$893.54	37.0%	$2,488.86	$1,119.99	$1,368.87	55.0%	$475.33
EE + Family	0	$3,446.63	$2,170.28	$1,276.35	37.0%	$3,554.31	$1,599.44	$1,954.87	55.0%	$678.52
Annual Premium	8	$140,771	$88,681	$52,090	37.0%	$145,170	$73,871	$71,299	49.1%	
Anthem Classic PPO (PT)						*Anthem Classic PPO (PT)*				
EE Only	0	$1,150.67	$701.19	$449.48	39.1%	$1,186.63	$593.31	$593.32	50.0%	$143.84
EE + Child(ren)	0	$2,413.45	$1,469.90	$943.55	39.1%	$2,488.86	$995.54	$1,493.32	60.0%	$549.77
EE + Family	0	$3,446.63	$2,098.85	$1,347.78	39.1%	$3,554.31	$1,421.72	$2,132.59	60.0%	$784.81
Annual Premium	0	$0	$0	$0	0.0%	$0	$0	$0	#DIV/0!	
Anthem Solution PPO (FT)						*Anthem Solution PPO (FT)*				
EE Only	2	$927.89	$686.78	$241.11	26.0%	$975.19	$633.87	$341.32	35.0%	$100.21
EE + Child(ren)	1	$1,945.56	$1,439.51	$506.05	26.0%	$2,044.74	$1,124.61	$920.13	45.0%	$414.08
EE + Family	2	$2,778.25	$2,055.44	$722.81	26.0%	$2,919.87	$1,605.93	$1,313.94	45.0%	$591.13
Annual Premium	5	$112,294	$83,087	$29,207	26.0%	$118,018	$67,251	$50,768	43.0%	
Anthem Solution PPO (PT)						*Anthem Solution PPO (PT)*				
EE Only	1	$927.89	$662.92	$264.97	28.6%	$975.19	$585.11	$390.08	40.0%	$125.11
EE + Child(ren)	1	$1,945.56	$1,389.50	$556.06	28.6%	$2,044.74	$1,022.37	$1,022.37	50.0%	$466.31
EE + Family	0	$2,778.25	$1,984.01	$794.24	28.6%	$2,919.87	$1,459.93	$1,459.94	50.0%	$665.70
Annual Premium	2	$34,481	$24,629	$9,852	28.6%	$36,239	$19,290	$16,949	46.8%	
Anthem HMO (FT)						*Anthem HMO (FT)*				
EE Only	126	$629.06	$565.64	$63.42	10.1%	$648.79	$551.47	$97.32	15.0%	$33.90
EE + Child(ren)	62	$1,318.45	$1,185.51	$132.94	10.1%	$1,359.82	$1,087.86	$271.96	20.0%	$139.02
EE + Family	115	$1,882.47	$1,692.64	$189.83	10.1%	$1,941.54	$1,553.23	$388.31	20.0%	$198.48
Annual Premium	303	$4,529,874	$4,073,110	$456,764	10.1%	$4,672,002	$3,786,648	$885,354	19.0%	
Anthem HMO (PT)						*Anthem HMO (PT)*				
EE Only	10	$629.06	$543.76	$85.30	13.6%	$648.79	$519.03	$129.76	20.0%	$44.46
EE + Child(ren)	9	$1,318.45	$1,139.66	$178.79	13.6%	$1,359.82	$1,019.86	$339.96	25.0%	$161.17
EE + Family	16	$1,882.47	$1,627.21	$255.26	13.6%	$1,941.54	$1,456.15	$485.39	25.0%	$230.13
Annual Premium	35	$579,314	$500,759	$78,555	13.6%	$597,491	$452,009	$145,482	24.3%	
MEDICAL TOTAL	**353**	**$5,396,735**	**$4,770,267**	**$626,468**	**11.6%**	**$5,568,920**	**$4,399,068**	**$1,169,852**	**21.0%**	
Change from current - $						***$172,186***	***-$371,199***	***$543,384***		
Change from current - %						***3.2%***	***-7.8%***	***86.7%***		
						Keep Employee $ the Same				
Sun Life DHMO (FT)	Lives					*Sun Life DHMO (FT)*				
EE Only	70	$14.77	$12.84	$1.93	13.1%	$14.77	$12.84	$1.93	13.1%	$0.00
EE + Child(ren)	42	$26.69	$23.16	$3.53	13.2%	$26.69	$23.16	$3.53	13.2%	$0.00
EE + Family	50	$42.74	$37.28	$5.46	12.8%	$42.74	$37.28	$5.46	12.8%	$0.00
Annual Premium	162	$51,503	$44,826	$6,676	13.0%	$51,503	$44,826	$6,676	13.0%	
Sun Life DHMO (PT)						*Sun Life DHMO (PT)*				
EE Only	8	$14.77	$12.17	$2.60	17.6%	$14.77	$12.17	$2.60	17.6%	$0.00
EE + Child(ren)	6	$26.69	$21.92	$4.77	17.9%	$26.69	$21.92	$4.77	17.9%	$0.00
EE + Family	8	$42.74	$35.42	$7.32	17.1%	$42.74	$35.42	$7.32	17.1%	$0.00
Annual Premium	22	$7,443	$6,147	$1,296	17.4%	$7,443	$6,147	$1,296	17.4%	
Sun Life DPPO (FT / PT)						*Sun Life DPPO (FT / PT)*				
EE Only	66	$35.53	$8.35	$27.18	76.5%	$35.53	$8.35	$27.18	76.5%	$0.00
EE + Child(ren)	50	$66.04	$15.54	$50.50	76.5%	$66.04	$15.54	$50.50	76.5%	$0.00
EE + Family	75	$115.17	$27.07	$88.10	76.5%	$115.17	$27.07	$88.10	76.5%	$0.00
Annual Premium	191	$171,417	$40,300	$131,117	76.5%	$171,417	$40,300	$131,117	76.5%	
VSP Choice (FT / PT)						*VSP Choice (FT / PT)*				
EE Only	133	$6.51	$0.00	$6.51	100.0%	$6.44	$0.00	$6.44	100.0%	($0.07)
EE + Child(ren)	89	$10.11	$0.00	$10.11	100.0%	$10.01	$0.00	$10.01	100.0%	($0.10)
EE + Family	126	$16.04	$0.00	$16.04	100.0%	$15.87	$0.00	$15.87	100.0%	($0.17)
Annual Premium	348	$45,440	$0	$45,440	100.0%	$44,964	$0	$44,964	100.0%	
GRAND TOTAL		**$5,672,537**	**$4,861,540**	**$810,997**	**14.3%**	**$5,844,247**	**$4,490,341**	**$1,353,905**	**23.2%**	
Change from current - $						***$171,710***	***-$371,199***	***$542,909***		
Change from current - %						***3.0%***	***-7.6%***	***66.9%***		

2027 Medical Renewal

San Gorgonio Memorial Hospital

Medical PPO

Renewal Effective: January 1, 2027

Final Decision

Option 1 A

Medical Plan Benefits	Anthem 250/20/20 Essential $5 / $15 / $30 / $50 / 30% to $250 Current / Renewal		Anthem 750/30/50 Essential $5 / $15 / $30 / $50 / 30% to $250 Alternative Plan Design	
MEDICAL BENEFITS	**IN-NETWORK**	**OUT-OF-NETWORK**	**IN-NETWORK**	**OUT-OF-NETWORK**
Calendar Year Deductible Individual / Family	$250 / $750	$750 / $2,250	$750 / $2,250	$2,250 / $6,750
Annual Out-of-Pocket Maximum Individual / Family	$2,500 / $5,000	$7,500 / $15,000	$5,000 / $10,000	$15,000 / $30,000
Physician Office Visit	$20 (ded waived)	40%	$30 (ded waived)	40%
Specialist Visit	$20 (ded waived)	40%	$50 (ded waived)	40%
Lab- Freestanding Facility / OP Hospital	20%	40% (up to $350 for OP Hospital)	20%	40% (up to $350 for OP Hospital)
X-Rays- Freestanding Facility / OP Hospital	20%	40% (up to $350 for OP Hospital)	20%	40% (up to $350 for OP Hospital)
Advanced Imaging- CT, MRI, PET scans	20%	40% (up to $800)	20%	40% (up to $800)
Urgent Care Services	$20 (ded waived)	40%	$30 (ded waived)	40%
Emergency Room	$150 / visit then 20% (copay waived if admitted)		$150 / visit then 20% (copay waived if admitted)	
Ambulatory Surgical Center	20%	40% (up to $350)	20%	40% (up to $350)
Outpatient Surgery	20%	40% (up to $350)	20%	40% (up to $350)
Inpatient Hospitalization	20%	40% (up to $1,000 / day)	20%	40% (up to $1,000 / day)
Chiropractic Care *Visits per Calendar Year*	$20 (ded waived) *(30 visits / calendar year)*	40%	$20 (ded waived) *(30 visits / calendar year)*	40%
Acupuncture Care *Visits per Calendar Year*	$20 (ded waived) *(20 visits / calendar year)*	40%	$20 (ded waived) *(20 visits / calendar year)*	40%
PRESCRIPTION DRUGS				
Prescription Deductible	Combined with Medical		Combined with Medical	
Prescription Out-of-Pocket Maximum	Combined with Medical		Combined with Medical	
Pharmacy Tier Structure	Generic / Brand / Non-Formulary		Generic / Brand / Non-Formulary	
Retail Cost	$5 / $15 / $30	50% up to $250	$5 / $15 / $30	50% up to $250
Supply Limit	*30 days supply*		*30 days supply*	
Mail Order Cost	$12.50 / $90 / $150	Not Covered	$12.50 / $90 / $150	Not Covered
Supply Limit	*90 days*		*90 days*	
Specialty Medication Cost	30% up to $250	Retail: 50% up to $250 Mail Order: Not covered	30% up to $250	Retail: 50% up to $250 Mail Order: Not covered

MONTHLY RATES	EE	**Current**	**Renewal**	**Negotiated Renewal**	EE	**Alternative Plan Design**
EE Only	6	$1,150.67	$1,438.34	$1,259.99	6	$1,186.63
EE + 1	2	$2,413.45	$3,016.81	$2,642.73	2	$2,488.86
EE + Family	0	$3,446.63	$4,308.29	$3,774.05	0	$3,554.31
MONTHLY PREMIUM	8	**$11,731**	**$14,664**	**$12,845**	8	**$12,098**
ANNUAL PREMIUM		**$140,771**	**$175,964**	**$154,145**		**$145,170**
ANNUAL DOLLAR CHANGE			**$35,193**	**$13,374**		**$4,399**
ANNUAL PERCENT CHANGE			**25.0%**	**9.5%**		**3.1%**

* Deductible does not apply.

San Gorgonio Memorial Hospital

Medical PPO

Renewal Effective: January 1, 2027

Final Decision

Option 1A

Medical Plan Benefits	Anthem 2500/25/20 Essential $5/$20/$40/$60/30% to $250 Solution PPO Current / Renewal		Anthem 3500/30/50 Essential $5/$20/$40/$60/30% to $250 Solution PPO Alternative Plan Design	
MEDICAL BENEFITS	**IN-NETWORK**	**OUT-OF-NETWORK**	**IN-NETWORK**	**OUT-OF-NETWORK**
Calendar Year Deductible Individual / Family	$2,500 / $5,000	$7,500 / $15,000	$3,500 / $7,000	$10,500 / $21,000
Annual Out-of-Pocket Maximum Individual / Family	$6,350 / $12,700	$19,050 / $38,100	$6,350 / $12,700	$19,050 / $38,100
Physician Office Visit	$25 (ded waived)	40%	$30 (ded waived)	50%
Specialist Visit	$25 (ded waived)	40%	$50 (ded waived)	50%
Lab- Freestanding Facility / OP Hospital	20%	40%	30%	50%
X-Rays- Freestanding Facility / OP Hospital	20%	40%	30%	50%
Advanced Imaging- CT, MRI, PET scans	20%	40%	30%	50%
Urgent Care Services	$25 (ded waived)	40%	$30 (ded waived)	50%
Emergency Room	$150 / visit then 20% (copay waived if admitted)		$150 / visit then 30% (copay waived if admitted)	
Ambulatory Surgical Center	20%	40%	30%	50%
Outpatient Surgery	20%	40%	30%	50%
Inpatient Hospitalization	20%	40%	30%	50%
Chiropractic Care *Visits per Calendar Year*	$25 (ded waived) *(30 visits / calendar year)*	40%	$25 (ded waived) *(30 visits / calendar year)*	40%
Acupuncture Care *Visits per Calendar Year*	$25 (ded waived) *(20 visits / calendar year)*	40%	$25 (ded waived) *(20 visits / calendar year)*	40%
PRESCRIPTION DRUGS				
Prescription Deductible	Combined with Medical		Combined with Medical	
Prescription Out-of-Pocket Maximum	Combined with Medical		Combined with Medical	
Pharmacy Tier Structure	Generic / Brand / Non-Formulary		Generic / Brand / Non-Formulary	
Retail Cost	$5 / $40 / $60	50% up to $250	$5 / $40 / $60	50% up to $250
Supply Limit	*30 days supply*		*30 days supply*	
Mail Order Cost	$12.50 / $120 / $180	Not Covered	$12.50 / $120 / $180	Not Covered
Supply Limit	*90 days*		*90 days*	
Specialty Medication Cost	30% up to $250	Retail: 50% up to $250 Mail Order: Not covered	30% up to $250	Retail: 50% up to $250 Mail Order: Not covered

MONTHLY RATES	EE	**Current**	**Renewal**	**Negotiated Renewal**	**Alternative Plan Design**
EE Only	3	$927.89	$1,159.87	$1,016.04	$975.19
EE + Child(ren)	2	$1,945.56	$2,431.95	$2,130.39	$2,044.74
EE + Family	2	$2,778.25	$3,472.82	$3,042.18	$2,919.87
MONTHLY PREMIUM	7	**$12,231**	**$15,289**	**$13,393**	**$12,855**
ANNUAL PREMIUM		**$146,775**	**$183,470**	**$160,719**	**$154,257**
ANNUAL DOLLAR CHANGE			**$36,694**	**$13,944**	**$7,482**
ANNUAL PERCENT CHANGE			**25.0%**	**9.5%**	**5.1%**

San Gorgonio Memorial Hospital

Medical HMO

Renewal Effective: January 1, 2027

Final Decision

Option 1A

Medical Plan Benefits	Anthem HMO Current / Renewal	Anthem HMO $0/$0 40/60/750 Alternative Plan Design
MEDICAL BENEFITS	**IN-NETWORK**	**IN-NETWORK**
Calendar Year Deductible Individual / Family	None	None
Annual Out-of-Pocket Maximum Individual / Family	$2,000 / $4,000	$2,500 / $5,000
Physician Office Visit	$20	$40
Specialist Visit	$40	$60
Lab- Freestanding Facility / OP Hospital	No Charge	No Charge
X-Rays- Freestanding Facility / OP Hospital	No Charge	No Charge
Advanced Imaging- CT, MRI, PET scans	$100 copay	$125 copay
Urgent Care Services	$20	$40
Emergency Room	$100 (copay waived if admitted)	$200 (copay waived if admitted)
Ambulatory Surgical Center	$125 / Admit	$375 / Visit
Outpatient Surgery	$125 / Admit	$375 / Visit
Inpatient Hospitalization	$250 / Admit	$750 / Admit
Chiropractic Care *Visits per Calendar Year*	$20 *(60 visits / calendar year)*	$20 *(60 visits / calendar year)*
Acupuncture Care *Visits per Calendar Year*	$20 *No Limit*	$20 *No Limit*
PRESCRIPTION DRUGS		
Prescription Deductible	Combined with Medical	Combined with Medical
Prescription Out-of-Pocket Maximum	Combined with Medical	Combined with Medical
Pharmacy Tier Structure	Generic / Brand / Non-Formulary	Generic / Brand / Non-Formulary
Retail Cost *Supply Limit*	$5 / $15 / $30 *30 days supply*	$5 / $15 / $30 *30 days supply*
Mail Order Cost *Supply Limit*	$12.50 / $90 / $150 *90 days*	$12.50 / $90 / $150 *90 days*
Specialty Medication Cost	30% up to $250	30% up to $250

MONTHLY RATES	EE	Current	Renewal	Negotiated Renewal	Alternative Plan Design
EE Only	136	$629.06	$735.50	$688.82	$648.79
EE + 1	71	$1,318.45	$1,541.53	$1,443.70	$1,359.82
EE + Family	131	$1,882.47	$2,200.99	$2,061.30	$1,941.54
MONTHLY PREMIUM	338	**$425,766**	**$497,806**	**$466,213**	**$439,124**
ANNUAL PREMIUM		**$5,109,188**	**$5,973,676**	**$5,594,550**	**$5,269,493**
ANNUAL DOLLAR CHANGE			**$864,488**	**$485,362**	**$160,305**
ANNUAL PERCENT CHANGE			**16.9%**	**9.5%**	**3.1%**

* Deductible applies.

