

BOARD OF DIRECTORS MEETING
Lower Umpqua Hospital District (LUHD)
Wednesday, May 27, 2026, 7:30 a.m.
Main Conference Room or
Via Teams audio conference call
Dial: 1-323-694-9833
Audio conference ID: 124 229 680#



MINUTES

Board members in attendance include Ron Kreskey, Chair, Cheryl Young, Vice Chair, Leon Bridge, Treasurer, and Sheri Aasen, Director. Excused: Brenda Fraley, Secretary

Others in attendance include Stephanie Miller, John Chivers, Melissa Cribbins, Jennifer Green, Elise Dumo, Dr. Jason Sargent, Jen Anderson, Holly Tavernier, Kaley Sweet, Mary Chambers, Julia Floyd, Tonya Galliher UFCW, Deanna Prater.

I. CALL TO ORDER & INTRODUCTIONS

Board Chair Kreskey called the meeting to order at 7:30 am

II. VISITOR'S AGENDA

No visitors.

III. CONSENT AGENDA – Approve the following:

- A. Board of Directors Meeting Agenda May 27, 2026
- B. Board of Directors Meeting Minutes April 29, 2026
- C. Committee Minutes
 - 1. CQC Consent Agenda – May 14, 2026
 - 2. Grievance Committee Meeting Minutes – January 20, 2026
 - 3. Financial Advisory Committee Minutes – April 28, 2026

Motion: After discussion, board member Young moved to approve the Consent Agenda. Board member Bridge seconded the motion. Motion passed (4-0) with the following vote: Kreskey – Yes, Young – Yes, Bridge – Yes, Aasen – Yes.

IV. REPORTS & PRESENTATIONS

- A. Quality/Risk Report – Julia Floyd
 - 1. See report.
- B. Compliance Report – Jennifer Green
 - 1. See report.
- C. Employee Health/Infection Control/ Safety – Deanna Prater
 - 1. See report.
- D. Nursing Services Report – Jennifer Green
 - 1. See report.
- E. Medical Staff – Dr. Jason Sargent
 - 1. Policy and Meditech updates

2. Contributing to our RHTP grant program submissions that Kaley will review.
 3. Shynar Johnson, PA-C is performing well and patients enjoy her
- F. Marketing & Communications / Foundation – Kaley Sweet
1. Marketing & Communications - See report.
 - 1) Employees of the year: There are two employees of the year:
Tammy Von Syoc, FRC Coordinator and Svetlana Melnik, Director of Pharmacy.
 2. LUHF – See report
 - 1) RHTP - Pending feedback early summer. Must start spending within two months of receipt; submissions were for Budget Period 1 and Budget Period 2.
 - 2) RHTP – Transformation grant requests were submitted on 5/12.
 - 3) RHTP – Catalyst grant proposal included 3 projects:
 - a) Rural Healthcare Resilience Through EMS Modernization
 - b) Protecting Rural Surgical Access: Critical Operating Room HVAC Infrastructure Initiative
 - c) Dunes Family Health Care (DFHC) Chronic Care Management and Primary Care Capacity Initiative

G. Human Resources – Holly Tavernier

1. See report.
2. Director of Quality & Risk position: Have interviewed internal candidates and will present an offer today to an internal candidate. Pending acceptance, we will post the newly opened position.
3. Attended HR conference in Georgia: After ad hoc discussions, it is apparent that Oregon is the front runner for most complex employment laws. Attended panel discussions. Of note a health system in Connecticut that is taking impactful steps to improve their employee happiness quotient and stay independent despite the state being primarily two large health care systems.
4. Question about paying for training for employees. Going forward we will require a commitment of employment at LUHD when we pay for training/ continuing education. This question was from Sheri asking if when we hire a new employee and help with their education in a specialty, do we require a commitment, and I responded that, yes, we do that is part of our consistent process. Typically the commitment is 2 years.
5. Question: What is the education requirement to be a licensed Physical Therapist? The education requirement was elevated several years ago to require a DPT which increases the schooling costs and exceeds the federal loan ceiling which is starting to impact the available funding for students to continue this course of study; therefore, there is a shortage of PT's.

H. Ancillary Services – Jen Anderson

1. See report.

2. Firewall Project recap: overall it went well, naturally there were challenges. The firewall is currently up and running with improved speed, security, and monitoring for the District. Device lifespan is 3-5 years, and software updates will routinely be required. The next upgrade will be easier since we now control all aspects compared to the recent past when a third-party vendor controlled it.

I. Finance Report – Elise Dumo

1. See Overview.
2. See Financial Reports.
 - 1) Correction – page 4: YTD actual is \$33.7M – the YTD budget figure was included in the report.
 - 2) Correction - page 6: Balance sheet – Assets - ‘Cash, Unrestricted excl YTD Tax Receipts’ should be \$3,490,839. There was a manual formula override this month.
3. See Dashboard.
 - 1) Operating Cash = \$10.7 M
 - 2) Operating Days Cash = 83 days
 - 3) Current Ratio = 4.6
 - 4) Productivity = % for April, and YTD – not available this month.
4. See Volumes.
 - 1) These departments beat budget and historical averages: ACU, surgical cases, lab tests, radiology, speech therapy, Dunes visits.

J. Administrator Report – John Chivers

1. See report.
2. MRI project loan: loan proposal received with favorable interest rate
3. New opportunity: All Access with Andy Garcia. We are discussing an opportunity to be interviewed for this PBS show.

V. NEW BUSINESS

A. Budget Committee – member terms expiring

1. Kreskey shared that terms for three members(Lund, Anderson, Fraley) expire on June 30, 2026. The board will need to act in future to reappoint or solicit for new budget committee members from the community.
 - 1) Chivers reminded that the first step could be to confirm with these members if they wish to be reappointed.

B. Upcoming:

1. Budget Hearing/June Board Meeting: Wednesday June 24, 2026, 7:30am
2. Employee BBQ: Weds July 1, 2026.

Board Chair Kreskey closed the regular session at 8:22 am and called the Executive Session to order.

VI. EXECUTIVE SESSION

192.660. (1) ORS 192.610 to 192.690 do not prevent the governing body of a public body from holding executive session during a regular, special, or emergency meeting, after the presiding officer has identified the authorization under ORS 192.610 to 192.690 for holding the executive session.

(2) The governing body of a public body may hold an executive session:

- (i) To review and evaluate the employment-related performance of the chief executive officer of any public body, a public officer, employee, or staff member who does not request an open hearing.

VII. RETURN TO REGULAR SESSION

Board Chair Kreskey adjourned the Executive Session and called the regular session back into order at 8:41 am.

