CASCADE MEDICAL
PARTNERS IN YOUR HEALTH

# Public Hospital District No.1: Board of Commissioners Meeting Agenda

## Wednesday April 22, 2026 | 5:00 PM

**Arleen Blackburn Conference Room and Zoom Connection**

All times listed are approximates and not a true indication of the amount of time to be spent on any area.

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| **I.** | **Call to Order** | 5:00 | Shari Campbell |
| **II.** | **Pledge of Allegiance** | 5:00 | Shari Campbell |
| | • **Consent Agenda** | 5:00 | Shari Campbell |

All consent agenda items will be approved by the Board with a single motion. Any of the following individual items may be pulled for discussion at the request of a commissioner.

- Meeting Agenda
- March 25, 2026 Board Meeting Minutes
- Policies: Requests for Public Records

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| **Previous Month's Warrants Issued:** | 10128266 -- 10128364 | 03/14/2026 – 04/10/2026 | $ 179,219.95 |
| **Accounts Payable EFT Transactions:** | 20260038 – 20260052 | 03/14/2026 – 04/10/2026 | $ 6,909,270.20 |
| **Accounts Payable ACH Transactions:** | EP14733 – EP14946 | 03/14/2026 – 04/10/2026 | $ 756,541.66 |
| **Payroll EFT Transactions:** | 30948 – 31386 | 03/14/2026 – 04/10/2026 | $ 1,036,922.93 |

- Bad Debt: March 2026

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| **III.** | **Community Input**<br>Public comments concerning employee performance, personnel issues, or service delivery issues related to specific patients will not be permitted during this public comment portion of the meeting. Public comments should be limited to three minutes per person. | 5:00 | Commissioners |
| **IV.** | **CM Values** | 5:05 | Diane Blake |
| **V.** | **<u>Committee Reports</u>** | 5:10 | |
| | a. Governance Committee<br>• **MOTION**: Approve Board Committee & Liaison Assignments | | Shari Campbell |
| | b. Finance Committee | | Cary Ecker |
| | c. Board Quality Rounding | | Jessica Kendall, Cary Ecker, & Julie Pankow |
| **VI.** | **<u>Discussion</u>** | 5:40 | |
| | a. Q1 Organizational Dashboard Review | | Diane Blake |
| | b. Master Facility Plan Progress & Next Steps | | Diane Blake |
| **VII.** | **<u>Action Items</u>**<br>a. **MOTION**: Approve Credentialing<br>b. **MOTION**: Approve CHNA Work Plan<br>c. **MOTION**: Resolution 2026-05: Surplus Property<br>d. **MOTION**: Resolution 2026-06: Surplus Monitors | 6:20 | Commissioners |
| **VIII.** | **Q1 2026 Financial Report** | 6:50 | Diane Blake |
| **IX.** | **Administrator Report** | 7:00 | Diane Blake |
| **X.** | **Board Follow Up Items / Meeting Evaluation / Commissioner Comments**<br>Roundtable discussion to evaluate meeting topics and identify opportunities for improvement. | 7:20 | Commissioners |
| **XI.** | **Executive Session: Performance of a Public Employee (RCW 42.30.110(1)(g)** | 7:25 | Commissioners |
| **XII.** | **Adjournment** | 7:55 | Shari Campbell |

## BOARD CALENDAR REMINDERS

| Date | Event | Commissioners (Max 2 for non Open Public Meetings) | Location | Time |
|---|---|---|---|---|
| April 25, 2026 | Part-time Resident Advisory Council | Shari | ABC Room | 9:30 AM-12:00 PM |
| May 5, 2026 | Community Engagement Night | Shari | Leavenworth Festhalle | 4:00 PM – 7:00 PM |
| May 6, 2026 | Medical Staff | Shari | ABC Room | 7:00 AM – 8:30 AM |
| May 9, 2026 | Healthcare Week Street Fair | | Behind Hospital | 11:00 AM – 2:00 PM |
| May 11, 2026 | Quality Oversight Committee | Jessica & Dr. Knight | Clinic Conference Room | 10:00 AM – 12:00 PM |
| May 13 2026 | Community Outreach & Awareness Committee | Shari & Jessica | Admin Conference Room | 12:00 PM – 2:00 PM |
| May 20, 2026 | CMF Board Meeting | | ABC Room | 9:00 AM-11:00 AM |
| May 26, 2026 | Board Meeting | | ABC Room | 5:00 PM |
| June 17, 2026 | CMF Board Meeting | | ABC Room | 9:00 AM-11:00 AM |
| June 22, 2026 | CMF Annual Golf Tournament | | Kahler Mountain Club | All Day |
| June 24, 2026 | Board Meeting | | ABC Room | 5:00 PM |
| June 28, 2026- July 1, 2026 | WSHA Conference | | Chelan, WA | All Day |
| July 15, 2026 | CMF Board Meeting | | ABC Room | 9:00 AM-11:00 AM |
| July 22, 2026 | Board Meeting | | ABC Room | 5:00 PM |
| August 5, 2026 | Medical Staff | | ABC Room | 7:00 AM – 8:30 AM |
| August 10, 2026 | Quality Oversight Committee | Jessica & Dr. Knight | Clinic Conference Room | 10:00 AM – 12:00 PM |
| August 19, 2026 | CMF Board Meeting | | ABC Room | 9:00 AM-11:00 AM |
| August 20, 2026 | Community Block Party | | Osborn Playfield | 4:00 PM – 7:00 PM |
| September 16, 2026 | CMF Board Meeting | | ABC Room | 9:00 AM-11:00 AM |
| September 23, 2026 | Board Meeting | | ABC Room | 5:00 PM |
| October 7, 2026 | Medical Staff | | ABC Room | 7:00 AM – 8:30 AM |
| October 21, 2026 | CMF Board Meeting | | ABC Room | 9:00 AM-11:00 AM |
| October 24, 2026 | Part-time Resident Advisory Council | | ABC Room | 9:30 AM-12:00 PM |
| October 28, 2026 | Board Meeting | | ABC Room | 5:00 PM |
| November 11, 2026 | CMF Board Meeting | | ABC Room | 9:00 AM-11:00 AM |
| November 16, 2026 | Quality Oversight Committee | Jessica & Dr. Knight | Clinic Conference Room | 10:00 AM – 12:00 PM |
| November 17, 2026 | Community Engagement Night | | Leavenworth Festhalle | 4:00 PM – 7:00 PM |
| November 18, 2026 | Board Meeting | | ABC Room | 5:00 PM |
| December 9, 2026 | CMF Board Meeting | | TBD | TBD |
| December 16, 2026 | Board Meeting | | ABC Room | 5:00 PM |