Long Term Disability – Voluntary Conversion Consideration

Alliant Insurance Services

Pros	Cons
Reduces employer benefit costs and improves budget predictability	Removing employer-paid LTD may reduce the overall competitiveness of the benefits package
Allows employers to reallocate benefit dollars to other priorities	May be perceived as a reduction in benefits
Maintains access to LTD coverage while shifting costs to employees	Participation may decline, need to maintain 20% participation minimum required (carrier requirement)
Provides employees with choice and opportunity in electing coverage	Additional communication and education are needed to drive enrollment

TERMINATING 1/1/2027

Current Employer Paid LTD

Long Term Disability Plan Benefits	Unum Current	
Benefit Amounts	**Monthly Benefit %**	**Max Monthly Benefit**
Class 1: Executive & CEO	67%	$15,000
Class 2: All Others Employees	50%	$2,500
Plan Features		
Elimination Period	Class 1: 90 Days Class 2: 180 Days	
Own Occupation Definition	24 Months	
Mental Health/Substance Abuse Limitations	24 Months	
Maximum Benefit Duration	Class 1: SSNRA Class 2: SSNRA	
Pre-Existing Condition	3/12	
FICA Match	Included	
W-2 Production	Included	

Rate Guarantee (in months): *Rate Guarantee Period*		**36** *(1/1/2026-12/31/2028)*
MONTHLY RATES	EE	**Current**
Total Covered Monthly Benefit	491	$2,267,709
Rate per $100 of Covered Monthly		$0.065
MONTHLY PREMIUM		**$1,474**
ANNUAL PREMIUM		**$17,688**

Final Decision

Voluntary LTD Plan Option

Voluntary Long Term Disability Plan Benefits	Unum Option 1	
Benefit Amounts	**Monthly Benefit %**	**Max Monthly Benefit**
Class 1: All Employees	60%	$15,000
Plan Features		
Elimination Period	180 Days	
Own Occupation Definition	24 Months	
Mental Health/Substance Abuse Limitations	24 Months	
Maximum Benefit Duration	To Age 65 or Social Security Normal Retirement Age	
Pre-Existing Condition	3/12	
FICA Match	Not Included	
W-2 Production	Not Included	

Rate Guarantee (in months): *Rate Guarantee Period*	**12** *(1/1/2027-12/31/2027)*
MONTHLY RATES	**Option 1**
Age Range	**Rate per $100 of Covered Monthly**
Under age 20	$0.02
Age 20-24	$0.02
Age 25-29	$0.06
Age 30-34	$0.14
Age 35-39	$0.19
Age 40-44	$0.51
Age 45-49	$0.84
Age 50-54	$1.14
Age 55-59	$1.34
Age 60-64	$1.15
Age 65-69	$0.78
Age 70+	$0.53

Historical Loss Ratios & Negotiated Renewal Impact

Alliant Insurance Services

		San Gorgonio Memorial Hospital				
Plan Year	**Renewal Loss Ratios (HMO ONLY)**	**SGMH Initial Anthem Renewal**	**SGMH Final Negotiated Anthem Renewal**	**Negotiated Cost Mitigation for Medical**	**Average SoCal Carrier Pooled Renewal***	**PERS Choice/ PPO**
2018	75.2%	5.9%	**0.4%**	*$250K*	12.9%	-8.57%
2019	76.1%	11.5%	**0.0%**	*$551K*	10.9%	23.70%
2020	95.0%	22.8%	**9.9%**	*$485K*	10.9%	8.70%
2021	87.4%	0.0%	**0.0%**	*$0*	10.9%	13.3%
2022	84.6%	12.5%	**3.0%**	*$432K*	10.9%	-20.9%
2023	88.3%	13.0%	**2.0%**	*$385K*	12.0%	15.0%
2024	84.3%	20.0%	**6.6%**	*$601K*	13.9%	13.5%
2025	78.4%	14.4%	**3.5%**	*$545K*	12.4%	9.3%
2026*	83.8%	19.9%	**3.8%**	*$844K*	13.9%	13.3%
2027	**90.9%**	17.4%	**9.5%**	*$424K*	14.5%	7.5%
Average		**13.7%**	**3.9%**	**$4.52M**	**12.3%**	**7.48%**

2027 California SoCal Carrier Pooled renewal average is estimated based on carrier trends data
PERS Choice/Platinum base on 2027 statewide renewal

Key Insights:

- SGMH medical plan experience has increase in most recent 12-month period resulting driven by high-cost claims, high pharmacy utilization
- The HMO medical loss ratio increased to 90.9%, with Anthem reporting total loss ratio for SGMH over 100%, inclusive of HMO & PPO experience
- Fully insured medical carriers typical target loss ratio is 85%

Self Funding Advantages and Disadvantages

ADVANTAGES	DISADVANTAGES
+ Lower component costs (administration fees, tax savings & admin fees)	- Monthly claims fluctuation
+ Domestic steerage to SGMH facility	- Large claimants can significantly hinder cashflow
+ Elimination of carrier profit margin and risk charge	- Poor claims year results in higher health care costs
+ Cash flow benefit	- Additional administrative responsibilities
+ Cost and utilization controls	- Requires additional education for plan management team
+ Full transparency in data (Alliant Analytics)	- Longer term commitment / perspective
+ Plan design and data control	
+ Elimination of state-mandated benefits	
+ Ability to customize disease management and utilization management functions	
+ More effective Pharmacy (Rx) Management (Carve-Out) and Rx Rebates	
+ Member disruption can be minimized if the network, plan design, pharmacy arrangement, and administration remain substantially comparable	

TAB F

Outlook

RE: Atellica CI Service Agreement – Expiration 9/18/2026 QUOTE-0664310

From Michel, Nicole <nicole.michel@siemens-healthineers.com>
Date Wed 9/23/2026 1:15 PM
To Pendley, William <wpendley@sgmh.org>

1 attachment (52 KB)
SAN GORGONIO MEMORIAL HOSPITAL Atellica CI and Atellica Data Manager QUOTE-0664310.pdf;

Hi Will,
Thank you for taking the time to call me so I am able to further assist you.

2026-2027- $58,614/ 12 = $4,884.50 monthly payments (Atellica Solution has 2year warranty not included)
2027-2028- $58,614/ 12 = $4,884.50 monthly payments (Atellica Solution has 2year warranty not included)
2028- 2033- 63,564/ 12 = $5,297 monthly payments

If you have any immediate questions or concerns, please don't hesitate to reach out to me.

Wishing you a fantastic week ahead!

** NEW EMAIL ADDRESS**

New Office Hours
Monday and Tuesday 10AM to 6:30PM EST
Wednesday, Thursday and 9:30AM to 6PM EST
Friday 8:30 AM to 5PM EST

Best Regards,

SIEMENS Healthineers

Nikki Michel
Senior Service Sales Representative
Laboratory Diagnostics
West Region- WA,OR,CA.NV,UT,ID, MT,HI and Guam

https://link.edgepilot.com/x/-LFPQcvta_G9O8ryCuT2jTI4?u=http://usa.healthcare.siemens.com/

Siemens Healthcare Diagnostics Inc
Inside Service Sales
221 Gregson Drive
Cary, NC 27511

Mobile: (224) 507-3644
Fax:(919) 869-2694
nicole.michel@siemens-healthineers.com

QUOTE-0664310
Date: 02-16-2026
Proposal Expiration Date: 08-31-2026

District / Sales Office

SIEMENS HEALTHCARE DIAGNOSTICS INC.

Attn: Nicole Golladay
Phone: (224) 507 3644
Fax: (919) 869-2694
Email: nicole.golladay@siemens-healthineers.com

Sold To
#0000009640
SAN GORGONIO MEMORIAL HOSPITAL
600 N HIGHLAND SPRINGS RD
BANNING , CA 92220

Bill To
#0000009640
SAN GORGONIO MEMORIAL HOSPITAL
600 N HIGHLAND SPRINGS RD
BANNING , CA 92220

Payer
#0000009640
SAN GORGONIO MEMORIAL HOSPITAL
600 N HIGHLAND SPRINGS RD
BANNING , CA 92220

Siemens Healthcare Diagnostics Inc. is pleased to submit the following proposal for service and maintenance described herein at the stated prices and terms. Subject to your acceptance of the terms and conditions on the face and general terms and conditions Document hereof.

Item #	Product Name	Functional Location	Serial Number	Performance Plan	Contract Duration	Standard Pricing	Annual Pricing	Partial Year Price	Net Price
1*	Atellica CI	400-917376	IRC013682505	Atellica CI SD (Mid)	09/18/2026 - 09/17/2033	$44,850.00	$27,807.00	$0	$194,649.00
2*	Atellica RH SD	400-917390	IRL013082506	Atellica RH SD	09/25/2026 - 09/17/2033			$0.00	$0.00
3*	Atellica CI UPS & EBM Service	TBD	TBD	Atellica CI UPS & EBM Service	5 Years	$2,475.00	$2,475.00	$0	$12,375.00
4*	Atellica CI	400-917389	IRC013702505	Atellica CI SD (Mid)	09/18/2026 - 09/17/2033	$44,850.00	$27,807.00	$0	$194,649.00
5*	Atellica RH SD	400-917377	IRL013002505	Atellica RH SD	09/18/2026 - 09/17/2033			$0	$0.00
6*	Atellica CI UPS & EBM Service	TBD	TBD	Atellica CI UPS & EBM Service	5 Years	$2,475.00	$2,475.00	$0	$12,375.00
7*	ADM Basic Care Plan	400-926925	IRV01512517	ADM Basic Care Plan	7 Years	$4,000.00	$3,000.00	$0	$21,000.00
Total Contract Price*									$435,048.00

*Total Contract Price does not include any initialed upgrades selected in Exhibit A.

Terms of payment: Net 30 days from invoice date. Past due payment is subject to 1.5% interest charge per month.

QUOTE-0664310
Date: 02-16-2026
Proposal Expiration Date: 08-31-2026

Customer's Acceptance	Siemens Healthcare Diagnostic Inc.
X _____	_____
(By) (Signature)	(By) (Signature)
	Nicole Golladay - DX Inside Sales Representative
X _____	_____
Name and Title	Name and Title

X Acceptance Date _____

Customer P.O. #_____ (If your organization does not require a PO for payment, please initial here and provide written confirmation.)
Customer P.O. #_____ (enter P.O. # for contract billing;)
_____ (Initial if P.O. is required but will be issued prior to warranty expiration)
Standing P.O. #_____ (for T&M charges outside of the contract)

Please review payment frequency as listed in the exhibit. If a different frequency is required, please indicate here.
( ) Annual ( ) Quarterly (X) Monthly

Agreement becomes effective upon customer signature and Siemens acceptance. Customer's acceptance acknowledges receipt and agreement to Terms and Conditions set forth on all pages of this proposal.

Please return Signed Performance Plan Quote and PO back to Nicole Golladay by phone number (224) 507 3644 at email nicole.golladay@siemens-healthineers.com or fax number (919) 869-2694.

You will not be invoiced until the start date of the term of this quote. If your facility is tax exempt, please include a copy of your exemption certificate with your signed quote and purchase order

Exhibit A

Item #1:

Equipment	**Atellica CI SD (Mid)**		
Equipment Location	SAN GORGONIO MEMORIAL HOSPITAL - #0000110540		
Address	600 N HIGHLAND SPRINGS AVE BANNING CA 92220		
Functional Location: 400-917376	**Serial Number:** IRC013682505	**Payment Frequency:** Annual	
Performance Plan Type: Atellica CI SD (Mid)	**Contract Start:** 09/18/2026	**Contract End:** 09/17/2033	**Annual Price:** USD 27,807.00
Catalog Number: 10972687		**GPO Pricing HEALTHTRUST PURCHASING GROUP**	

(See Glossary pages for detailed description of items listed below.)

Coverage applies during the Contract Period or as indicated:	Contract Period
Principal Coverage Period (PCP)	8:00am-5:00pm Mon - Fri excluding holidays
Planned Maintenance	8:00am-5:00pm Mon - Fri excluding holidays
On-Site Applications Support	8:00am-5:00pm Mon - Fri excluding holidays
Technical Phone Support	Included
Labor	Included
Travel	Included
Updates	Included
General Spare Parts Coverage	Included
On-Site Response Objective	Next Business Day
teamplay Fleet	Included
Smart Remote Services	Included
Proactive Monitoring	Included

*Siemens shall use commercially reasonable efforts to meet the specified CSE on-site response time objective, however some on-site response times may be delayed due to travel time or other factors.

No further Options or Alternatives are included in the above listed equipment.