Further Board action was required.

Motion: Board member Aasen moved to approve the completed CEO annual assessment for the 2025-2026 fiscal year. Board member Young seconded the motion. Motion passed (4-0) with the following vote: Kreskey – Yes, Young – Yes, Bridge – Yes, Aasen – Yes.

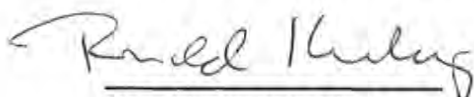
Motion: Board member Aasen moved to approve the one-time Performance Pay bonus of 100% of the specified maximum target per the CEO employment agreement for the 2025-2026 fiscal year. Board member Young seconded the motion. Motion passed (4-0) with the following vote: Kreskey – Yes, Young – Yes, Bridge – Yes, Aasen – Yes.

VIII. ADJOURNMENT

Motion: Board member Young moved to adjourn the meeting. Board member Aasen seconded the motion. Motion passed (4-0) with the following vote: Kreskey – Yes, Bridge – Yes, Fraley – Yes, Aasen – Yes.

Board Chair Kreskey declared the meeting adjourned at 8:43 am.

APPROVED THIS 24th day of June 2026



Ronald Kreskey, Chair



Brenda Fraley, Secretary



Director of Quality/Risk Management Update

LUHD Board of Directors May 27, 2026

Regulatory Update

- Level IV Trauma recertification survey – granted 3-year designation
 - Pending plan of correction submission due July 3rd
- Radiology State Inspection corrective action plan was accepted on April 23, 2026
- Oregon Board of Pharmacy (OBOP) inspection for Inpatient and Retail Pharmacy performed on May 4, 2026, deficiency free!

Risk Management

Incident / Unusual Occurrence Reports

April 2026 - 37 incidents - 1 (3%) reported anonymous

Meditech Classifications:

28 Medication events

- 1 Equipment
- 2 Treatment/ Therapies
- 2 Lab
- 1 Behavior
- 1 Safety/ Security
- 1 Surgical Incident
- 1 Pressure Skin Injury

Grievances - Grievance Committee (quarterly) meeting held on April 28, 2026

April 2026 - 3 grievances

- 2 Complaint about Provider
- 1 Delay in Care

Respectfully submitted,

Julia Floyd BSN, RN, CPHQ, RHCNOC
Director of Quality/Risk Management



Compliance Program Update

LUHD Board Meeting

May 27, 2026

Compliance and Ethics *Currently in progress*

- Ongoing...
 - Participating in 340B Compliance Committee.
 - Issue: PACU titrates or administers medications in a short period of time in the recovery phase. Each time a drug is administered it drops a charge for a new vial, even though the medication administration is used from the original vial that was pulled.
 - Temporary stop gap in place (pharmacy will manually remove extra charges reconciling with the Omnicell)
 - Preferred resolution being considered is building a location of PACU which would allow charging on “pull” of medication from Omnicell (Meditech ticket was entered for further investigation of this)
- Updates...

Reports of potential non-compliance received since last reporting period (04/23/2026)

- 0 reports received by third party vendor (anonymous hotline or website)
- 0 reports received in-person reported directly to compliance officer

Respectfully submitted,

Renae Mefferd, RN
Compliance Officer



INFECTON CONTROL/EMPLOYEE HEALTH & SAFFETY

Employee Health-

- We had about 135 employees attend the 4th Annual Employee Health & Wellness Fair during Hospital Week May 13th. Our Food Service Department served a free, delicious, healthy lunch and coffee bar. Booths included:
 - ◆ Social Connections
 - ◆ Modern Day foraging and whole foods
 - ◆ Benefits of walking/rucking and summer team step challenge
 - ◆ Expressive Writing
 - ◆ Rethink Your Drink and hazards of excessive drinking
 - ◆ Body Composition with InBody 270
 - ◆ EAP benefits and mental health resources
 - ◆ Hospital Week logo wear pick-up
 - ◆ Thrive Umpqua and community health
- We celebrated all of our DAISY Award nominees during Nurses Week and recognized our 3rd winner- congratulations to Patty Reed who works in Outpatient Nursing.

Community-

- As part of our collaboration with Thrive Umpqua, we had our first meeting with community members as we move forward to forming a steering committee to focus on community health and wellness. Thank you to our Board members, Sheri Aasen and Cheryl Young, for attending this event. We are looking forward to the next step, which will be sharing information with additional community members and defining leadership for this initiative.
- Salmon Run/Walk 5K event September 12th, 2026.

Respectfully submitted,

Deanna Prater BSN, RN, CPHQ
Director of Infection Control, Employee Health & Safety



CNO UPDATE

LUHD Board of Directors May 27, 2026

Nursing:

New Hires

- No new hires. Several interviews this week for both CNA & RN. Two nurses are potentially leaving in July due to relocation.

Current Openings

- One Full-time RN NOC ACU
- One Full-time CNA ED
- One Part-time CNA ED
- One Full-time CNA NOC ACU

Surgical Services:

- One Full-time Scrub Tech - Shane Cleveland - Start date is June 16th

Respiratory Therapy

- Department is fully staffed.

Process Improvement/Updates:

1. Cataract Services

First OR day - 06/01/26

2. Pain Management Services

- 06/16/2026 First Clinic Date.
- 06/26/2026 Tentative first OR day

3. GYN

- 06/01/2026 First Implementation Team Meeting
- Tentative start of services in 60 days

4. RHTP Grants

- Transformational grants submitted for both Hospital (963K) and Rural Health Clinic (100K). Pending approval from OHA for distribution of funds.
- Catalyst Award applications due May 26.

Respectfully submitted,

Jennifer Green, BSN RN RHCNOC, RHCEOC
Chief Nursing Officer



CONTACT DETAILS

Public Relations

Lower Umpqua Hospital District

public_relations@luhonline.com

(541) 271 6336

MARKETING & COMMUNICATIONS

BOARD OF DIRECTORS

May 27, 2026

- **ANNUAL CALENDAR**

- Nurses Week, DAISY Award Celebration, National Hospital Week, EMS Week, Speech Pathologist Day 5/18.
- June - Cataract Awareness Month, CNA Week, Risk Management Week

- **DIGITAL ADVERTISING**

- Contract with Fathom AI with SEO focus - In Progress

- **WEBSITE UPDATE**

- Updated information for the 5K Salmon run with payment link for sponsorship opportunities.