Item #2:

Equipment	**Atellica RH SD**		
Equipment Location	SAN GORGONIO MEMORIAL HOSPITAL - #0000110540		
Address	600 N HIGHLAND SPRINGS AVE BANNING CA 92220		
Functional Location: 400-917390	**Serial Number:** IRL013082506	**Payment Frequency:** Annual	
Performance Plan Type: Atellica RH SD	**Contract Start:** 09/25/2026	**Contract End:** 09/17/2033	**Annual Price:** USD 0.00
Catalog Number: 10972448		**GPO Pricing HEALTHTRUST PURCHASING GROUP**	

(See Glossary pages for detailed description of items listed below.)

Coverage applies during the Contract Period or as indicated:	Contract Period
Principal Coverage Period (PCP)	8:00am-5:00pm Mon - Fri excluding holidays
Planned Maintenance	8:00am-5:00pm Mon - Fri excluding holidays
On-Site Applications Support	8:00am-5:00pm Mon - Fri excluding holidays
Technical Phone Support	Included
Labor	Included
Travel	Included
Updates	Included
General Spare Parts Coverage	Included
On-Site Response Objective	Next Business Day
teamplay Fleet	Included
Smart Remote Services	Included
Proactive Monitoring	Included

*Siemens shall use commercially reasonable efforts to meet the specified CSE on-site response time objective, however some on-site response times may be delayed due to travel time or other factors.

No further Options or Alternatives are included in the above listed equipment.

Item #3:

Equipment	**ATELLICA CI UPS & EBM SERVICE**		
Equipment Location	SAN GORGONIO MEMORIAL HOSPITAL - #0000110540		
Address	600 N HIGHLAND SPRINGS AVE BANNING CA 92220		
Functional Location:	**Serial Number:**	**Payment Frequency:** Annual	
Performance Plan Type: Atellica CI UPS & EBM Service	**Contract Start:**	**Contract End:**	**Annual Price:** USD 2,475.00
Catalog Number: 11695032		**GPO Pricing HEALTHTRUST PURCHASING GROUP**	

(See Glossary pages for detailed description of items listed below.)

Coverage applies during the Contract Period or as indicated:	Contract Period
Principal Coverage Period (PCP)	8:00 am - 5:00 pm Monday through Friday, excluding holidays
Planned Maintenance	8:00 am - 5:00 pm Monday through Friday, excluding holidays
On-Site Response Objective	Within next business day (8:00am - 5:00pm, Monday - Friday), once dispatch notification has been created by Customer Care Center.*
Technical Phone Support	Included
Spare Parts	Batteries Included

*Siemens shall use commercially reasonable efforts to meet the specified CSE on-site response time objective, however some on-site response times may be delayed due to travel time or other factors.

No further Options or Alternatives are included in the above listed equipment.

Item #4:

Equipment	**Atellica CI SD (Mid)**		
Equipment Location	SAN GORGONIO MEMORIAL HOSPITAL - #0000110540		
Address	600 N HIGHLAND SPRINGS AVE BANNING CA 92220		
Functional Location: 400-917389	**Serial Number:** IRC013702505	**Payment Frequency:** Annual	
Performance Plan Type: Atellica CI SD (Mid)	**Contract Start:** 09/18/2026	**Contract End:** 09/17/2033	**Annual Price:** USD 27,807.00
Catalog Number: 10972687		**GPO Pricing HEALTHTRUST PURCHASING GROUP**	

(See Glossary pages for detailed description of items listed below.)

Coverage applies during the Contract Period or as indicated:	Contract Period
Principal Coverage Period (PCP)	8:00am-5:00pm Mon - Fri excluding holidays
Planned Maintenance	8:00am-5:00pm Mon - Fri excluding holidays
On-Site Applications Support	8:00am-5:00pm Mon - Fri excluding holidays
Technical Phone Support	Included
Labor	Included
Travel	Included
Updates	Included
General Spare Parts Coverage	Included
On-Site Response Objective	Next Business Day
teamplay Fleet	Included
Smart Remote Services	Included
Proactive Monitoring	Included

*Siemens shall use commercially reasonable efforts to meet the specified CSE on-site response time objective, however some on-site response times may be delayed due to travel time or other factors.

No further Options or Alternatives are included in the above listed equipment.

Item #5:

Equipment	**Atellica RH SD**		
Equipment Location	SAN GORGONIO MEMORIAL HOSPITAL - #0000110540		
Address	600 N HIGHLAND SPRINGS AVE BANNING CA 92220		
Functional Location: 400-917377	**Serial Number:** IRL013002505	**Payment Frequency:** Annual	
Performance Plan Type: Atellica RH SD	**Contract Start:** 09/18/2026	**Contract End:** 09/17/2033	**Annual Price:** USD 0.00
Catalog Number: 10972448		**GPO Pricing HEALTHTRUST PURCHASING GROUP**	

(See Glossary pages for detailed description of items listed below.)

Coverage applies during the Contract Period or as indicated:	Contract Period
Principal Coverage Period (PCP)	8:00am-5:00pm Mon - Fri excluding holidays
Planned Maintenance	8:00am-5:00pm Mon - Fri excluding holidays
On-Site Applications Support	8:00am-5:00pm Mon - Fri excluding holidays
Technical Phone Support	Included
Labor	Included
Travel	Included
Updates	Included
General Spare Parts Coverage	Included
On-Site Response Objective	Next Business Day
teamplay Fleet	Included
Smart Remote Services	Included
Proactive Monitoring	Included

*Siemens shall use commercially reasonable efforts to meet the specified CSE on-site response time objective, however some on-site response times may be delayed due to travel time or other factors.

No further Options or Alternatives are included in the above listed equipment.

Item #6:

Equipment	**ATELLICA CI UPS & EBM SERVICE**		
Equipment Location	SAN GORGONIO MEMORIAL HOSPITAL - #0000110540		
Address	600 N HIGHLAND SPRINGS AVE BANNING CA 92220		
Functional Location:	**Serial Number:**	**Payment Frequency:** Annual	
Performance Plan Type: Atellica CI UPS & EBM Service	**Contract Start:**	**Contract End:**	**Annual Price:** USD 2,475.00
Catalog Number: 11695032		**GPO Pricing** HEALTHTRUST PURCHASING GROUP	

(See Glossary pages for detailed description of items listed below.)

Coverage applies during the Contract Period or as indicated:	Contract Period
Principal Coverage Period (PCP)	8:00 am - 5:00 pm Monday through Friday excluding holidays
Planned Maintenance	8:00 am - 5:00 pm Monday through Friday, excluding holidays
On-Site Response Objective	Within next business day (8:00am - 5:00pm, Monday - Friday), once dispatch notification has been created by Customer Care Center.*
Technical Phone Support	Included
Spare Parts	Batteries Included

*Siemens shall use commercially reasonable efforts to meet the specified CSE on-site response time objective, however some on-site response times may be delayed due to travel time or other factors.

No further Options or Alternatives are included in the above listed equipment.

Item #7:

Equipment	**ADM Basic Care Plan**		
Equipment Location	SAN GORGONIO MEMORIAL HOSPITAL - #0000110540		
Address	600 N HIGHLAND SPRINGS AVE BANNING CA 92220		
Functional Location: 400-926925	**Serial Number:** IRV01512517	**Payment Frequency:** Annual	
Performance Plan Type: ADM Basic Care Plan	**Contract Start:**	**Contract End:**	**Annual Price:** USD 3,000.00
Catalog Number: 10973780		**GPO Pricing HEALTHTRUST PURCHASING GROUP**	

(See Glossary pages for detailed description of items listed below.)

Coverage applies during the Contract Period or as indicated:	Contract Period
Remote Applications Support	Excluded
Technical Phone Support	Included
Travel	Included
Updates	Included
Upgrades	Included
Software Configurations	Excluded
Annual Support Hours	Excluded
Fee-Based Services	Limited Access
Satellite Sites	Excluded
teamplay Fleet	Included
Smart Remote Services	Included

*Siemens shall use commercially reasonable efforts to meet the specified CSE on-site response time objective, however some on-site response times may be delayed due to travel time or other factors.

No further Options or Alternatives are included in the above listed equipment.

Glossary

Deliverables	Description
Principal Coverage Period (PCP)	Hours defined in Exhibit A during which agreed-upon on-site services are provided. Principal Coverage Period is independent of Technical Phone Support hours, Planned Maintenance hours, and On-Site Applications Support hours.
Planned Maintenance	Hours defined in Exhibit A during which preventive services are carried out in accordance with the equipment's specific maintenance plan. This includes: tracking and scheduling of required maintenance tasks; exchange of wear and tear parts according to maintenance plan; care measures; adjustments to factory specifications; verification of specified performance and functionality; documentation and detailed protocol of system condition.
On-Site Response Objective	Siemens shall use commercially reasonable efforts to meet the specified Field Service Representative on-site response time objective defined in Exhibit A, in accordance with the defined Principal Coverage Period, once a dispatch notification has been created by Customer Care Center. Some on-site response times may be delayed due to travel time or other factors. For urgent situations in which instrument is not operational (i.e. unable to produce certain results) every effort will be made to dispatch a Field Service Representative to the account site within that day's PCP (see Exhibit A). On-Site Response Objective does not apply to On-Site Applications Support by a Technical Applications Specialist.
Technical Phone Support	Direct access to technical specialists at the Siemens Remote Services Center for fast diagnosis and technical support. Technical Phone Support is included for Siemens customers with a current service agreement, with coverage hours varying by product. Access to a technical specialist is not guaranteed outside of coverage hours.
Remote Applications Support	Hours defined in Exhibit A during which the Technical Applications Specialists provide remote services.
Travel	Travel time for Customer Service Engineer to and from Customer's site is included with the service agreement.
Updates	Modifications or reliability enhancements to equipment in the form of mandatory updates (safety and performance-related update instructions), to be scheduled during normal business hours (8:00 am - 5:00 pm Monday - Friday, excluding holidays). Includes all necessary parts, labor, and training associated with the mandatory update. Necessary associated training will be scheduled during normal business hours (8:00 am - 5:00 pm Monday - Friday, excluding holidays). Does not include enhancements to the operating systems or additional functionality.
Upgrades	Modifications or reliability enhancements to equipment in the form of mandatory updates (safety and performance-related update instructions), to be scheduled during normal business hours (8:00 am - 5:00 pm Monday - Friday, excluding holidays). Includes all necessary parts, labor, and training associated with the mandatory update. Necessary associated training will be scheduled during normal business hours (8:00 am - 5:00 pm Monday - Friday, excluding holidays). Does not include enhancements to the operating systems, additional functionality, or additional training requests outside the scope of the Upgrade event.
Software Configurations	Software Configurations cover QC, AV, and rules limited to MISPL library. Please consult with your sales and service teams for a comprehensive list of available software rules within the MISPL library for your Care Plan. All included and covered Software Configurations will be decided and agreed upon between Customer and Siemens Healthineers during the implementation phase. Any additions to Software Configurations after Customer go-live will be billed as part of the Fee-Based Services. Complex rules outside of the MISPL library are also considered part of the Fee-Based Services.

Annual Support Hours	ADM Basic Care Plan does not include any Annual Support Hours, ADM Advanced Care Plan includes up to 15 Annual Support Hours, ADM Automation Care Plan includes up to 24 Annual Support Hours, and APM Advanced Care Plan includes up to 10 Annual Support Hours. Additional support hours beyond the amount included in the service plan can be purchased for an additional fee as part of the Fee-Based Services. Annual Support Hours includes: modifying and optimizing existing configurations, workflow rules, and QC rule modification. Annual Support Hours excludes: adding AV, complex rules outside of the MISPL library, additional and repeat training post-implementation, relocation or modification of application support environment, and Laboratory Information System (LIS) changes.
Fee-Based Services	A menu of Fee-Based Services are available for purchase during the contract term based on customer request and/or requirements after the initial configuration of the solution. These include options such as advanced software configurations, advanced workflow rules, IT infrastructure services, connectivity services, among others. Please consult with your service team for a full list of available services based on your Care Plan.
Satellite Sites	Ability to connect Satellite Sites to the primary site for an additional annual fee per connected site.
teamplay Fleet	teamplay Fleet is a teamplay digital health platform solution that enables you to streamline the management of your fleet from Siemens Healthineers and to optimize your asset performance holistically, 24/7, and from any browser capable device. With its broad range of features, teamplay Fleet offers you a clear overview of your equipment data, helping to maintain and optimize your asset performance while keeping your equipment cybersecure and allowing you to make sound decisions about the future of your fleet.
Smart Remote Services	Smart Remote Services (SRS) -- the efficient and comprehensive infrastructure for medical equipment-related remote services -- combines high-tech medical engineering with state-of-the-art information technology. Services, which formerly required on-site visits, are now available via data transfer. Atellica Connectivity Manager or syngo Lab Connectivity Manager software is required to facilitate the delivery of Smart Remote Services. Siemens Healthineers uses SRS to remotely diagnose, troubleshoot, and support Siemens instruments, automation systems, and middleware products. Not available on all Siemens systems.
On-Site Applications Support	Hours defined in Exhibit A during which the Technical Applications Specialists provide on-site services. On-Site Applications Support includes: assay troubleshooting at the request of the Customer Service Engineer or Remote Services Center, required training associated with mandatory updates, and Siemens assay additions. On-Site Applications Support that are excluded from the service agreement are: additional and repeat training post-implementation, relocation of equipment, revalidation of assays, lot rollovers, and linearity studies. IT support and customization is also excluded unless covered by a separate Professional Services agreement.
Labor	Unlimited coverage of on-site labor by a Field Service Representative during the Principal Coverage Period indicated. On-site service performed outside of the Principal Coverage Period or services provided that are not included in the service agreement will be billed at the current prevailing tiered labor rates.
General Spare Parts Coverage	Replacement of standard spare parts, as defined in the Replacement Parts Section of the Service Agreement Terms and Conditions. Excludes parts defined as consumable parts, customer replaceable parts, or customer supplies in the Operator's Guide, as well as reagents. Excludes non-Siemens parts unless specifically identified in Exhibit A. Also excludes certain parts, components, and peripherals, as found in the Exclusions Section of the Service Agreement Terms and Conditions.
Proactive Monitoring	Real-time, predictive, remote system monitoring with artificial intelligence to detect potential system issues before they occur.

Siemens Healthcare Diagnostics, Inc. General Terms and Conditions

This Agreement is entered into in connection with that certain Purchasing Agreement dated May 1, 2011 by and between HealthTrust Purchasing Group, L.P. ("HealthTrust") and Vendor (HPG-1109, as amended, the "Purchasing Agreement"). The terms and provisions of the Purchasing Agreement are incorporated into this Agreement by this reference, and this Agreement is subject to and governed by the terms and provisions of the Purchasing Agreement

1. Initial Condition of Equipment

This service agreement ("Agreement") is entered into by Siemens Healthcare Diagnostics Inc. ("Siemens") on the premise that equipment covered by this Agreement ("Equipment") is presently operating in accordance with the manufacturer's specifications as of the date of this Agreement.