- **PRINT ADVERTISING**

- Partners in Care - Spring Edition Mailed
- Oregon Coast Mailer - Cataract Surgery Advertisement

- **COMMUNITY OUTREACH & EVENTS**

- Attended SWOCC Career Day
- THRIVE Steering Committee Kick-off Event at Highwater
- Fun Outdoor Fitness Park Workout Bars - Project Update

- **FAMILY RESOURCE CENTER**

- 115 Services provided for 68 individuals in March
- \$130 Sunrise Tokens distributed
- Majority of requests are related to utility assistance
- FRC Fundraiser - Postponed
- Employee of the Year - Tammy VanSyoc, FRC Coordinator



LOWER UMPQUA HOSPITAL FOUNDATION

BOARD OF DIRECTORS

May 27, 2026

- **GENERAL INFORMATION**

- No Meeting in May

- **GRANTS**

- Attended multiple RHTP Webinars, developing outline for LUHD application
 - RHTP Transformation Grants Submitted 5/12
 - LUHD - Technology & Data Modernization (\$963,000)
 - DFHC - Healthy Communities & Prevention, Technology & Data Modernization (\$100,000)
 - RHTP Catalyst Grants Submitted 5/26
 - LUHD Proposal - 3 Projects
 - Rural Healthcare Resilience Through EMS Modernization
 - Protecting Rural Surgical Access: Critical Operating Room HVAC Infrastructure Initiative
 - Dunes Family Health Care (DFHC) Chronic Care Management and Primary Care Capacity Initiative

- **PROJECT UPDATE**

- Reedsport 5K Salmon Run Planning Meeting - T-shirt Design, Medals, Event Logistics
- Putt for Pink Charity Golf Scramble - Details TBD

- **SCHOLARSHIP COMMITTEE**

- LUH Foundation Scholarship Update
 - 13 Applicants, currently scheduling interviews
 - Awarding 7 New Scholarships and 1 Renewal
 - Attending RCCS Award Night, June 2nd.

- **EVENTS COMMITTEE**

- Putt for Pink 2026 - Saturday, August 8th Reedsport Golf Course
- Dunes Family Health Care Reception - (Date Change - TBD)
- Reedsport 5K Salmon Run & Walk - Saturday, September 12th



Next Meeting is July 8th at 11:30am @ LUH Business Office Conference Room



CHIEF HUMAN RESOURCES OFFICER REPORT

Board of Directors May 27, 2026

Employee Hiring & Recruitment:

April/May: (As of 5/19/2026):

- Admitting Clerk, Full-Time (Ryals)
- Pharmacy Clerk, Full-Time (Page)

We currently have these positions open on our job board, website and Indeed (no per-diem positions are listed below):

- FT Admitting Clerk (2)
- FT Licensed PT Assistant
- FT Occupational Therapist
- FT Physical Therapist
- FT CNA Nights
- FT CNA-Emergency Department
- FT RN Nights
- FT CT/MRI/X-Ray Tech (2)

Provider Recruitment:

- Dr. Penakis has informed us that due to an unexpected family need, he is unable to commit to working with us at this time.
- We are currently still recruiting for General Surgery.

Employee Turnover:

- Will report for the next quarter (April-June) in July.

High School Program, External Meetings, Trainings:

- I attended the annual conference for ASHHRA (American Society for Health Care Human Resources Administration) last week, held in Savannah, GA. This conference is specific to health care human resources, and they had some great education and training this year.

- Our 3 RCCS students continue to excel through our Healthcare Careers program this semester.

Other:

- The HR department went live with the Performance Management module and have been working on issues since the launch and to get managers trained on the process. We also continue to work on the final details of the Leave of Absence module.
- I continue to work on several confidential matters as well as policy updates, unemployment hearings, legal matters, employee disciplinary actions, union issues, employee/provider/temporary staffing recruitment and retention.
- I remain involved in VIRT, Workplace Environment Committee, Events Committee, Emergency Operations Committee, Comprehensive Quality Council, and New Hire Orientation. I am a Board Member for Special Districts Association of Oregon, a Reedsport Rotary Club Board Member and a member of the Douglas County SHRM Chapter.

Respectfully Submitted,

Holly Tavernier
Chief Human Resources Officer



ANCILLARY SERVICES REPORT

Board of Directors May 27, 2026

- **Information Technology**

- Attached summary of Firewall project from IT Director, Kristi Kauffman

- **Clinical Informatics**

- Successfully submitted April 2026 AU/AR (Antibiotic Use/Antibiotic Resistance) data through CDC's NHSN (National Healthcare Safety Network). This reporting is required for Promoting Interoperability and represented a significant implementation effort.
- Continuing work to establish the interface between MealSuite and Meditech to support acute care patient meal ordering, advancing workflow efficiency and integration of dietary services with the electronic health record.
- Ongoing work on the Pain Management program, including development of templates, orders, and patient questionnaires

Respectfully submitted,

Jennifer Anderson, RHIT, MBA, CPC, CFPC
Chief Ancillary Services Officer

Firewall and Core Network Replacement Quality Improvement Report

Overview:

The firewall and core network replacement project was completed as a quality improvement initiative to strengthen cybersecurity, modernize aging infrastructure, improve network performance, and reduce operational risk. The work included advance planning for downtime, coordination with department leaders and vendors, replacement of legacy core components, and post-implementation service restoration. The overall goal was to improve system resiliency while maintaining continuity of patient care and business operations.

Intervention Summary

The implementation included pre-staging network equipment, replacing outdated core switches and related infrastructure, removing obsolete routing and hardware, and reconfiguring ports, VLANs, and fiber connections across buildings. Legacy components were retired, including older routers, translation modules, cabling below current standards, and unsupported ancillary systems. The new environment was designed to support cleaner traffic flow, stronger segmentation, improved failover capability, and higher speed interbuilding connectivity. Security-focused changes included VLAN assignment for printers, payment devices, and biomedical equipment, as well as continued transition of vendor connections to updated VPN and routing standards.

Outcomes & Improvements

- Restored core clinical and operational services (Meditech and Radiology/Imaging) following implementation, including network access, badge access, camera systems, workstation connectivity, phone services, and printing.
- Improved network security by implementing updated firewall filtering, user and workstation auditing, vendor access controls, and stronger segmentation of connected devices.
- Reduced infrastructure risk by removing legacy equipment, unsupported routing paths, obsolete cables, and aging network components.
- Improved backbone capacity and performance through updated core infrastructure and 10-gigabit interbuilding connectivity.
- Supported compliance and monitoring efforts through enhanced auditing, traffic review, and continued oversight of filtering and access behavior.

Challenges and Migration

Post-implementation work identified several issues requiring mitigation, including missing email routing records upon vendor transition, service disruptions related to geographic filtering, and the need to reestablish selected vendor integrations and VPN connections. These issues were addressed through active troubleshooting, DNS and routing correction, vendor coordination, and phased restoration of external interfaces. Additional testing and monitoring were performed to confirm restoration of services necessary for patient care, communications, and operational workflows.

Remaining Work and Next Steps

- Complete the remaining Wi-Fi rebuild and related network line work.
- Finalize VLAN configuration for remaining connected systems, including Omnicell.
- Continue vendor coordination and user VPN setup where access is still pending.
- Maintain post-implementation monitoring to validate security, connectivity, and workflow stability.

Respectfully Submitted,

Kristi Kauffman, MIT
IT Director & HIPAA Security Officer
5/11/2026



FINANCIAL REPORT

Board of Directors May 27, 2026

Operations:

Page 4

[1] Our Gross Charges coming in at \$7.03 million or (8.3% more than budget.) Overall, we are at \$67.83 million for the year 4.6% better than budget. It should be noted that we did not implement a charge increase this fiscal year.

[2] Our expected collection rate was a little off budget at 48.04%. This included another \$125,000 allowance for our likely 2025-26 Medicare year-end payable bringing the total set-aside for the year to \$725,000. Our year-to-date expected collection rate is 49.80% -- slightly better than the budgeted 49.6%.

[3] This led to net patient revenue of \$3.38 million (4.9% better than budget) with year-to-date actual of \$32.2 million is 5% better than budget.

[4] Other operating revenue (\$465,000) continues to run better than budget (21.3%), primarily due to the

[5] Retail Pharmacy (\$402,000, which is 23.8% better than budget.)

[6] Total Operating Revenue of \$3.98 million was 7.2% better than budget with year-to-date actual of \$39.97 million is 7.7% better than budget.

Page - 5

[7] Total Operating Expenses of \$4.14 million exceeded budget by 7.1%. A review of each expense category showed slightly upward trend variances across the board as expected with increased volume. Such as, total operating expenses increased \$40.1 million year-to-date at 3.5%, taxes stayed the same at \$2.17 million year-to-date, overall revenue budget with a net surplus of \$3.35 million at 8.4%.

[8] We had an operating loss of \$164,000 compared to a budgeted loss of \$159,000 for a \$5,000 (3.0%) negative variance.

[9] Non-operating revenue of \$1.2 million beat the budget of \$228,000 by \$984,000 (431.2%). Of the amount, \$898K was interest income primarily from ERTC.

[10] Total Surplus for the month was \$1.05 million (26.3% margin) compared to the budget of \$69,000 (1.9% margin). For the year, we have a total Surplus of \$3.35 million (8.4% margin) compared to the budget of \$691,000 (1.9% margin).

[11] Again, the total margin reflects another \$125,000 allowance (reduction) for Medicare bringing the total to \$725,000 for the year.

Page - 6

Balance Sheet:

Assets:

- [1] Cash (\$10.66 million) is up by \$4.74 million due to ERTC money.
- [2] Net Patient Accounts Receivable (\$6.48 million) decreased by \$55,000.
- [3] The expected collection rate declined slightly to 39.79% from 40.58%. Our model treats older outstanding items as less likely to be collected regardless of the real collection status. The ATRIO issue basically accounts for this difference.
- [4] Total 'Other' Accounts Receivable of \$865,000 are up by \$45,600, Aidan reimbursement owe to LUHD. Aidan has been contacted and a conversation will ensue.
- [5] This amount currently shows as a receivable. Inventory increased \$34K or 5% to stockpile items subject to shortages.
- [6] We have a total of \$19.70 million in Current Assets.
- [7] Property Plant and Equipment increased by \$103,893 due to the purchase of colonoscope (\$26.5K) and gastroscope (\$23K) for OR, Blood Culture Analyzer (\$16.3K), Retail Pharmacy Project Addition (\$10.7K), virtual server down payment (\$26.9k).
- [8] Third-party settlements increased \$125,000 to \$1.24 million. This is the additional \$125,000 set aside for our 2025-26 Medicare cost report.
- [9] We have assets totaling \$23.67 million.

Page - 9

Liabilities and Fund Balance:

- [1] Accounts Payable and [2] Accrued Liabilities from prior month decreased by a combined \$10,931 to \$1.08million.
- [3] Accrued Payroll from prior month increased \$66,000 or 3% due to paying out two provider incentives.
- [4] We booked an additional \$139,000 to cover our April Provider Tax that will be due in June. Normally, the \$418,843 is due in May but the State delayed the payments.
- [5] We have Current Liabilities of \$4.24 million which results in a very favorable Current Ratio of 4.6.
- [6] Total Debt decreased by \$62,000 due to making normal principal payments bringing the new total to \$1.28 million.
- [7] Liabilities total \$5.53 million.
- [8] Our total Fund Balance is \$18.14 million, which includes the fiscal year opening balance of \$14.79 million and current operating results of \$3.35 million.
- [9] We have Liabilities and Fund Balance combined of \$23.67 million.

Page - 10

Dashboard:

Shows the results of several Key Indicators. Probably the most important indicators of general financial health are [1] Operating Cash at \$10.7 million, and [2] Days Cash on Hand at 83 exceeding goal and [3]

Current Ratio at 4.6. Almost all are currently green, except for Days in AR and Operating Expenses. [4]
Productivity does not have a value as the total hours have not been calculated.
Pages – 11,12

Volumes:

Most volumes came in higher than budget and beat their historical averages for April, such as, Acute (92 vs 76), Surgical Cases (63 vs 53), Lab Tests (5953 vs 5040), Radiology (743 vs 650), Speech Therapy (55 vs 40) and Dunes visits (1469 vs 1353).