Where service has not been provided by Siemens under warranty or contract for greater than sixty (60) days preceding the date of this Agreement, Equipment condition is subject to verification by Siemens at Customer's expense.

Any and all repairs performed by Siemens to restore the Equipment performance to manufacturer's specifications or that are outside of the scope of this Agreement will be invoiced at Siemens then-current rates for labor, travel and parts.

Verification is waived by Siemens where Siemens service, or service by a Siemens- authorized service provider, has been provided under warranty or contract within sixty (60) days of the date of this Agreement.

2. Siemens Service

Subject to the terms of this Agreement and with reasonable promptness, Siemens or its authorized service provider will repair those Equipment malfunctions which occur notwithstanding that the Equipment is being operated in accordance with the instruction manual for such Equipment. A service call shall be considered complete when Siemens, or its authorized service provider, demonstrates by an appropriate test procedure that the Equipment is operating in accordance with the manufacturer's specifications for such Equipment. Siemens, or its authorized service provider, shall provide to Customer a copy of the "Field Service Report" detailing the work performed by Siemens' field service representative, or its authorized service provider. Siemens may require that the Equipment be returned to the repair facility for service.

3. Replacement Parts

Unless otherwise provided elsewhere in this Agreement, all replacement parts are furnished on an exchange basis and the parts removed become the property of Siemens. Siemens will supply at its own expense, necessary parts, except consumables, provided replacement of the parts is required because of normal wear and tear or otherwise deemed necessary by Siemens and further provided that the Siemens-manufactured parts are available from the factory. All Parts will be new, standard parts, or used, reworked or refurbished parts that comply with applicable performance and reliability specifications. Exchange parts removed from the Equipment shall become the property of Siemens unless such exchange parts constitute "hazardous wastes", "hazardous substances", "special wastes" or other similar materials, as such terms are defined by any federal, state or local laws, rules or regulations, in which case, at the option of Siemens, the exchange parts shall remain the property of the Customer and shall be disposed of by the Customer in strict compliance with all applicable laws, rules and regulations.

4. Exclusions

Service does not include any work and related travel, labor and parts required to repair Equipment malfunctions resulting from Customer's failure to provide suitable operating conditions or to adequately furnish all facilities required by the manufacturer's installation manual.

In addition, service required to correct malfunctions resulting from the following is excluded from this Agreement:

a. Failure on the part of Customer to maintain the Equipment in accordance with the routine maintenance requirements set forth in any manuals for such Equipment;
b. Damage caused by Customer error, misuse, abuse, or operation outside of conditions prescribed in the Equipment

instruction manual or damage caused by use for a purpose other than for which is was designed;
c. Improper use or storage or other external cause, including service or modifications not performed by Siemens or its authorized service provider;
d. Damage incurred during the transportation of the Equipment not supervised by Siemens or its authorized representative;
e. Damage caused by repair, service, or alteration made or attempted by any parties other than Siemens or Siemens' authorized service provider without Siemens' prior written consent;
f. Electrical surges and sprinkler damage, or;
g. Use of supplies, disposables, consumables or reagents not recommended in writing by the Equipment manufacturer, or accessories which the Equipment manufacturer has not specifically designated in writing as compatible with the Equipment.
h. Customer owned instrument de-installation, decontamination, re-installation.

Siemens service also excludes the following:

a. Furnishing of batteries, fuses, lamps, hoses, tubing, filters, disconnected fittings, electrodes, computer software, test patterns, calibration standards, report forms, printer paper, pen style, ink pens, hollow cathode or any other parts listed in the operator's manual or instruction manual for the Equipment as replacement parts, sub-assemblies or accessories.
b. Service which is unreasonable for Siemens or its authorized service provider to render because of unauthorized alterations or attachments to the Equipment.

Service calls made by Siemens, or its authorized service provider, and any related travel, labor and parts required to correct Equipment malfunctions resulting from causes set forth above shall be invoiced by Siemens to Customer at Siemens' then-current rates.

5. Planned Maintenance (PM)

Planned maintenance will be carried out according to the manufacturer's recommended schedule. Planned maintenance generally includes checking mechanical and electrical safety, lubrication, functional testing and adjusting for optimum performance as specified in the detailed planned maintenance work plan. PM performed during normal business hours (M-F, 8AM to 5PM), and excluding holidays.

6. Warranty

GPO Agreement

7. Equipment Retrofit

Siemens, or its authorized service provider, may make changes in the design or construction of Siemens equipment without incurring any obligation hereunder to make such changes to the Equipment covered by this Agreement. Customer shall, however, allow Siemens, or its authorized service provider, at Siemens' expense, to retrofit components or make design changes which improve Equipment reliability but do not adversely affect Equipment performance.

8. Key Operator

Customer shall designate a key operator who shall be made available to Siemens, or its authorized service provider, to describe Equipment malfunctions to Siemens representatives by telephone and who shall be qualified to perform simple adjustments and corrections as requested by Siemens representative. Failure to designate a key operator or to perform Customer maintenance as specified in the Equipment instruction manual may result, at Siemens option, in (i) cancellation of this Agreement, (ii) a service call invoiced by Siemens at its then-current standard rates for service, travel, labor and parts.

9. OSHA

Customer shall provide Siemens' field service representative, or its authorized service provider, with facilities at Customer's location which shall be adequate for Siemens or its authorized service provider to perform the services contemplated by this Agreement and comply with the regulations of the Secretary of Labor promulgated under the Occupational Safety and Health Act of 1970 as amended.

10. Access to Books and Records

GPO Agreement

11. Payment Terms

Payment is due thirty (30) days from invoice date. Notwithstanding anything to the contrary contained herein, this Agreement may be terminated immediately upon written notice by Siemens to Customer for nonpayment. Any service calls made after the date of such termination shall be invoiced at Siemens' then- current standard rates for service, travel, labor and parts.

12. Default and Termination

This Agreement may be terminated by either party on account of the default of any material obligation of this Agreement which default continues for fifteen (15) days after written notice has been given to the party in default. No course of dealing and no delay on the part of either party in asserting any right hereunder shall operate as a waiver of such right or otherwise prejudice the rights of either party hereunder.

13. Limitation of Liability and Indemnification

GPO Agreement

14. Force Majeure

Intentionally omitted

15. Termination

This Agreement may be terminated by either party upon thirty (30) days prior written notice to the other party. In the event of such termination, Siemens will prorate any unused portion of the Agreement to the nearest month.

16. Additional Terms and Conditions for Siemens Remote Services

a. System Monitoring. Siemens provides services for remote monitoring of certain Siemens Equipment used by Customer ("Applicable Equipment"). In connection with such services, Siemens uses certain Siemens Remote Services software to monitor the performance of Applicable Equipment called "Siemens Remote Services" (the "Software") to permit Siemens monitoring of the performance of the Applicable Equipment anonymously. In connection with using the Software and continuing to provide these services, Siemens will gain access to certain information from the Applicable Equipment. This information ("Information") is expected generally to consist of data measuring the performance of the specific processes performed by the Applicable Equipment, but may include data that is considered Protected Health Information as that term is defined in 45 CFR § 160.103 and used in the Health Insurance Portability and Accountability Act ("HIPAA"). Customer hereby grants to Siemens, for no additional consideration, a worldwide license to Siemens to use Information from the Applicable Equipment for its purposes, including, without limitation, Customer support, product support and product development. ANY SUCH USE BY SIEMENS OF ANY SUCH INFORMATION OF CUSTOMER WILL SPECIFICALLY EXCLUDE (I) DISCLOSURE OF ANY SPECIFIC IDENTIFICATION OF INFORMATION, OR RESULTS OF QC DATA COLLECTED AS ORIGINATING FROM A CUSTOMER SYSTEM, AND (II) ANY USE OF INFORMATION BY SIEMENS IN VIOLATION OF APPLICABLE HIPAA PROVISIONS REGARDING PROTECTED HEALTH INFORMATION.

b. Applicable Equipment Upkeep and Maintenance. The services provided by Siemens permit improvements in anticipating maintenance and other issues that may arise in connection with Applicable Equipment and, consequently, can improve scheduling of appropriate service. THE SERVICES THAT THE SOFTWARE PERMITS SIEMENS TO PROVIDE ARE NOT A SUBSTITUTE FOR, OR SERVE TO DIMINISH IN ANY WAY, CUSTOMER'S DUTY TO EXERCISE APPROPRIATE DILIGENCE AND CARE IN OPERATING AND MAINTAINING THE APPLICABLE

EQUIPMENT(S). CUSTOMER ACKNOWLEDGES THAT CUSTOMER IS RESPONSIBLE TO PERFORM ALL ROUTINE AND PERIODIC MAINTENANCE CHECKS AND PROCEDURES ON THE APPLICABLE EQUIPMENT(S) AND THAT CUSTOMER RETAINS THE DUTY TO FOLLOW ALL APPROPRIATE PROCEDURES AND SAFEGUARDS TO THE SAME EXTENT AS THOUGH THE SOFTWARE WERE NOT INSTALLED AND SIEMENS WERE NOT PROVIDING THE SERVICES

c. Remote Diagnostics. Customer shall provide Siemens with both on-site and remote access to the Equipment. The remote access shall be provided through the Customer network as is reasonably necessary for Siemens to provide services under this Agreement. Remote access will be established through a high speed internet based connection to Siemens Data Center utilizing Applicable Equipment requirements. Customer hereby acknowledges Siemens may require remote access in order to provide services under this Agreement. In the event that Customer fails to provide or maintain the remote access connection, then Siemens shall have the option to terminate this Agreement.

17. Independent Contractor

Nothing in this Agreement shall confer upon any person other than the Parties and their respective successors and assigns any rights, remedies, obligations, or liabilities whatsoever. The Parties agree that they are independent contractors and not agents of each other.

18. Software Updates

Siemens may require Customer to update Siemens proprietary software in order to perform services under this Agreement. Siemens reserves the right to provide Customer an end of life announcement, with respect to its' software. In the event the Customer does not update or replace the software in accordance with Siemens direction, Siemens may, at its option, (i) cancel this Agreement or (ii) remove any affected Software from coverage under this Agreement, with a corresponding adjustment of the annual agreement price. Siemens will use commercially reasonable efforts to provide service or parts on a time and materials basis only, at Siemens' rates and terms then in effect, for any Software subject to an end of life announcement. Nothing in this Agreement shall in any way grant to Customer any right to or license in any diagnostic service software utilized by Siemens in servicing the Equipment.

19. End Of Support

Notwithstanding anything to the contrary contained herein, in the event that Siemens makes a general announcement that it will no longer offer service agreements for an item of Equipment or components thereof, or provide a particular service agreement option or feature, whether due to the unavailability of spare parts or otherwise (an "EOS Announcement"), then upon no less than twelve (12) months prior written notice to the Customer, Siemens may remove any affected Equipment, components, options or features from coverage under this Agreement, with a corresponding adjustment of the Annual Agreement Price. In addition, at the end of this twelve (12) month period, the Customer may either remove the affected Equipment, components, options or features from coverage under this Agreement or request that Siemens provide service or parts on a time and materials basis only, at Siemens' rates and terms then in effect, for any Equipment, components, options or features subject to an EOS Announcement.

20. Excluded Provider

Siemens Healthcare Diagnostics Inc. ("Siemens") certifies that Siemens, its employees, agents or representatives providing services hereunder are not suspended or excluded from participation in any federal health care programs, as defined under 42.U.S.C. § 1320a-7b(f), or any form of state Medicaid program (collectively, "Government Payor Programs"). Siemens hereby represents and warrants that Siemens is not and at no time has been excluded from participation in any federally funded health care program, including Medicare and Medicaid. Siemens hereby agrees to promptly notify Customer of any exclusion from any federally funded health care program, including Medicare and Medicaid. In the event that Siemens is excluded from participation in any federally funded health care program during the term of this Agreement, or if at any time after the effective date of this Agreement it is determined that Siemens is in breach of this provision, then Customer may terminate this Agreement upon written notice to Siemens.

21. Corporate Compliance

Each of the Parties acknowledges that it has adopted its own corporate compliance program and code of conduct with which it expects its officers, directors, employees and agents to comply, and that it is responsible for monitoring and enforcing observance of its own compliance program and taking prompt action to resolve any non-compliance. A copy of each Party's compliance program and code of conduct is available upon request.

22. Miscellaneous

This Agreement sets forth the entire agreement and understanding between Siemens and Customer regarding service of the Equipment. Customer may not assign this Agreement, or any right or obligation arising out of this Agreement, without the express written consent of Siemens, which shall not be unreasonably withheld. This Agreement shall not be modified except by a writing making reference hereto, expressing the plan or intention to modify same, and executed by duly authorized representatives of both parties. Any term or condition contained in a Customer purchase order relating to service supplied hereunder shall be null and void. This Agreement shall be governed and construed in accordance with the laws of the State of Illinois without reference to conflicts of law provisions. Each party will send any required notices to the other party by registered or certified mail or by recognized overnight courier service. All notices will be sent to the applicable party at the address set forth herein. A party may designate an alternate address for notices by giving written notice thereof in accordance with the provisions of this Section.

TAB G

SAN GORGONIO MEMORIAL HOSPITAL
BANNING, CALIFORNIA

Unaudited Financial Statements

for

TWO MONTHS ENDING AUGUST 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:
Ryan Marshall
Ryan Marshall **9/22/2026**

CFO

San Gorgonio Memorial Hospital
Board Dashboard
Aug-26

	2.50	2.74	OP Factor		2.50	2.74			2.81		2.73	
	Current Month				Year To Date				Prior Year			
	Actual	Budget	Units Var	% Var	Actual	Budget	Units Var	% Var	Month	% Growth	YTD	% Growth
Admissions	244	229	15	6.6%	463	458	5	1.1%	212	15.1%	421	10.0%
Adjusted Admissions	610	628	(17)	-2.8%	1,155	1,254	(99)	-7.9%	595	2.6%	1,149	0.6%
Adjusted Patient Days	2,761	2,215	546	24.7%	5,336	4,397	939	21.4%	2,150	28.4%	4,193	27.3%
ALOS	4.52	3.53	(0.99)	-28.2%	4.62	3.51	(1.11)	-31.8%	3.61	-25.2%	3.65	-26.5%
Total Surgeries	51	88	(37)	-42.0%	114	167	(53)	-31.7%	100	-49.0%	189	-39.7%
EBIDA	(1,848)	(1,755)	(93)	-5.3%	(3,447)	(3,899)	451	11.6%	(1,943)	4.9%	(4,159)	17.1%
Normalized EBIDA [annualized Supplementals]	776	695	81	11.6%	1,453	1,001	451	45.1%	(297)	361.0%	(868)	267.3%
Net Operating Margin (%)	-25.74%	-26.85%	0	4.1%	-24.45%	-29.97%	5.5%	18.4%	-28.35%	9.2%	-30.70%	20.4%
Net Coll. Rev per Adj. Adm.	10,560	9,300	1,260	13.5%	10,899	9,208	1,691	18.4%	10,198	3.5%	10,417	4.6%
Uncollect Exp % Net Pat Rev	16.4%	19.5%	3.1%	16.0%	17.1%	19.5%	2.5%	12.7%	17.6%	7.0%	18.5%	7.8%

NORMALIZING ITEMS EBIDA:

$2.45M = Rate Range $11.6M, Other Supp $15M, P4P/QIP $2.9M
$174K = Prior Month adjustments $137K Tenet & $37K Allscripts Fees.