Respectfully submitted,

Elise Dumo
Chief Financial Officer

LUHD
UNAUDITED OPERATING STATEMENT
Through 10 Periods Ended April 30, 2026

	CURR MO BUDGET	2026 APR	CM VAR-\$	CM VAR-%	2025 APR	YTD BUDGET	YTD ACTUAL	YTD VAR-\$	YTD VAR-%	YTD LY
Revenue										
[1] Patient Revenue										
Gross Charges	\$6,484,698	\$7,025,836	\$541,138	8.3%	\$6,303,146	\$64,846,983	\$67,828,609	\$2,981,627	4.6%	52,657,788
Deductions	(\$3,266,117)	(\$3,650,742)	(\$384,625)	11.8%	(\$3,109,913)	(\$32,661,170)	(\$34,052,278)	(\$1,391,108)	4.3%	(25,732,864)
[3] Net Patient Revenue	\$3,218,581	\$3,375,094	\$156,513	4.9%	\$3,193,233	\$32,185,813	\$33,776,331	\$1,590,519	4.9%	26,924,924
[2]	49.63%	48.04%			50.66%	49.63%	49.80%			51.13%
Provider Tax	\$108,890	\$139,000	\$30,110	27.7%	\$112,696	\$1,088,903	\$1,421,388	\$332,485	30.5%	901,778
Net After Provider Tax	\$3,327,472	\$3,514,094	\$186,622	5.6%	\$3,305,929	\$33,274,716	\$35,197,719	\$1,923,003	5.8%	27,826,702
	51.31%	50.02%			52.45%	51.31%	51.89%			52.84%
Non-Patient Revenue										
Misc Revenue	\$58,362	\$62,618	\$4,256	7.3%	\$73,301	\$583,624	\$1,066,930	\$483,306	82.8%	530,962
[5] Retail Pharmacy	\$325,000	\$402,242	\$77,242	23.8%	\$328,724	\$3,250,000	\$3,704,813	\$454,813	14.0%	2,974,033
Other Recoveries										
[4] Total Non-Patient Revenue	\$383,362	\$464,860	\$81,498	21.3%	\$402,025	\$3,833,624	\$4,771,743	\$938,119	24.5%	3,504,995
[6] Total Revenue	\$3,710,834	\$3,978,954	\$268,120	7.2%	\$3,707,954	\$37,108,340	\$39,969,462	\$2,861,122	7.7%	31,331,697
Operating Expenses										
Payroll	\$1,584,886	\$1,667,134	\$82,248	5.2%	\$1,567,474	\$15,848,864	\$16,019,047	\$170,183	1.1%	13,345,605
Supplies	\$575,766	\$638,405	\$62,639	10.9%	\$575,148	\$5,757,664	\$5,977,971	\$220,307	3.8%	4,519,710
Benefits	\$553,231	\$574,266	\$21,035	3.8%	\$521,243	\$5,532,307	\$5,595,969	\$63,662	1.2%	4,666,788
Professional Fees	\$397,947	\$409,375	\$11,428	2.9%	\$413,556	\$3,979,468	\$4,123,416	\$143,948	3.6%	3,590,144
Purchased Services	\$233,066	\$262,652	\$29,586	12.7%	\$231,931	\$2,330,663	\$2,529,067	\$198,404	8.5%	2,003,460
Provider Tax	\$108,890	\$139,000	\$30,110	27.7%	\$112,696	\$1,088,903	\$1,421,388	\$332,485	30.5%	901,778
Contract Labor	\$100,418	\$146,951	\$46,534	46.3%	\$126,377	\$1,004,175	\$1,492,936	\$488,761	48.7%	1,196,880
Depreciation	\$76,711	\$52,103	(\$24,608)	-32.1%	\$71,379	\$767,105	\$533,153	(\$233,952)	-30.5%	611,076
Repairs & Maintenance	\$40,548	\$43,469	\$2,922	7.2%	\$35,945	\$405,475	\$422,114	\$16,639	4.1%	375,001
GASB Depreciation	\$39,015	\$38,266	(\$749)	-1.9%	\$76,975	\$390,148	\$372,550	(\$17,598)	-4.5%	327,554
Rentals & Leases	\$38,757	\$40,432	\$1,675	4.3%	\$37,220	\$387,572	\$393,602	\$6,030	1.6%	302,175
Insurance	\$30,988	\$34,449	\$3,461	11.2%	\$34,038	\$309,881	\$327,256	\$17,375	5.6%	264,850
Utilities	\$28,013	\$32,748	\$4,736	16.9%	\$29,047	\$280,125	\$302,142	\$22,017	7.9%	248,314
Minor Equipment	\$23,161	\$31,900	\$8,739	37.7%	\$2,201	\$231,609	\$216,676	(\$14,933)	-6.4%	115,789
Dues and Subscriptions	\$10,955	\$9,368	(\$1,587)	-14.5%	\$8,944	\$109,550	\$133,300	\$23,750	21.7%	101,810

LUHD
UNAUDITED OPERATING STATEMENT
Through 10 Periods Ended April 30, 2026

	CURR MO BUDGET	2026 APR	CM VAR-\$	CM VAR-%	2025 APR	YTD BUDGET	YTD ACTUAL	YTD VAR-\$	YTD VAR-%	YTD LY
Education/Training	\$10,338	\$9,117	(\$1,221)	-11.8%	\$8,538	\$103,375	\$72,715	(\$30,660)	-29.7%	36,380
GASB Interest Expense	\$6,714	\$5,237	(\$1,477)	-22.0%	(\$12,640)	\$67,135	\$41,938	(\$25,197)	-37.5%	54,771
Advertising	\$4,917	\$3,000	(\$1,917)	-39.0%	\$3,987	\$49,167	\$32,805	(\$16,362)	-33.3%	44,488
Travel	\$3,292	\$3,004	(\$288)	-8.7%	\$3,283	\$32,917	\$25,282	(\$7,635)	-23.2%	25,569
Licenses & Fees	\$2,287	\$1,960	(\$327)	-14.3%	\$413	\$22,871	\$27,464	\$4,593	20.1%	23,893
[7] Total Operating Expenses	\$3,869,897	\$4,142,836	\$272,939	7.1%	\$3,847,755	\$38,698,973	\$40,060,791	\$1,361,818	3.5%	32,756,035
[8] Income / (Loss) from Operations	(\$159,063)	(\$163,882)	(\$4,819)	3.0%	(\$139,801)	(\$1,590,633)	(\$91,329)	\$1,499,304	-94.3%	(1,424,338)
Operating Margin:	-4.3%	-4.1%			-3.8%	-4.3%	-0.2%			-4.5%
Non-Operating Revenue / (Expense)										
Interest	(\$1,917)	(\$1,204)	\$713	-37.2%	(\$1,742)	(\$19,167)	(\$13,740)	\$5,427	-28.3%	(17,934)
Sale of Assets	\$0	\$0	\$0	NA	\$0	\$0	(\$58,259)	(\$58,259)	NA	14,257
Donations	\$174	\$98,550	\$98,376	56477.2%	\$0	\$1,742	\$99,728	\$97,986	5625.4%	1,698
Grants	\$0	\$0	\$0	NA	\$36,899	\$0	\$161,832	\$161,832	NA	340,838
Interest Income	\$13,000	\$897,900	\$884,900	6806.9%	\$14,416	\$130,000	\$1,086,274	\$956,274	735.6%	114,123
Taxes	\$216,936	\$216,936	(\$0)	0.0%	\$203,893	\$2,169,362	\$2,169,361	(\$1)	0.0%	1,835,610
[9] Total Non-Op Inc / (Exp)	\$228,194	\$1,212,182	\$983,988	431.2%	\$253,466	\$2,281,938	\$3,445,196	\$1,163,259	51.0%	2,288,592
[10] Net Surplus / Deficit	\$69,130	\$1,048,300	\$979,170	1416.4%	\$113,665	\$691,304	\$3,353,867	\$2,662,563	385.2%	864,254
Total Margin:	1.9%	26.3%			3.1%	1.9%	8.4%			2.8%
[11] 2025 MEDICARE PAYABLE ADJUSTMENTS		\$125,000					\$725,000			
2025 MEDICAID PAYABLE ADJUSTMENTS		\$0					\$0			
SURPLUS/DEFICIT PRIOR TO ADJUSTMENTS		\$1,173,300					\$4,078,867			