San Gorgonio Memorial Hospital
Board Dashboard
Aug-26

	2.50	2.74 OP Factor			2.50	2.74			2.81		2.73	
	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	8,523	7,748	(775)	-10.0%	8,958	7,828	(1,129)	-14.4%	8,919	4.4%	9,238	3.0%
SWB/APD	1,884	2,195	312	14.2%	1,939	2,233	294	13.2%	2,467	23.6%	2,531	23.4%
Supply Exp per Adj. Adm.	1,510	1,528	18	1.2%	1,476	1,505	28	1.9%	1,909	20.9%	1,833	19.4%
OCE/NCE Per Adj. Adm	4,762	3,938	(824)	-20.9%	4,757	4,145	(611)	-14.7%	3,960	-20.2%	4,346	-9.5%
Total Operating Expense Per Adj. Adm	14,794	13,214	(1,580)	-12.0%	15,190	13,478	(1,712)	-12.7%	14,788	0.0%	15,417	1.5%
Contract Labor	320	231	(90)	-38.9%	757	456	(301)	-66.1%	258	-24.1%	548	-38.0%

San Gorgonio Memorial Hospital

Financial Report - Executive Summary – 09/22/26
For the Month of August 2026 and YTD Two Months Ended August 31, 2026 (Unaudited)
Unfavorable Variances Show as (Negatives)

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

INCOME STATEMENT - CURRENT MONTH	August 2025 ACTUAL	August 2026 ACTUAL	VARIANCE August 2026 TO August 2025	PERCENTAGE VARIANCE August 2026 TO August 2025		August 2026 BUDGET	VARIANCE August 2026 ACTUAL TO BUDGET	PERCENTAGE VARIANCE August 2026 ACTUAL TO BUDGET
NET INCOME	(2,076,630)	(1,674,678)	401,952	19.4%		(1,800,574)	125,896	7.0%
EBIDA	(1,942,680)	(1,848,397)	94,283	4.9%		(1,755,265)	(93,132)	-5.3%

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

INCOME STATEMENT - 2 MONTHS YTD	August 2025 YTD ACTUAL	August 2026 YTD ACTUAL	YTD VARIANCE August 2026 TO August 2025	PERCENTAGE YTD VARIANCE August 2026 TO August 2025		August 2026 YTD BUDGET	VARIANCE August 2026 YTD ACTUAL TO BUDGET	PERCENTAGE VARIANCE YTD August 2026 ACTUAL TO BUDGET
NET INCOME	(4,434,864)	(3,431,833)	1,003,031	22.6%		(4,183,821)	751,988	18.0%
EBIDA	(4,159,099)	(3,447,363)	711,736	17.1%		(3,898,650)	451,287	11.6%

Items of Note:

- Inpatient Days, Adjusted Patient Days, and Outpatient Registrations were 29%, 25%, and 11% respectively over budget.
- E/R visits were 3.9% under budget and Surgeries and Newborn Deliveries were significantly under budget.
- No significant Supplemental Funding revenues observed.
- Other Items of Note are outlined in the Board Dashboard report.

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

	KEY WORKLOAD UNITS - CURRENT MONTH		AUGUST 2025 ACTUAL	AUGUST 2026 ACTUAL	PRIOR YEAR VARIANCE	PRIOR YEAR PERCENTAGE VARIANCE		AUGUST 2026 BUDGET	VARIANCE TO BUDGET	PER CENTAGE VARIANCE TO BUDGET
2										
3	TOTAL ACUTE PATIENT DAYS		767	1,104	337	43.9%		804	300	37.3%
4										
5	AVERAGE DAILY CENSUS		24.7	35.6	10.9	43.9%		25.9	9.7	37.3%
6										
7	AVERAGE ACUTE LENGTH OF STAY		3.62	4.52	0.9	25.1%		3.51	1.01	28.9%
8										
9	PATIENT DISCHARGES		212	244	32	15.1%		229	15	6.6%
10										
11	ADJUSTED PATIENT DAYS		2,150	2,761	611	28.4%		2,215	546	24.7%
12										
13	OBSERVATION COUNT		443	251	(192)	-43.3%		393	(142)	-36.2%
14										
15	TOTAL EMERGENCY ROOM VISITS		3,662	3,576	(86)	-2.3%		3,723	(147)	-3.9%
16										
17	AVERAGE EMERGENCY VISITS PER DAY		118.1	115.4	(2.8)	-2.3%		120.1	(5)	-3.9%
18										
19	TOTAL SURGERIES (EXCLUDING G.I.'S)		100	51	(49)	-49.0%		88	(37)	-42.0%
20										
21	DELIVERIES/BIRTHS		15	6	(9)	-60.0%		14	(8)	-57.1%
22										
23	OUTPATIENT REGISTRATIONS (EXCLUDING EMERGENCY AND CLINIC)		604	664	60	9.9%		598	66	11.0%
24										
25	CASE MIX INDEX		1.4813	1.6210	0.1397	9.4%		1.4884	0.1326	8.9%

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

	KEY WORKLOAD UNITS - YTD	AUGUST 2025 ACTUAL	AUGUST 2026 ACTUAL	PRIOR YEAR VARIANCE	PRIOR YEAR PERCENTAGE VARIANCE	AUGUST 2026 BUDGET	VARIANCE TO BUDGET	PER CENTAGE VARIANCE TO BUDGET
3	TOTAL ACUTE PATIENT DAYS	1,498	2,113	615	41.1%	1,552	561	36.1%
5	AVERAGE DAILY CENSUS	24.2	34.1	9.9	41.1%	25.0	9.0	36.1%
7	AVERAGE ACUTE LENGTH OF STAY	3.56	4.56	1.0	28.3%	3.39	1.18	34.7%
9	PATIENT DISCHARGES	421	463	42	10.0%	458	5	1.1%
11	ADJUSTED PATIENT DAYS	4,193	5,336	1,143	27.3%	4,397	939	21.4%
13	OBSERVATION COUNT	826	600	(226)	-27.4%	777	(177)	-22.8%
15	TOTAL EMERGENCY ROOM VISITS	7,183	7,045	(138)	-1.9%	7,356	(311)	-4.2%
17	AVERAGE EMERGENCY VISITS PER DAY	115.9	113.6	(2.2)	-1.9%	118.6	(5)	-4.2%
19	TOTAL SURGERIES (EXCLUDING G.I.'S)	189	114	(75)	-39.7%	167	(53)	-31.7%
21	DELIVERIES/BIRTHS	19	13	(6)	-31.6%	26	(13)	-50.0%
23	OUTPATIENT REGISTRATIONS (EXCLUDING EMERGENCY AND CLINIC)	1,164	1,451	287	24.7%	1,183	268	22.7%
25	CASE MIX INDEX	1.5479	1.5720	0.0241	1.6%	1.4884	0.0836	5.6%

Monthly Net Operating Revenues - Positive Variance

INCOME STATEMENT - CURRENT MONTH	August 2025 ACTUAL	August 2026 ACTUAL	VARIANCE August 2026 TO August 2025	PERCENTAGE VARIANCE August 2026 TO August 2025	August 2026 BUDGET	VARIANCE August 2026 ACTUAL TO BUDGET	PERCENTAGE VARIANCE August 2026 ACTUAL TO BUDGET
NET OPERATING REVENUE	**6,853,200**	**7,180,724**	**327,524**	**4.8%**	**6,538,378**	**642,346**	**9.8%**
NET PATIENT REVENUE	**6,065,846**	**6,445,025**	**379,179**	**6.3%**	**5,837,010**	**608,015**	**10.4%**
GROSS REVENUE FROM PATIENT SERVICES	49,552,232	50,779,157	1,226,925	2.5%	51,445,096	(665,939)	-1.3%
TOTAL INPATIENT REVENUE	17,662,082	20,301,346	2,639,264	14.9%	18,770,754	1,530,592	8.2%
TOTAL OUTPATIENT REVENUE	31,890,150	30,477,811	(1,412,339)	-4.4%	32,674,342	(2,196,531)	-6.7%
DEDUCTIONS FROM REVENUE	(43,486,386)	(44,334,132)	(847,746)	1.9%	(45,608,086)	1,273,954	-2.8%
OTHER OPERATING REVENUE	**787,354**	**735,699**	**(51,655)**	**-6.6%**	**701,368**	**34,331**	**4.9%**

YTD Net Operating Revenues - Positive Variance

INCOME STATEMENT - 2 MONTHS YTD	August 2025 YTD ACTUAL	August 2026 YTD ACTUAL	YTD VARIANCE August 2026 TO August 2025	PERCENTAGE YTD VARIANCE August 2026 TO August 2025	August 2026 YTD BUDGET	VARIANCE August 2026 YTD ACTUAL TO BUDGET	PERCENTAGE VARIANCE YTD August 2026 ACTUAL TO BUDGET
NET OPERATING REVENUE	**13,549,387**	**14,101,818**	**552,431**	**4.1%**	**13,009,303**	**1,092,515**	**8.4%**
NET PATIENT REVENUE	**11,965,226**	**12,591,490**	**626,264**	**5.2%**	**11,551,111**	**1,040,379**	**9.0%**
GROSS REVENUE FROM PATIENT SERVICES	99,532,018	103,733,773	4,201,755	4.2%	101,638,842	2,094,931	2.1%
TOTAL INPATIENT REVENUE	36,480,091	41,573,404	5,093,313	14.0%	37,108,274	4,465,130	12.0%
TOTAL OUTPATIENT REVENUE	63,051,927	62,160,369	(891,558)	-1.4%	64,530,568	(2,370,199)	-3.7%
DEDUCTIONS FROM REVENUE	(87,566,792)	(91,142,283)	(3,575,491)	4.1%	(90,087,731)	(1,054,552)	1.2%
OTHER OPERATING REVENUE	**1,584,161**	**1,510,328**	**(73,833)**	**-4.7%**	**1,458,192**	**52,136**	**3.6%**

Monthly Operating Expenses - Negative Variance

INCOME STATEMENT - CURRENT MONTH	August 2025 ACTUAL	August 2026 ACTUAL	VARIANCE August 2026 TO August 2025	PERCENTAGE VARIANCE August 2026 TO August 2025		August 2026 BUDGET	VARIANCE August 2026 ACTUAL TO BUDGET	PERCENTAGE VARIANCE August 2026 ACTUAL TO BUDGET
TOTAL OPERATING EXPENSE	**8,795,880**	**9,029,121**	**(233,241)**	**-2.7%**		**8,293,643**	**(735,478)**	**-8.9%**
TOTAL LABOR EXPENSE	5,304,892	5,201,452	103,440	1.9%		4,862,828	(338,624)	-7.0%
WAGES	4,144,921	3,964,274	180,647	4.4%		3,754,954	(209,320)	-5.6%
EMPLOYEE BENEFITS	901,788	916,792	(15,004)	-1.7%		877,207	(39,585)	-4.5%
CONTRACT LABOR	258,183	320,386	(62,203)	-24.1%		230,667	(89,719)	-38.9%
PHYSICIAN FEES	753,679	847,731	(94,052)	-12.5%		787,508	(60,223)	-7.6%
PURCHASED SERVICES	1,069,654	1,580,011	(510,357)	-47.7%		1,164,191	(415,820)	-35.7%
SUPPLY EXPENSE	1,135,386	921,487	213,899	18.8%		959,153	37,666	3.9%
UTILITIES	133,110	137,871	(4,761)	-3.6%		136,315	(1,556)	-1.1%
REPAIRS AND MAINTENANCE	83,457	69,015	14,442	17.3%		83,487	14,472	17.3%
INSURANCE	150,004	146,719	3,285	2.2%		159,220	12,501	7.9%
OTHER EXPENSES	90,638	88,606	2,032	2.2%		99,759	11,153	11.2%
LEASE AND RENTALS	75,060	36,229	38,831	51.7%		41,182	4,953	12.0%

Monthly Expense Items of Note: 1) Total Labor costs $338K (7.0%) over budget due to higher volume & LOS challenges increasing nursing care. Adjusted Patient Days were 21% over budget;
2) Purchased Services $416K over budget as prior month Tenet Fees $137K adjustment, $140K Allscripts adjustment, $55K increased Dialysis costs & $39K Reference Lab fees over;
3) Physician Fees $60K over budget, largely due to extra fees to cover OB call;
4) Supply Expense $38K under mostly due to lower pharmaceutical expense $29K;
5) Other expenses favorable $42K across Repairs $14K, Insurance $13K & $10K Dues/Subscriptions.

YTD Operating Expenses - Negative Variance

INCOME STATEMENT - 2 MONTHS YTD	August 2025 YTD ACTUAL	August 2026 YTD ACTUAL	YTD VARIANCE August 2026 TO August 2025	PERCENTAGE YTD VARIANCE August 2026 TO August 2025		August 2026 YTD BUDGET	VARIANCE August 2026 YTD ACTUAL TO BUDGET	PERCENTAGE VARIANCE YTD August 2026 ACTUAL TO BUDGET
TOTAL OPERATING EXPENSE	**17,708,486**	**17,549,181**	**159,305**	**0.9%**		**16,907,953**	**(641,228)**	**-3.8%**
TOTAL LABOR EXPENSE	10,611,451	10,348,440	263,011	2.5%		9,820,337	(528,103)	-5.4%
WAGES	8,233,912	7,768,997	464,915	5.6%		7,644,160	(124,837)	-1.6%
EMPLOYEE BENEFITS	1,829,047	1,822,514	6,533	0.4%		1,720,408	(102,106)	-5.9%
CONTRACT LABOR	548,492	756,929	(208,437)	-38.0%		455,769	(301,160)	-66.1%
PHYSICIAN FEES	1,486,638	1,722,716	(236,078)	-15.9%		1,575,016	(147,700)	-9.4%
PURCHASED SERVICES	2,250,845	2,585,000	(334,155)	-14.8%		2,316,508	(268,492)	-11.6%
SUPPLY EXPENSE	2,105,302	1,705,663	399,639	19.0%		1,887,533	181,870	9.6%
UTILITIES	266,398	245,956	20,442	7.7%		272,684	26,728	9.8%
REPAIRS AND MAINTENANCE	173,034	148,726	24,308	14.0%		165,825	17,099	10.3%
INSURANCE	448,172	490,168	(41,996)	-9.4%		515,169	25,001	4.9%
OTHER EXPENSES	181,885	221,334	(39,449)	-21.7%		272,517	51,183	18.8%
LEASE AND RENTALS	184,761	81,178	103,583	56.1%		82,364	1,186	1.4%

YTD Expense Items of Note

1) Labor Expense over budget $528K, 5.4% of budget, consists of the majority of the $641K negative variance due to higher IP patient days, 21.4%.
2) Purchased Services over budget $268K driven mostly by $140K Allscripts adjustment & $90K Dialysis.
3) Physician Fees over budget round out higher costs $148K mostly due to OB call coverage & Anesthesia.