LUHD
BALANCE SHEET - ASSETS
Unaudited
April 30, 2026

	2026	2026	2025	CHANGE FM	CHANGE FM	
	MAR	APR	APR	Prior Month	Prior Year	
Assets						
Current Assets						
	Cash, Unrestricted excl YTD Tax Receipts	\$3,404,885	\$8,132,847	\$1,711,240	\$4,727,962	\$6,421,607
	Cash, Unrestricted excl ERTC Receipts	\$0	\$4,642,008	\$4,642,008	\$4,642,008	\$0
	Cash, Unrestricted from Tax Receipts YTD	\$2,509,322	\$2,525,541	\$2,428,971	\$16,219	\$96,570
[1]	Total Cash, Unrestricted	\$5,914,207	\$10,658,388	\$4,140,211	\$4,744,181	\$6,518,177
	Patient Accounts Receivable	\$16,111,882	\$16,293,901	\$12,063,771	\$182,019	\$4,230,130
	Less Allowance	(\$9,573,427)	(\$9,810,445)	(\$6,947,153)	(\$237,018)	(\$2,863,292)
[2]	Net Patient Accounts	\$6,538,455	\$6,483,456	\$5,116,618	(\$54,999)	\$1,366,838
[3]		40.58%	39.79%	42.41%		
	Other A/R					
[4]	A/R Other	\$819,727	\$865,289	\$619,212	\$45,562	\$246,077
	Edward Hulton (Net)	\$93,645	\$93,645	\$93,645	\$0	\$0
[5]	A/R Taxes	(\$108,788)	\$91,929	(\$59,254)	\$200,717	\$151,183
	Total Other A/R	\$804,584	\$1,050,863	\$653,603	\$246,279	\$397,260
	Inventory	\$626,994	\$660,508	\$636,035	\$33,514	\$24,473
	Provider Tax	\$418,843	\$557,843	\$412,696	\$139,000	\$145,147
	Prepaid Expenses	\$311,373	\$285,277	\$279,523	(\$26,096)	\$5,754
	ERTC Receivable	\$3,770,975	\$0	\$3,304,089	(\$3,770,975)	(\$3,304,089)
[6]	Total Current Assets	\$18,385,431	\$19,696,335	\$14,542,775	\$1,310,904	\$5,153,560
Fixed and Non-Current Assets						
[7]	Property, Plant & Equip	\$18,405,583	\$18,509,476	\$17,952,312	\$103,893	\$557,164
	Construction in Progress	\$33,987	\$40,340	\$0	\$6,353	\$40,340
	Less Accumulated Depr	(\$14,830,657)	(\$14,882,760)	(\$14,233,802)	(\$52,103)	(\$648,958)
	GASB assets	\$2,114,246	\$2,114,246	\$2,071,696	\$0	\$42,550
	Less GASB Accumulated Depr	(\$1,193,669)	(\$1,231,936)	(\$1,121,391)	(\$38,267)	(\$110,545)
	Net P, P & E	\$4,529,490	\$4,549,366	\$4,668,815	\$19,876	(\$119,449)
	Other Non-Current Assets					
	Restricted Cash	\$653,836	\$662,950	\$406,270	\$9,114	\$256,680
[8]	Third-Party Settlements	(\$1,113,740)	(\$1,238,740)	(\$979,488)	(\$125,000)	(\$259,252)
	Total Non-Current Assets	(\$459,904)	(\$575,790)	(\$573,218)	(\$115,886)	(\$2,572)
	Total Fixed and Non-Current Assets	\$4,069,586	\$3,973,576	\$4,095,597	(\$96,010)	(\$122,021)
[9]	Total Assets	\$22,455,017	\$23,669,911	\$18,638,372	\$1,214,894	\$5,031,539

LUHD
BALANCE SHEET - LIABILITIES AND FUND BALANCE
Unaudited
April 30, 2026

	2026	2026	2025	CHANGE FM Prior	CHANGE FM
	MAR	APR	APR	Month	Prior Year
Liabilities & Fund Balance					
Current Liabilities					
[1] Accounts Payable	\$1,033,959	\$851,333	\$873,620	(\$182,626)	(\$22,287)
[2] Accrued Liabilities	\$35,869	\$229,426	\$63,941	\$193,557	\$165,485
Douglas County	\$93,645	\$93,645	\$93,645	\$0	\$0
Line of Credit	\$0	\$0	\$0	\$0	\$0
Accrued Interest (GASB)	\$0	\$0	\$0	\$0	\$0
Refunds Payable	\$256,850	\$270,320	\$187,545	\$13,470	\$82,775
[3] Accrued Payroll	\$2,003,796	\$2,069,333	\$1,786,347	\$65,537	\$282,986
Medicare Advance Pmt	\$0	\$0	\$0	\$0	\$0
SBA PPP Loan	\$0	\$0	\$0	\$0	\$0
Deferred Revenue: Misc Small Grants	\$171,518	\$171,518	\$38,825	\$0	\$132,693
[4] Provider Tax	\$418,843	\$557,843	\$412,696	\$139,000	\$145,147
[5] Total Current Liabilities	\$4,014,480	\$4,243,418	\$3,456,619	\$228,938	\$786,799
Long-Term Liabilities					
Total Commercial Debt	\$533,214	\$513,150	751,278	(\$20,064)	(\$238,128)
Total GASB Debt	\$813,062	\$770,781	791,776	(\$42,281)	(\$20,995)
[6] Total Debt	\$1,346,276	\$1,283,931	\$1,543,054	(\$62,345)	(\$259,123)
Other Liabilities					
Tail	\$0	\$0	\$0	\$0	\$0
[7] Total Liabilities	\$5,360,756	\$5,527,349	\$4,999,673	\$166,593	\$527,676
Fund Balance					
Fund Balance	\$14,788,692	\$14,788,692	\$12,660,777	\$0	\$2,127,915
Current Operations	\$2,305,569	\$3,353,870	\$977,921	\$1,048,301	\$2,375,949
[8] Total Fund Balance	\$17,094,261	\$18,142,562	\$13,638,698	\$1,048,301	\$4,503,864
[9] Total Liabilities & Fund Balance	\$22,455,017	\$23,669,911	\$18,638,371	\$1,214,894	\$5,031,540