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

INCOME STATEMENT - CURRENT MONTH	August 2025 ACTUAL	August 2026 ACTUAL	VARIANCE August 2026 TO August 2025	PERCENTAGE VARIANCE August 2026 TO August 2025		August 2026 BUDGET	VARIANCE August 2026 ACTUAL TO BUDGET	PERCENTAGE VARIANCE August 2026 ACTUAL TO BUDGET
NON-OPERATING REVENUE & EXPENSE								
TOTAL NON-OPERATING REVENUE & EXPENSE	**831,424**	**1,181,709**	**350,285**	**42.1%**		**1,007,810**	**173,899**	**17.3%**
OTHER NON-OPERATING REVENUE	185,015	157,166	(27,849)	-15.1%		164,748	(7,582)	-4.6%
NON-OPERATING INTEREST INCOME	76,917	70,372	(6,545)	-8.5%		64,470	5,902	9.2%
NON-OPERATING DONATIONS/GAIN ON SALE	108,098	86,794	(21,304)	-19.7%		100,278	(13,484)	-13.4%
NON-OPERATING TAX REVENUE	646,409	661,580	15,171	2.3%		661,580	0	0.0%
EXTRAORDINARY REVENUE	0	362,963	362,963	0.0%		181,482	181,481	100.0%
			0					
TOTAL INTEREST & DEPRECIATION	**965,374**	**1,007,990**	**(42,616)**	**-4.4%**		**1,053,119**	**45,129**	**4.3%**
DEPRECIATION	457,590	473,356	(15,766)	-3.4%		510,879	37,523	7.3%
INTEREST	507,784	534,634	(26,850)	-5.3%		542,240	7,606	1.4%

Non-Operating Revenues and Expenses were favorably as the audit team recommended reporting CHFFA loan forgiveness for July which was not budgeted $181K.

YTD Non-Operating Revenue, Depreciation, & Interest Expense Positive Variances

INCOME STATEMENT - 2 MONTHS YTD	August 2025 YTD ACTUAL	August 2026 YTD ACTUAL	YTD VARIANCE August 2026 TO August 2025	PERCENTAGE YTD VARIANCE August 2026 TO August 2025		August 2026 YTD BUDGET	VARIANCE August 2026 YTD ACTUAL TO BUDGET	PERCENTAGE VARIANCE YTD August 2026 ACTUAL TO BUDGET
NON-OPERATING REVENUE & EXPENSE								
TOTAL NON-OPERATING REVENUE & EXPENSE	**1,655,399**	**2,015,419**	**360,020**	**21.7%**		**1,834,138**	**181,281**	**9.9%**
OTHER NON-OPERATING REVENUE	362,581	329,296	(33,285)	-9.2%		329,496	(200)	-0.1%
NON-OPERATING INTEREST INCOME	155,070	138,405	(16,665)	-10.7%		128,940	9,465	7.3%
NON-OPERATING DONATIONS/GAIN ON SALE	207,511	190,891	(16,620)	-8.0%		200,556	(9,665)	-4.8%
NON-OPERATING TAX REVENUE	1,292,818	1,323,160	30,342	2.3%		1,323,160	0	0.0%
EXTRAORDINARY REVENUE	0	362,963	362,963	0.0%		181,482	181,481	100.0%
			0					
TOTAL INTEREST & DEPRECIATION	**1,931,164**	**1,999,889**	**(68,725)**	**-3.6%**		**2,119,309**	**119,420**	**5.6%**
DEPRECIATION	915,898	928,731	(12,833)	-1.4%		1,019,774	91,043	8.9%
INTEREST	1,015,266	1,071,158	(55,892)	-5.5%		1,099,535	28,377	2.6%

Balance Sheet/Cash Flow

Monthly Patient cash collections $7.13M compared to $5.33M in July and $6.87M in June. Improved collections decreased Gross Accounts Receivable Days to 53.5 down from 56.5 in July. This also contributed to the Operating Cash balance $6.83M compared to $4.6M in July; however, most of that increase was attributable to access line of credit increase, $1.5M, in anticipation of the $1.5M DHS repayment deferred to mid-Sept.& Payroll funding $1.8M on 9/1/26.

Accounts Payable $16.7M compared to $13.9M in July, driving A/P days up to 128 from 109 prior month. The increase is largely due to the facility continued partnership vendors on additional payment terms requesting net 60-day terms to meet payroll, August IGT $3.1M payment & DHS repayment. The Line of Credit principal balance increased to $16.5M with the previously discussed distribution.

Other key changes in the Balance Sheet included:

Assets - Other Current Assets increased in Misc. Receivable for the $3.1M IGT payment, pending Oct. funding along with normal Taxes Receivable activity.

Liabilities - Assets with limited use & Accrued Interest Payable decreased due to the bi-annual bond payments.

Positive takeaways:

1) Workload volumes, i.e. Patient Days, Adjusted Patient Days, and Outpatient Registrations were strong compared to budget and prior year.
2) Normalized for the one-time prior period adjustments, EBIDA exceeded budget by $81K; Net Revenues exceeded budget by $642K.
3) Cash balances improved as we continue to partner with our vendors despite the ongoing delay we are aggressively pursuing on the 3rd Quarter ERC funds awaiting completion by the IRS auditors.

Negative/Challenging takeaways:

1) Expenses exceeded budget largely due to prior period adjustments and increased volumes offsetting increased revenue.
2) Contract Labor continued to exceed budget by $90K, however, this is an improvement over the three-month trend with ongoing nursing action plan efforts.
3) Physician costs are over budget due to OB coverage requirements.

	A	B	O	AP	BC	BP	BQ	BR
1		**SAN GORGONIO MEMORIAL HEALTHCARE DISTRICT & HOSPITAL - BANNING, CA**					**07/31/26**	**08/31/26**
2								
3			**FYE 22/23**	**FYE 23/24**	**FYE 24/25**	**FYE 25/26**	**FYE 26/27**	**FYE 26/27**
4			***12***	***12***	***12***	***12***		
5			**MONTHLY AVE.**	**MONTHLY AVE.**	**MONTHLY AVE.**	**MONTHLY AVE.**	**JULY**	**AUG**
6	**Gross Patient Revenue**							
7		Total Inpatient Revenue	**$ 14,171,780**	**$ 14,394,934**	**$ 17,450,067**	**$ 19,251,871**	**$21,272,058**	**$20,301,346**
9		Total Outpatient Revenue	**25,575,741**	**27,197,604**	**28,549,917**	**31,816,275**	**31,682,558**	**30,477,811**
12		**Total Gross Patient Revenue**	**39,747,521**	**41,592,538**	**45,999,984**	**51,068,146**	**52,954,616**	**50,779,157**
13								
14	**Deductions From Revenue**							
15		Discounts and Allowances	**(33,545,205)**	**(35,678,219)**	**(39,128,491)**	**(43,675,482)**	**(45,682,951)**	**(43,169,940)**
16		Bad Debt Expense	**(1,047,941)**	**(884,929)**	**(1,083,498)**	**(1,114,312)**	**(1,092,703)**	**(1,054,229)**
17		GI HMO Discounts						
18		Charity Care	**(97,443)**	**(54,157)**	**(94,415)**	**(148,155)**	**(32,497)**	**(109,963)**
19		**Total Deductions From Revenue**	**(34,690,589)**	**(36,617,305)**	**(40,306,404)**	**(44,937,949)**	**(46,808,151)**	**($44,334,132)**
20			**-87.3%**	**-88.0%**	**-87.6%**	**-88.0%**	**-88.4%**	**-87.3%**
21	**Net Patient Revenue**		**5,056,932**	**4,975,233**	**5,693,580**	**6,130,197**	**6,146,465**	**6,445,025**
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**	**229,535**
26		Clinic Net Revenues						
27		Tax Subsidies Measure D/H	**213,402**	**242,508**	**231,175**	**233,729**	**238,403**	**238,403**
28		Tax Subsidies Prop 13	**189,707**	**218,100**	**240,726**	**259,962**	**267,761**	**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**	**$735,699**
31								
32	**Total Operating Revenue**		**7,390,651**	**7,785,284**	**8,127,914**	**8,286,132**	**6,921,094**	**7,180,724**
33								
34	**Operating Expenses**							
35		Salaries and Wages	**3,634,721**	**3,922,586**	**4,073,968**	**4,078,974**	**3,804,723**	**3,964,274**
36		Fringe Benefits	**938,301**	**816,313**	**854,537**	**890,286**	**905,722**	**916,792**
37		Contract Labor	**81,255**	**135,922**	**233,823**	**353,164**	**436,543**	**320,386**
38		Physicians Fees	**299,739**	**425,458**	**711,175**	**736,362**	**874,985**	**847,731**
39		Purchased Services	**863,657**	**968,088**	**1,212,055**	**1,202,923**	**1,152,152**	**1,580,011**
40		Supply Expense	**953,253**	**781,620**	**1,065,725**	**1,089,094**	**784,176**	**921,487**
41		Utilities	**93,037**	**104,674**	**102,574**	**100,271**	**108,085**	**137,871**
42		Repairs and Maintenance	**76,806**	**101,283**	**102,208**	**78,992**	**79,711**	**69,015**
43		Insurance Expense	**119,548**	**127,300**	**143,335**	**169,239**	**343,449**	**146,719**
44		All Other Operating Expenses	**151,928**	**114,358**	**165,558**	**138,604**	**132,728**	**88,606**
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**	**36,229**
47		1206 (b) CLINIC						
48		**Total Operating Expenses**	**7,403,258**	**7,708,667**	**8,861,107**	**9,023,946**	**8,667,223**	**9,029,121**
49								
50	**EBIDA**		**(12,606)**	**76,617**	**(733,193)**	**(737,813)**	**(1,746,129)**	**(1,848,397)**
51								
52	**Interest, Depreciation, and Amortization**							
53		Depreciation Expense	**495,039**	**547,393**	**451,967**	**473,572**	**455,375**	**473,356**
54		Interest Expense	**484,663**	**438,303**	**527,058**	**535,209**	**536,524**	**534,634**
55		**Total Interest, Depr, & Amort.**	**979,702**	**985,697**	**979,025**	**1,008,781**	**991,899**	**1,007,990**
56								
57	**Non-Operating Revenue:**							
58		Contributions & Other	**132,587**	**483,520**	**356,470**	**279,532**	**172,130**	**157,166**
59		Tax Subsidies for GO Bonds - M-A	**660,979**	**1,074,156**	**745,407**	**744,875**	**661,580**	**661,580**
60		**Total Non Operating Revenue/(Expense)**	**793,566**	**1,557,676**	**1,101,877**	**1,024,407**	**833,710**	**818,746**
61								
62		**Total Net Surplus/(Loss)**	**(198,742)**	**648,598**	**(610,340)**	**(722,186)**	**(1,904,318)**	**(2,037,641)**
63		Change in Interest in Foundation	**0**	**-**	**-**	**-**	**0**	**0**
64		Extra-Ordinary Income (Loss)	**0**	**(231,988)**	**612,147**	**106,034**	**0**	**362,963**
65	**Increase/(Decrease in Unrestricted Net Assets**		**$ (198,742)**	**$ 416,610**	**$ 1,807**	**$ (616,152)**	**$ (1,904,318)**	**$ (1,674,678)**
66								
67	**Total Profit Margin**		**-2.7%**	**5.4%**	**0.0%**	**-7.4%**	**-27.5%**	**-23.3%**
68	**EBIDA %**		**-0.2%**	**1.0%**	**-9.0%**	**-8.9%**	**-25.2%**	**-25.7%**
69								
70			**Page 7**					

	A B C D E F G H	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**	**August 2025 ACTUAL**	**August 2026 ACTUAL**	**VARIANCE August 2026 TO August 2025**	**PERCENTAGE VARIANCE August 2026 TO August 2025**		**August 2026 BUDGET**	**VARIANCE August 2026 ACTUAL TO BUDGET**	**PERCENTAGE VARIANCE August 2026 ACTUAL TO BUDGET**
3	**NET INCOME**	**(2,076,630)**	**(1,674,678)**	**401,952**	**19.4%**		**(1,800,574)**	**125,896**	**7.0%**
4	**EBIDA**	**(1,942,680)**	**(1,848,397)**	**94,283**	**4.9%**		**(1,755,265)**	**(93,132)**	**-5.3%**
5									
6	**NET OPERATING REVENUE**	**6,853,200**	**7,180,724**	**327,524**	**4.8%**		**6,538,378**	**642,346**	**9.8%**
7	**NET PATIENT REVENUE**	**6,065,846**	**6,445,025**	**379,179**	**6.3%**		**5,837,010**	**608,015**	**10.4%**
8	GROSS REVENUE FROM PATIENT SERVICES	49,552,232	50,779,157	1,226,925	2.5%		51,445,096	(665,939)	-1.3%
9	TOTAL INPATIENT REVENUE	17,662,082	20,301,346	2,639,264	14.9%		18,770,754	1,530,592	8.2%
10	TOTAL OUTPATIENT REVENUE	31,890,150	30,477,811	(1,412,339)	-4.4%		32,674,342	(2,196,531)	-6.7%
11	DEDUCTIONS FROM REVENUE	(43,486,386)	(44,334,132)	(847,746)	1.9%		(45,608,086)	1,273,954	-2.8%
12	**OTHER OPERATING REVENUE**	**787,354**	**735,699**	**(51,655)**	**-6.6%**		**701,368**	**34,331**	**4.9%**
13	OTHER REVENUE - RATE RANGE	0	0	0	0.0%		0	0	0.0%
14	OTHER REVENUE - OTHER SUPPLEMENTALS	0	0	0	0.0%		0	0	0.0%
15	OTHER REVENUE - DSH	0	0	0	0.0%		0	0	0.0%
16	OTHER REVENUE - P4P	0	0	0	0.0%		0	0	0.0%
17	OTHER REVENUE - OTHER	252,974	229,535	(23,439)	-9.3%		181,035	48,500	26.8%
18	OPERATNG TAX REVENUES	534,380	506,164	(28,216)	-5.3%		520,333	(14,169)	-2.7%
19									
20	**TOTAL OPERATING EXPENSE**	**8,795,880**	**9,029,121**	**(233,241)**	**-2.7%**		**8,293,643**	**(735,478)**	**-8.9%**
21	TOTAL LABOR EXPENSE	5,304,892	5,201,452	103,440	1.9%		4,862,828	(338,624)	-7.0%
22	WAGES	4,144,921	3,964,274	180,647	4.4%		3,754,954	(209,320)	-5.6%
23	EMPLOYEE BENEFITS	901,788	916,792	(15,004)	-1.7%		877,207	(39,585)	-4.5%
24	CONTRACT LABOR	258,183	320,386	(62,203)	-24.1%		230,667	(89,719)	-38.9%
25	PHYSICIAN FEES	753,679	847,731	(94,052)	-12.5%		787,508	(60,223)	-7.6%
26	PURCHASED SERVICES	1,069,654	1,580,011	(510,357)	-47.7%		1,164,191	(415,820)	-35.7%
27	SUPPLY EXPENSE	1,135,386	921,487	213,899	18.8%		959,153	37,666	3.9%
28	UTILITIES	133,110	137,871	(4,761)	-3.6%		136,315	(1,556)	-1.1%
29	REPAIRS AND MAINTENANCE	83,457	69,015	14,442	17.3%		83,487	14,472	17.3%
30	INSURANCE	150,004	146,719	3,285	2.2%		159,220	12,501	7.9%
31	OTHER EXPENSES	90,638	88,606	2,032	2.2%		99,759	11,153	11.2%
32	LEASE AND RENTALS	75,060	36,229	38,831	51.7%		41,182	4,953	12.0%
33									
34	**NON-OPERATING REVENUE & EXPENSE**								
35	**TOTAL NON-OPERATING REVENUE & EXPENSE**	**831,424**	**1,181,709**	**350,285**	**42.1%**		**1,007,810**	**173,899**	**17.3%**
36	OTHER NON-OPERATING REVENUE	185,015	157,166	(27,849)	-15.1%		164,748	(7,582)	-4.6%
37	NON-OPERATING INTEREST INCOME	76,917	70,372	(6,545)	-8.5%		64,470	5,902	9.2%
38	NON-OPERATING DONATIONS/GAIN ON SALE	108,098	86,794	(21,304)	-19.7%		100,278	(13,484)	-13.4%
39	NON-OPERATING TAX REVENUE	646,409	661,580	15,171	2.3%		661,580	0	0.0%
40	EXTRAORDINARY REVENUE	0	362,963	362,963	0.0%		181,482	181,481	100.0%
41				0					
42	**TOTAL INTEREST & DEPRECIATION**	**965,374**	**1,007,990**	**(42,616)**	**-4.4%**		**1,053,119**	**45,129**	**4.3%**
43	DEPRECIATION	457,590	473,356	(15,766)	-3.4%		510,879	37,523	7.3%
44	INTEREST	507,784	534,634	(26,850)	-5.3%		542,240	7,606	1.4%
45									
46									

	A B C D E F G H	J	K	L	M	N	O	P	Q
1	**SAN GORGONIO MEMORIAL HEALTHCARE DISTRICT & HOSPITAL**							**NOTE: UNFAVORABLE VARIANCES SHOW AS NEGATIVES**	
2	**INCOME STATEMENT - 2 MONTHS YTD**	**August 2025 YTD ACTUAL**	**August 2026 YTD ACTUAL**	**YTD VARIANCE August 2026 TO August 2025**	**PERCENTAGE YTD VARIANCE August 2026 TO August 2025**		**August 2026 YTD BUDGET**	**VARIANCE August 2026 YTD ACTUAL TO BUDGET**	**PERCENTAGE VARIANCE YTD August 2026 ACTUAL TO BUDGET**
3	**NET INCOME**	**(4,434,864)**	**(3,431,833)**	**1,003,031**	**22.6%**		**(4,183,821)**	**751,988**	**18.0%**
4	**EBIDA**	**(4,159,099)**	**(3,447,363)**	**711,736**	**17.1%**		**(3,898,650)**	**451,287**	**11.6%**
5									
6	**NET OPERATING REVENUE**	**13,549,387**	**14,101,818**	**552,431**	**4.1%**		**13,009,303**	**1,092,515**	**8.4%**
7	**NET PATIENT REVENUE**	**11,965,226**	**12,591,490**	**626,264**	**5.2%**		**11,551,111**	**1,040,379**	**9.0%**
8	GROSS REVENUE FROM PATIENT SERVICES	99,532,018	103,733,773	4,201,755	4.2%		101,638,842	2,094,931	2.1%
9	TOTAL INPATIENT REVENUE	36,480,091	41,573,404	5,093,313	14.0%		37,108,274	4,465,130	12.0%
10	TOTAL OUTPATIENT REVENUE	63,051,927	62,160,369	(891,558)	-1.4%		64,530,568	(2,370,199)	-3.7%
11	DEDUCTIONS FROM REVENUE	(87,566,792)	(91,142,283)	(3,575,491)	4.1%		(90,087,731)	(1,054,552)	1.2%
12	**OTHER OPERATING REVENUE**	**1,584,161**	**1,510,328**	**(73,833)**	**-4.7%**		**1,458,192**	**52,136**	**3.6%**
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	467,499	439,813	(27,686)	-5.9%		360,099	79,714	22.1%
18	OPERATNG TAX REVENUES	1,068,760	1,012,328	(56,432)	-5.3%		1,040,666	(28,338)	-2.7%
19									
20	**TOTAL OPERATING EXPENSE**	**17,708,486**	**17,549,181**	**159,305**	**0.9%**		**16,907,953**	**(641,228)**	**-3.8%**
21	TOTAL LABOR EXPENSE	10,611,451	10,348,440	263,011	2.5%		9,820,337	(528,103)	-5.4%
22	WAGES	8,233,912	7,768,997	464,915	5.6%		7,644,160	(124,837)	-1.6%
23	EMPLOYEE BENEFITS	1,829,047	1,822,514	6,533	0.4%		1,720,408	(102,106)	-5.9%
24	CONTRACT LABOR	548,492	756,929	(208,437)	-38.0%		455,769	(301,160)	-66.1%
25	PHYSICIAN FEES	1,486,638	1,722,716	(236,078)	-15.9%		1,575,016	(147,700)	-9.4%
26	PURCHASED SERVICES	2,250,845	2,585,000	(334,155)	-14.8%		2,316,508	(268,492)	-11.6%
27	SUPPLY EXPENSE	2,105,302	1,705,663	399,639	19.0%		1,887,533	181,870	9.6%
28	UTILITIES	266,398	245,956	20,442	7.7%		272,684	26,728	9.8%
29	REPAIRS AND MAINTENANCE	173,034	148,726	24,308	14.0%		165,825	17,099	10.3%
30	INSURANCE	448,172	490,168	(41,996)	-9.4%		515,169	25,001	4.9%
31	OTHER EXPENSES	181,885	221,334	(39,449)	-21.7%		272,517	51,183	18.8%
32	LEASE AND RENTALS	184,761	81,178	103,583	56.1%		82,364	1,186	1.4%
33									
34	**NON-OPERATING REVENUE & EXPENSE**								
35	**TOTAL NON-OPERATING REVENUE & EXPENSE**	**1,655,399**	**2,015,419**	**360,020**	**21.7%**		**1,834,138**	**181,281**	**9.9%**
36	OTHER NON-OPERATING REVENUE	362,581	329,296	(33,285)	-9.2%		329,496	(200)	-0.1%
37	NON-OPERATING INTEREST INCOME	155,070	138,405	(16,665)	-10.7%		128,940	9,465	7.3%
38	NON-OPERATING DONATIONS/GAIN ON SALE	207,511	190,891	(16,620)	-8.0%		200,556	(9,665)	-4.8%
39	NON-OPERATING TAX REVENUE	1,292,818	1,323,160	30,342	2.3%		1,323,160	0	0.0%
40	EXTRAORDINARY REVENUE	0	362,963	362,963	0.0%		181,482	181,481	100.0%
41				0					
42	**TOTAL INTEREST & DEPRECIATION**	**1,931,164**	**1,999,889**	**(68,725)**	**-3.6%**		**2,119,309**	**119,420**	**5.6%**
43	DEPRECIATION	915,898	928,731	(12,833)	-1.4%		1,019,774	91,043	8.9%
44	INTEREST	1,015,266	1,071,158	(55,892)	-5.5%		1,099,535	28,377	2.6%
45									
46									

	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**	**Jun 26 Act**	**Jul 26 Act**	**Aug 26 Act**	**VARIANCE to Prior Month**
3						
4	**** TOTAL ASSETS**	**106,741,457**	**106,785,545**	**107,551,500**	**105,303,014**	**(2,248,486)**
5	**CURRENT ASSETS**	**12,812,492**	**12,787,275**	**14,052,575**	**19,178,727**	**5,126,152**
6	CASH & EQUIVALENTS	**5,903,129**	**5,867,348**	**4,575,692**	**6,825,146**	**2,249,454**
7	NET PATIENT ACCOUNTS RECEIVABLE	**10,573,335**	**10,573,335**	**11,085,422**	**10,515,901**	**(569,521)**
8	HOSPITAL ACCOUNTS RECEIVABLE	**101,090,171**	**101,090,171**	**107,780,275**	**102,549,972**	**(5,230,303)**
9	LESS: DEDUCTIONS AND BAD DEBT ALLOWANCES	**(90,516,836)**	**(90,516,836)**	**(96,694,853)**	**(92,034,071)**	**4,660,782**
10	OTHER CURRENT ASSETS	**(3,663,972)**	**(3,653,408)**	**(1,608,539)**	**1,837,680**	**3,446,219**
11	TAXES RECEIVABLE	**471,664**	**496,854**	**1,611,912**	**2,335,487**	**723,575**
12	MISC RECEIVABLE	**(5,161,996)**	**(5,132,453)**	**(4,801,976)**	**(2,003,209)**	**2,798,767**
13	DUE FROM 3RD PARTIES	**(1,193,168)**	**(1,193,168)**	**(1,193,209)**	**(1,193,250)**	**(41)**
14	INVENTORIES	**1,887,012**	**1,887,012**	**1,917,720**	**1,953,052**	**35,332**
15	PREPAID EXPENSES	**332,516**	**288,347**	**857,014**	**745,600**	**(111,414)**
16						
17	**ASSETS WHICH USE IS LIMITED**	**21,213,078**	**21,213,078**	**21,214,597**	**14,370,611**	**(6,843,986)**
18	**NET PROPERTY, PLANT, AND EQUIPMENT**	**71,410,815**	**71,480,120**	**70,982,614**	**70,455,319**	**(527,295)**
19	PROPERTY, PLANT, AND EQUIPMENT	**176,041,676**	**176,112,063**	**176,074,738**	**176,025,606**	**(49,132)**
20	LAND & LAND IMPROVEMENTS	**8,091,366**	**8,091,366**	**8,091,366**	**8,091,366**	**0**
21	BUILDINGS & BUILDING IMPROVEMENTS	**119,440,724**	**119,440,724**	**119,440,724**	**119,440,724**	**0**
22	FIXED EQUIPMENT	**47,070,290**	**47,140,677**	**47,101,552**	**47,048,988**	**(52,564)**
23	CONSTRUCTION IN PROGRESS	**1,439,296**	**1,439,296**	**1,441,096**	**1,444,528**	**3,432**
24	LESS: ACCUMULATED DEPRECIATION	**(104,630,861)**	**(104,631,943)**	**(105,092,124)**	**(105,570,287)**	**(478,163)**
25	**OTHER ASSETS**	**1,305,072**	**1,305,072**	**1,301,714**	**1,298,357**	**(3,357)**
26						
27	**TOTAL LIABILITIES & FUND BALANCE**	**106,741,504**	**106,785,595**	**107,551,514**	**105,303,033**	**(2,248,481)**
28	**TOTAL LIABILITIES**	**145,422,167**	**145,786,597**	**148,309,718**	**147,735,915**	**(573,803)**
29	**CURRENT LIABILITES**	**38,353,773**	**38,718,203**	**41,293,419**	**45,564,775**	**4,271,356**
30	ACCOUNTS PAYABLE	**11,631,707**	**12,068,841**	**13,938,370**	**16,698,317**	**2,759,947**
31	PAYROLL PAYABLES	**4,742,514**	**4,669,810**	**4,932,002**	**5,359,939**	**427,937**
32	SALARIES & WAGES PAYABLE	**1,713,662**	**1,640,958**	**1,824,804**	**2,221,814**	**397,010**
33	PAYROLL TAXES & DEDUCTIONS PAYABLE	**0**	**0**	**236,643**	**315,323**	**78,680**
34	ACCRUED PTO & SICK DAYS PAYABLE	**3,028,852**	**3,028,852**	**2,870,555**	**2,822,802**	**(47,753)**
35	LINE OF CREDIT	**15,025,311**	**15,025,311**	**15,118,956**	**16,716,681**	**1,597,725**
36	OTHER CURRENT LIABILITIES	**6,954,241**	**6,954,241**	**7,304,091**	**6,789,838**	**(514,253)**
37	ACCRUED INTEREST PAYABLE	**1,832,952**	**1,832,952**	**2,206,797**	**618,571**	**(1,588,226)**
38	OTHER CURRENT LIABILITIES	**667,731**	**667,731**	**643,736**	**1,382,709**	**738,973**
39	DEBT - CURRENT	**4,453,558**	**4,453,558**	**4,453,558**	**4,788,558**	**335,000**
40						
41	**LONG TERM LIABILITIES**	**107,068,394**	**107,068,394**	**107,016,299**	**102,171,140**	**(4,845,159)**
42						
43	**NET ASSETS**	**(38,680,663)**	**(39,001,002)**	**(40,758,204)**	**(42,432,882)**	**(1,674,678)**
44	**NET ASSETS - UNRESTRICTED**	**(38,680,663)**	**(39,001,002)**	**(40,758,204)**	**(42,432,882)**	**(1,674,678)**
45	NET ASSETS - BEGINNING OF PERIOD	**(31,286,834)**	**(31,286,835)**	**(39,001,049)**	**(39,001,049)**	**0**
46	CURRENT YEAR NET GAIN/(LOSS)	**(7,393,829)**	**(7,714,167)**	**(1,757,155)**	**(3,431,833)**	**(1,674,678)**
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						**8/31/2026**	**8/31/2026**
5	**BEGINNING CASH BALANCES**						
6		Cash: Beginning Balances- Hospital				$ 4,574,004	$ 4,574,004
7		Cash: Beginning Balances- District				37,469	$ 37,469
8		Cash: Beginning Balances Totals				**$ 4,611,473**	**$ 4,611,473**
9							
10	**Receipts**						
11				Patient Collections		$ 7,118,834	$ 12,452,820
12				Tax Subsidies/Measure D/Prop 13		506,164	$ 1,012,328
13				Misc Tax Subsidies		-	$ -
14				Donations/Grants/Loans		86,794	$ 190,891
15				Supplemental Funding (Rate Range, Etc.)		-	$ 760
16				Draws/(Paydown) of LOC Balances			$ -
17				Other Revenues/Receipts/Transfers		229,535	$ 439,813
18	**TOTAL RECEIPTS**					**$ 7,941,327**	**$ 14,096,612**
19							
20	**Disbursements**						
21				Wages, Benefits, & Contract Labor		$ 5,201,452	$ 10,348,440
22				Other Operating Costs		3,827,669	$ 7,347,904
23				Capital Spending		(49,132)	$ (86,457)
24				Debt Service Payments (Excl.G/O Bonds)		90,670	$ 181,340
25				Other - Changes in A/P, IGT's, Other Rcvbls, Etc.		(3,343,005)	$ (4,616,632)
26	**TOTAL DISBURSEMENTS**					**$ 5,727,654**	**$ 13,174,595**
27							
28	**TOTAL CHANGE in CASH**					**$ 2,213,673**	**$ 922,017**
29							
30	**ENDING CASH BALANCES**						
31		Ending Balances- Hospital				$ 6,782,992	$ 5,491,336
32		Ending Balances- District				42,154	42,154
33		Ending Balances- Totals				**$ 6,825,146**	**$ 5,533,490**
34							
35							
36							
37	LOC Current Balances					$ 16,500,005	$ 16,500,005
38	**9/23/2026**						
39							
40							