DASHBOARD LEGEND

STABLE	At or above	98% of Target
CAUTIOUS	At or above	92% of Target
NEEDS ATTENTION	Below	92% of Target

	2025-26 BUDGET/TARGET	Apr-26	Mar-26	Feb-26	Jan-26	Dec-25	Nov-25	Oct-25	Sep-25	Aug-25	Jul-25
FINANCIAL HEALTH INDICATORS											
Patient Days	247	237	251	242	241	239	224	264	252	215	189
Average Daily Census	8.0	8	8	9	7.8	7.7	7.5	8.5	8.4	6.9	6.1
Operating Room Cases	55	63	40	48	43	34	24	39	39	39	49
ER Services	427	392	417	374	406	428	393	436	429	503	526
Clinic Visits (Dunes/RMC)	1,482	1,466	1,397	1,266	1,607	1,307	1,269	1,598	1,510	1,484	1,656
OP Visits (Excl ED & Clinics)	1,750	1,969	1,753	1,701	1,741	1,743	1,583	1,528	1,910	1,773	1,558
[1] Operating Cash	\$5,461,629	\$10,658,388	\$5,914,207	\$6,155,261	\$6,675,324	\$6,337,421	\$4,956,909	\$5,260,486	\$4,542,955	\$4,703,737	\$4,715,006
[2] Operating Cash Days	45	83	47	49	55	51	40	43	37	38	39
Days in AR	55	71	70	66	65	62	59	59	58	58	55
[3] Current Ratio	3.9	4.6	4.6	4.9	4.5	4.6	4.3	4.7	4.4	4.7	4.8
Net Patient Revenue	\$3,218,581	\$3,375,094	\$3,230,814	\$3,187,993	\$3,590,542	\$3,571,515	\$3,015,071	\$3,846,280	\$2,967,263	\$3,430,194	\$3,561,577
Operating Expense	\$3,869,897	\$4,142,836	\$4,019,881	\$3,903,234	\$3,982,740	\$4,165,810	\$3,755,499	\$4,058,101	\$3,964,785	\$3,983,499	\$3,948,406
Hospital Gain/Loss	\$69,130	\$1,048,300	\$64,721	\$101,273	\$430,905	\$214,009	\$85,564	\$872,439	(\$32,473)	\$180,041	\$389,092
[4] Productivity	100.0%		97.3%	97.7%	97.3%	100.3%	98.1%	96.6%	97.8%	101.5%	100.6%

LOWER UMPQUA HOSPITAL

VOLUME STATISTICS

APRIL-26	BUDGET	APR 2026		LAST MONTH	HISTORICAL AVE	APR	APR	APR	APR	APR	YTD BUDGET	YTD ACTUAL	
		ACTUAL											
IP SERVICES													
PATIENT DAYS:													
MED/SURG:													
ACUTE:	76	92	20.4%	95	72	60	95	49	69	86	775	820	5.9%
ICU:	2	0	-100.0%	4	7	22	5	4	3	3	17	8	-52.0%
SWING:	144	117	-18.8%	126	76	33	49	71	101	124	1,459	1,273	-12.8%
O/P HOLD:	17	28	64.6%	26	18	22	22	17	21	8	172	253	46.7%
TOTAL PATIENT DAYS:	239	237	-0.9%	251	173	137	171	141	194	221	2,423	2,354	-2.8%
SURGICAL SERVICES:													
CASES:	53	63	18.8%	40	51	65	53	47	47	42	537	418	-22.2%
EMERGENCY SERVICES:													
ER VISITS:	413	392	-5.1%	417	355	299	313	378	406	377	4,187	4,304	2.8%
AMBULANCE PATIENTS:	107	90	-15.6%	121	102	116	90	103	93	108	1,081	1,159	7.2%
ANCILLARY SERVICES:													
LABORATORY TESTS:													
BILLED TESTS:	5,040	5,953	18.1%	5,626	4,569	4,763	4,508	4,420	4,138	5,014	51,068	57,029	11.7%
RADIOLOGY STUDIES:													
RADIOLOGY:	408	416	1.9%	392	389	449	401	270	337	489	4,135	4,007	-3.1%
CT:	158	181	14.9%	204	154	163	125	117	152	215	1,597	2,167	35.7%
MRI:	28	42	52.5%	41	26	28	27	16	25	35	279	398	42.6%
NUCLEAR MED :	1	0	-100.0%	0	2	3	6	0	1	1	13	0	-100.0%
ULTRASOUND:	56	104	86.4%	93	52	70	44	4	62	78	566	798	41.1%
ECHO	0	0	0.0%	0	2	12	0	0	0	0	0	0	0.0%
	650	743	14.3%	730	626	725	603	407	577	818	6,590	7,370	11.8%
REHAB VISITS:													
PHYSICAL THERAPY:	654	574	-12.2%	496	519	554	498	377	628	537	6,622	5,054	-23.7%
OCCUPATIONAL THERAPY:	181	150	-17.2%	154	197	272	160	130	207	214	1,836	1,603	-12.7%
SPEECH THERAPY:	40	55	38.0%	70	50	47	47	27	43	84	404	678	67.8%
	875	779	-10.9%	720	765	873	705	534	878	835	8,862	7,335	-17.2%
PAYROLL DATA:													
WORKED HOURS (PAYROLL):	29,735	31,194	4.9%	30,556	28,318	28,486	28,185	26,400	28,633	29,885	301,316	300,676	-0.2%
WORKED HOURS (REGISTRY):	930	1,239	33.2%	1,137	702	46	358	1,242	624	1,238	9,425	13,171	39.7%
	30,665	32,433	5.8%	31,693	29,019	28,532	28,543	27,642	29,257	31,123	310,741	313,846	1.0%
DUNES VISITS:													
Sargent - Phy - Employee	186	199	6.8%	183	116	0	0	177	202	202	1,888	1,750	-7.3%
Irvine - Phy - Employee	134	151	12.4%	187	90	0	0	122	191	139	1,362	1,480	8.7%
Coe - Phy - Employee	220	288	30.8%	237	113	0	0	194	202	170	2,230	2,394	7.3%
Vanasche - ML - Employee	28	0	-100.0%	0	48	0	0	58	116	66	285	404	41.8%
Dotson - ML - Employee	178	199	11.7%	193	85	0	0	120	171	134	1,806	1,948	7.9%
Berry - ML - Employee	173	209	20.8%	91	64	0	0	0	158	163	1,753	1,576	-10.1%
Bailey - LCSW - Employee	58	79	35.8%	47	0	0	0	0	0	0	590	689	16.8%
Danforth - PA-C - Employee	161	234	45.6%	0	0	0	0	0	0	0	1,629	2,228	36.8%
Jones - PA-C - Employee	148	0	-100.0%	0	0	0	0	0	0	0	1,499	128	-91.5%
Serrano - Phy - Employee	66	0	-100.0%	0	0	0	0	0	0	0	666	325	-51.2%
Mello - LCSW - Employee	0	31	0.0%	0	0	0	0	0	0	0	0	115	0.0%
Johnson - PA-C - Employee	0	79	0.0%	0	0	0	0	0	0	0	0	0	0.0%
VACANT - -	0	0	0.0%	0	0	0	0	0	0	0	0	0	0.0%
	1,353	1,469	8.6%	1,245	689	0	0	912	1,246	1,286	13,708	13,140	-4.1%

LOWER UMPQUA HOSPITAL

VOLUME STATISTICS

APRIL-26	BUDGET	APR 2026	LAST MONTH	HISTORICAL AVE	APR	APR	APR	APR	APR	YTD BUDGET	YTD		
		ACTUAL			2021	2022	2023	2024	2025		ACTUAL		
DUNES CHARGES:	\$458,525	\$400,988	-12.5%	\$379,353							\$4,646,386	\$4,333,835	-6.7%
RMC VISITS:													
Shank G - Phy - Employee	55	117	113.4%	36	22	0	0	6	43	60	556	605	8.9%
Saunders - Phy - Employee	46	0	-100.0%	44	25	0	0	49	44	34	464	299	-35.5%
Ivanitsky - Phy - Employee	122	101	-17.0%	72	31	0	0	0	66	91	1,233	954	-22.6%
Abanulo - Phy - Contract	2	28	1035.6%	0	0				0	0	25	149	496.3%
Decker-Flint - CRNA - Contract	30	0	-100.0%						0	0	300	0	-100.0%
VACANT - -	0	0	0.0%						0	0	0	0	0.0%
VACANT - -	0	0	0.0%						0	0	0	0	0.0%
VACANT - -	0	0	0.0%						0	0	0	0	0.0%
	254	247	-2.9%	152	101	0	0	158	153	195	2,577	2,008	-22.1%
RMC CHARGES:	\$242,833	\$253,391	4.3%	\$178,000	\$171,992	\$234,238	\$161,556	\$131,322	\$153,205	\$179,640	\$2,460,706	\$1,987,218	-19.2%
HOSPITAL CHARGES:	\$5,694,509	\$6,371,457	11.9%	\$5,906,510	\$4,266,595	\$3,899,465	\$3,819,380	\$3,451,471	\$4,435,261	\$5,727,399	\$57,704,358	\$61,507,556	6.6%
TOTAL FACILITY CHARGES:	\$6,395,867	\$7,025,836	9.8%	\$6,463,863	\$4,775,209	\$4,449,616	\$4,211,635	\$3,888,723	\$5,022,927	\$6,303,146	\$64,811,450	\$67,828,609	4.7%



ADMINISTRATOR REPORT

Board of Directors May 27, 2026

Atrio: The gross amount Atrio owes us is up to \$3.16 million which under normal circumstances would generate approximately \$1.20 million in cash. We had a call with some of the Atrio leadership on Wednesday, May 20, where they assured us that there is “Light at the end of the tunnel.” They claim that the cause of their problem has been a software issue that made them unable to submit claims to Medicare, thus Medicare has been sending them only minimal payments. They say the problem has been resolved and the claims are now going out. They expect the first big influx of cash around June 3, at which time they will begin paying our claims and they have promised to be current with claims over 60 days old by June 17. I want to thank Becky Hultberg, the CEO of the Oregon Hospital Association and Sean Kolmer, also with the Association for their help with this issue. Sean spoke with T.K. Keen, the state insurance commissioner, about our issue on May 8. According to the state, “the situation with Atrio will be resolved one way or another within 30 days. They will either be put into receivership or they will be OK.” The state did not offer odds on which way this would go. And, speaking of Becky Hultberg, she paid us a visit on May 12. Jen Green and I got to spend an hour with her ensuring she fully understands issues that rural hospitals like ours are facing.

Transformation and Catalyst Grants: I will let Jen Green, Kaley Sweet, and Dr. Sargent give the update on our application for these grants.

Dr. Penikas: Dr. Penikas is the gynecologist we have been recruiting. I believe we have come to an agreement over our proposed contract, and he is to the point of having his attorney give it a once over. The plan is for him to start providing services in about two months. He would work here one week per month.

General Surgery: We have contracted with a recruiter to aide us in our search for a new general surgeon. Dr. Saunders’ contract runs through March of next year after which he plans on retiring.

Radiology: Plans for the new Dexa room are just about ready to submit to the state for approval. Plans for the new MRI building addition should be ready to put out for bid in about a

week and we have signed a one-year extension on the lease for our current MRI as it is estimated that the new project will take a year to complete. Columbia Bank (formerly Umpqua Bank) is sending us a financing proposal for the entire MRI project. By the time we meet at the board meeting I will likely have the proposal in hand.

Master Heights: I emailed Edward Hulton's attorney to learn the status of the lot sales. He told me they have a buyer lined up for the last lot and they are just working through some details with the city. He estimates the proceeds will cover the remaining \$93,645 we have outstanding with the county. The deadline to pay off the county is May 2028.

Gross Charges: Our excellent year continued through April as you have already heard from Elise. May is shaping up to be an excellent month as well. We actually hit the gross charges level produced for all of last year on May 18 (!) with 43 days left in the fiscal year – and that was without a charge increase.

Respectfully submitted,

John Chivers
Chief Executive Officer

BUDGET COMMITTEE MEMBERS
TERMS EXPIRING 6/30/2026

Members of the community serve three-year terms:

Term expires

Reappointed March 27, 2024:

Michelle Petrofes, MD

6/30/2027

Appointed March 27, 2024:

Linda Stine

6/30/2027

Appointed April 26, 2023:

Steve Lund

6/30/2026

Jenée Anderson

6/30/2026

Michelle Fraley

6/30/2026