	A B C D E F G H	J	K	L	M	N	O	P
1	***SAN GORGONIO MEMORIAL HEALTHCARE DISTRICT***							
2	**INCOME STATEMENT - CURRENT MONTH**	**August 2026 BUDGET**	**August 2026 ACTUAL**	**BUDGET VARIANCE**		**YTD August 2026 BUDGET**	**YTD August 2026 ACTUAL**	**YTD BUDGET VARIANCE**
3	**NET INCOME**	**453,703**	**522,129**	**68,426**		**713,043**	**982,026**	**268,983**
4	**EBIDA**	**328,706**	**201,593**	**(127,113)**		**657,432**	**670,698**	**13,266**
5								
6	**OTHER OPERATING REVENUE**	**540,039**	**519,800**	**20,239**		**1,080,078**	**1,044,211**	**35,867**
7	OTHER REVENUE - OTHER	19,706	13,636	(6,070)		39,412	31,883	(7,529)
8	**OPERATNG TAX REVENUES**	**520,333**	**506,164**	**(14,169)**		**1,040,666**	**1,012,328**	**(28,338)**
9	703232 - OPERATING REVENUE TAX REVENUE MH.	247,589	238,403	(9,186)		495,178	476,806	(18,372)
10	703533 - OTHER REVENUE PROP 13	272,744	267,761	(4,983)		545,488	535,522	(9,966)
11								
12	**TOTAL OPERATING EXPENSE**	**211,333**	**318,207**	**(106,874)**		**422,646**	**373,513**	**49,133**
13	TOTAL LABOR EXPENSE	0	0	0		0	0	0
14	PROFESSIONAL FEES	204,488	312,490	108,002		408,976	363,354	(45,622)
15	601922 - CONSULTING FEES	4,084	0	4,084		8,168	0	8,168
16	601923 - LEGAL FEES	35,000	15,100	19,900		70,000	30,100	39,900
17	601926 - OTHER CONTRACT SERVICES	0	0	0		0	0	0
18	601962 - GROUND PURCHASED SERVICES	3,510	4,285	(775)		7,020	7,070	(50)
19	601966 - OTHER PURCHASED SERVICES	234	234	0		468	419	49
20	601967 - SERVICE AGREEMENTS	49,937	49,937	0		99,874	99,874	0
21	601969 - PURCHASED SERVICES	111,723	242,934	(131,211)		223,446	225,891	(2,445)
22	SUPPLY EXPENSE	0	0	0		0	0	0
23	OTHER EXPENSES	6,845	5,717	(1,128)		13,670	10,159	(3,511)
24	602177 - ELECTRICITY	489	263	226		975	536	439
25	602179 - WATER	4,267	3,954	313		8,517	8,123	394
26	602470 - FREIGHT SALES TAX	0	0	0		0	0	0
27	602472 - ELECTION FEES	0	0	0		0	0	0
28	602489 - ENTERTAINMENT	0	0	0		0	0	0
29	602490 - OTHER EXPENSES	2,089	1,500	589		4,178	1,500	2,678
30								
31	**NON-OPERATING REVENUE & EXPENSE**	**996,083**	**1,171,094**	**175,011**		**1,810,684**	**1,994,463**	**183,779**
32	OTHER NON-OPERATING REVENUE	153,021	146,551	(6,470)		306,042	308,340	2,298
33	703098 - NON-OPERATING INTEREST INCOME	52,743	59,757	(7,014)		105,486	117,449	(11,963)
34	903031 - NON-OPERATING DONATIONS/GAIN ON SALE	100,278	86,794	13,484		200,556	190,891	9,665
35								
36	NON-OPERATING TAX REVENUE	661,580	661,580	0		1,323,160	1,323,160	0
37	EXTRAORDINARY REVENUE	181,482	362,963	181,481		181,482	362,963	181,481
38				0				0
39	**TOTAL INTEREST & DEPRECIATION**	**871,086**	**850,558**	**20,528**		**1,755,073**	**1,683,135**	**71,938**
40	DEPRECIATION	510,879	473,356	37,523		1,019,774	928,731	91,043
41	INTEREST & AMORTIZATION	360,207	377,202	(16,995)		735,299	754,404	(19,105)
42								
43								

	A B C D E F G H	I	J	K	L	M
1	**SAN GORGONIO MEMORIAL HEALTHCARE DISTRICT ONLY (2026 Amounts are Unaudited)**					
2	**BALANCE SHEET**	**PY Ending Balance Jun 26 ACT**	**Jun 26 Act**	**Jul 26 Act**	**Aug 26 Act**	**VARIANCE to Prior Month**
3						
4	**** TOTAL ASSETS**	**92,792,197**	**92,792,197**	**93,577,532**	**89,945,477**	**(3,632,055)**
5	**CURRENT ASSETS**	**539,199**	**539,199**	**1,669,381**	**5,459,701**	**3,790,320**
6	CASH & EQUIVALENTS	**22,345**	**22,345**	**37,469**	**42,154**	**4,685**
7	OTHER CURRENT ASSETS	**516,854**	**516,854**	**1,631,912**	**5,417,547**	**3,785,635**
8	TAXES RECEIVABLE	**496,854**	**496,854**	**1,611,912**	**2,335,487**	**723,575**
9	MISC RECEIVABLE	**0**	**0**	**0**	**3,062,060**	**3,062,060**
10	PREPAID EXPENSES	**20,000**	**20,000**	**20,000**	**20,000**	**0**
11						
12	**ASSETS WHICH USE IS LIMITED**	**21,171,969**	**21,171,969**	**21,166,573**	**14,321,521**	**(6,845,052)**
13	**NET PROPERTY, PLANT, AND EQUIPMENT**	**70,636,972**	**70,636,972**	**70,196,837**	**69,726,913**	**(469,924)**
14	PROPERTY, PLANT, AND EQUIPMENT	**174,076,436**	**174,076,436**	**174,091,676**	**174,095,108**	**3,432**
15	LAND & LAND IMPROVEMENTS	**8,091,366**	**8,091,366**	**8,091,366**	**8,091,366**	**0**
16	BUILDINGS & BUILDING IMPROVEMENTS	**119,440,724**	**119,440,724**	**119,440,724**	**119,440,724**	**0**
17	FIXED EQUIPMENT	**45,105,050**	**45,105,050**	**45,118,490**	**45,118,490**	**0**
18	CONSTRUCTION IN PROGRESS	**1,439,296**	**1,439,296**	**1,441,096**	**1,444,528**	**3,432**
19	LESS: ACCUMULATED DEPRECIATION	**(103,439,464)**	**(103,439,464)**	**(103,894,839)**	**(104,368,195)**	**(473,356)**
20	**OTHER ASSETS**	**444,057**	**444,057**	**544,741**	**437,342**	**(107,399)**
21						
22	**TOTAL LIABILITIES & FUND BALANCE**	**92,792,175**	**92,792,175**	**93,577,534**	**89,945,480**	**(3,632,054)**
23	**TOTAL LIABILITIES**	**128,992,331**	**128,992,331**	**129,369,611**	**125,091,680**	**(4,277,931)**
24	**CURRENT LIABILITES**	**22,113,884**	**22,113,884**	**22,513,599**	**23,051,066**	**537,467**
25	ACCOUNTS PAYABLE	**827,374**	**827,374**	**853,244**	**1,143,932**	**290,688**
26	LINE OF CREDIT	**15,000,000**	**15,000,000**	**15,000,000**	**16,500,005**	**1,500,005**
27	OTHER CURRENT LIABILITIES	**6,286,510**	**6,286,510**	**6,660,355**	**5,407,129**	**(1,253,226)**
28	ACCRUED INTEREST PAYABLE	**1,832,952**	**1,832,952**	**2,206,797**	**618,571**	**(1,588,226)**
29	OTHER CURRENT LIABILITIES	**0**	**0**	**0**	**0**	**0**
30	DEBT - CURRENT	**4,453,558**	**4,453,558**	**4,453,558**	**4,788,558**	**335,000**
31						
32	**LONG TERM LIABILITIES**	**106,878,447**	**106,878,447**	**106,856,012**	**102,040,614**	**(4,815,398)**
33						
34	**NET ASSETS**	**(36,200,156)**	**(36,200,156)**	**(35,792,077)**	**(35,146,200)**	**645,877**
35	**NET ASSETS - UNRESTRICTED**	**(36,200,156)**	**(36,200,156)**	**(35,792,077)**	**(35,146,200)**	**645,877**
36	NET ASSETS - BEGINNING OF PERIOD	**(43,670,992)**	**(43,670,992)**	**(36,251,974)**	**(36,128,226)**	**123,748**
37	CURRENT YEAR NET GAIN/(LOSS)	**7,470,836**	**7,470,836**	**459,897**	**982,026**	**522,129**
38						
39	**** Slight variances due to "rounding"**					
40			**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

	Title	Policy Area	Owner	Revised? Unchaged?
1	All-Hazards Emergency Operations Plan (EOP) 2026	Emergency Preparedness	Hunter, Joey: Director Emergency Preparedness, EOC & Security	Revised
2	Antibiotic Stewardship Program	Pharmacy	Lopez, Jose: Director Pharmacy	Revised
3	Anticoagulation Protocol for Heparin Infusion Therapy	Pharmacy	Lopez, Jose: Director Pharmacy	Revised
4	Cleaning Computer Keyboards and Scanners	Infection Prevention	Hudson, Tracie: Director of Infection Prevention	Revised
5	Compounding Aseptic Isolator: Standard Operational Procedure and Maintenance	Pharmacy	Lopez, Jose: Director Pharmacy	Revised
6	Controlled Air Purifying Respirator (CAPR)	Infection Prevention	Hudson, Tracie: Director of Infection Prevention	Revised
7	Equipment Disposal	Materials Management	Parker, Christina: Manager of Materials Management	Revised
8	Flowers and Plants	Infection Prevention	Hudson, Tracie: Director of Infection Prevention	Revised
9	General Ordering of Medications	Pharmacy	Lopez, Jose: Director Pharmacy	Revised
10	Herbal/Natural Remedies	Pharmacy	Lopez, Jose: Director Pharmacy	Revised
11	Infusion Pumps and Small Medical Equipment	Materials Management	Parker, Christina: Manager of Materials Management	Revised
12	Intra-Departmental Inventory Control	Materials Management	Parker, Christina: Manager of Materials Management	Revised
13	Intravenous Vancomycin Adult Dosing and Monitoring Protocol	Pharmacy	Lopez, Jose: Director Pharmacy	Unchanged
14	Isolyser Liquid Treatment System	Infection Prevention	Hudson, Tracie: Director of Infection Prevention	Revised
15	Medication Storage	Pharmacy	Lopez, Jose: Director Pharmacy	Revised

	Title	Policy Area	Owner	Revised? Unchaged?
16	Medication to Discharged Patients	Pharmacy	Lopez, Jose: Director Pharmacy	Revised
17	Multiple Dose Vials	Pharmacy	Lopez, Jose: Director Pharmacy	Revised
18	Outbreak Surveillance	Infection Prevention	Hudson, Tracie: Director of Infection Prevention	Revised
19	PACU - Admission to the PACU, Assessment and reassessment of the post anesthesia patient	Surgical Services	Castillo, Yubitza: Director of Surgical Services	Revised
20	PACU - Post-procedural sedation hand-off communication	Surgical Services	Castillo, Yubitza: Director of Surgical Services	Revised
21	Pediatric Dosing-General Guidelines	Pharmacy	Lopez, Jose: Director Pharmacy	Revised
22	Perioperative Services Departments- Emergency Equipment	Surgical Services	Castillo, Yubitza: Director of Surgical Services	Revised
23	Pharmacist Meal and Rest Periods	Pharmacy	Lopez, Jose: Director Pharmacy	New
24	Pharmacy Renal Dose Adjustment Protocol	Pharmacy	Lopez, Jose: Director Pharmacy	Unchanged
25	Photography, Videotaping, Audiotaping, Smart Glasses, and Wearable Recording Devices	Security	Hunter, Joey: Director Emergency Preparedness, EOC & Security	Revised
26	Piperacillin-Tazobactam (Zosyn®) Extended Infusion	Pharmacy	Lopez, Jose: Director Pharmacy	Revised
27	Postpartum Mental Health	Obstetrics	Castro, Martha Patricia: Director of Obstetrics	New
28	Products Evaluation Committee	Materials Management	Parker, Christina: Manager of Materials Management	Revised
29	Receiving of Supplies/Equipment	Materials Management	Parker, Christina: Manager of Materials Management	Revised
30	Reportable Disease Notification	Infection Prevention	Hudson, Tracie: Director of Infection Prevention	Revised

	Title	Policy Area	Owner	Revised? Unchaged?
31	Semi-Annual Inventory	Materials Management	Parker, Christina: Manager of Materials Management	Revised
32	Specialty Consultation Response and Escalation Policy	Medical Staff	Frazier, Amelia: Director Medical Staff Services	New
33	Supplier Diversity and Inclusive Procurement	Materials Management	Parker, Christina: Manager of Materials Management	New
34	Therapeutic Automatic Substitution	Pharmacy	Lopez, Jose: Director Pharmacy	Revised
35	Tracheostomy Collar	Respiratory Therapy	Caruso, Nicole: RespiratoryTherapy Manager	Revised
36	Undergraduate Medical Education Program	Medical Staff	Stafford, Susan: Medical Education Coordinator	Revised
37	USP 800: Associate Handling of Hazardous Drugs	Pharmacy	Lopez, Jose: Director Pharmacy	Revised
38	Warfarin Therapy	Pharmacy	Lopez, Jose: Director Pharmacy	Revised
39	Workplace Violence Prevention Program (WVPP)	Security	Hunter, Joey: Director Emergency Preparedness, EOC & Security	Revised