# Values

**Commitment** – We demonstrate our pursuit of individual and organizational development by always going above and beyond to find the answer, discover the cause, and advocate the most appropriate course of action.

**Community –** We demonstrate our effectiveness and quality in complete transparency with each other and in line with the values of our medical center.

**Empowerment** – We prove our promise to patients and our dedication to both organization and community through the manner in which we empower each other and carry out each action.

**Integrity** – We set a strong example of behavioral and ethical standards by demonstrating our accountability to patient needs and our devotion to performing alongside one another as we exhibit our high standards each and every day.

**Quality** – We demonstrate an exceptional and enduring commitment to excellence. We are devoted to processes and systems that align our actions to excellence, compassion and effectiveness on a daily basis.

**Respect** – We embrace equality on a daily basis through positive, personal interactions and recognize the unique value within each of our colleagues, patients, and ourselves.

**Transparency** – We demonstrate complete openness by providing clear, timely and trusted information that shapes the health, safety, well-being and stability of each other and our community.

# AGENDA / PACKET EXPLANATION
# For Meeting on April 22, 2026

Below is an explanation of agenda items for the upcoming Board meeting for which you may find pre-explanation helpful.

- **Consent Agenda** – Please feel free to connect with Marianne or Diane with any questions in advance of Wednesday's meeting and / or pull individual items from the consent agenda at the meeting, should you wish to discuss.
- **Committee Reports**
    - Governance Committee – Included in your packet is the agenda from the most recent committee meeting as well as the Board education plan, Board annual goals, and the process for adding community members to Board committees, to inform Shari's report. Additionally, included in your packet is the current list of committee and liaison assignments, including a recommendation from the Governance Committee on appointment to the Finance Committee, for your consideration.
    - Finance Committee – Included in your packet is the agenda from the most recent committee meeting as well as the Q1 Finance Dashboard, to inform Cary's report.
    - Board Quality Rounding – No documents are included in your packet for this item. Commissioners who participated in the most recent rounding will share their learnings.
- **Discussion**
    - Q1 Organizational Dashboard Review – Included in your packet is the dashboard illustrating organizational progress to meeting annual objectives as well as a written document providing additional summary context. The written document has a list of question prompts designed to solicit your input. Please come prepared to discuss those and to share any other thoughts, feedback or questions you have.
    - Master Facility Plan Progress and Next Steps – No documents are included in your packet for this item. Management will walk through a presentation of what has occurred since the March meeting, including sharing a suggested guideline for next steps.
- **Action Items**
    - Credentialing – Included in your packet is a document with a list of providers for your consideration for credentialing approval.
    - CHNA Work Plan – Included in your packet is the proposed work plan for the Community Health Needs Assessment. This is the same plan the Board reviewed in March. Board approval is needed at this April meeting in order to meet federally set CHNA timelines.
    - Resolution 2026-05 – Included in your packet is a resolution requesting Board approval to surplus the river property. This step legally must occur first before

we can prepare for the sale. Prior to calling for the vote, management will make a presentation on the rationale for selling the property.

- Resolution 2026-06 – Included in your packet is a resolution to surplus monitors. These monitors are being replaced by the ones purchased earlier this year following Board approval at the February meeting. Staff will be trained on the new monitors in early May, allowing us to return the old monitors on time, to receive our purchase credit. Because we need to return them around the time of the May Board meeting, we are seeking permission to surplus the monitors at the April Board meeting so that after the May training we can return them on time to receive our credit.

- **March YTD / Q1 Financial Reports** – Included in your packet are the financial reports through March year to date (YTD). As Marianne will be participating in an essential WSHA meeting for CFOs, Diane will present the financials.

**Further Notes**

- As you review your packet, please be thinking about strategic questions and ways to engage in strategic discussion as we move through the meeting.

CASCADE MEDICAL
PARTNERS IN YOUR HEALTH

**Minutes of the Board of Commissioners Meeting**
Chelan County Public Hospital District No. 1
Administration Conference Room & Zoom Connection
March 25, 2026

**Present:** Shari Campbell, President; Cary Ecker, Vice President; Jessica Kendall, Commissioner; Dr. Jesse Knight, Commissioner; Julie Pankow, Commissioner; Diane Blake, Chief Executive Officer; Marianne Vincent, Chief Financial Officer; Melissa Grimm, Chief Human Resources Officer; Natasha Piestrup, Senior Director of Nursing; Whitney Lak, Senior Director Rural Health Clinic; Megan Baker, Executive Assistant

**Zoom:** Mike Stanford, EMS; Lester Stolz, EMS; Doug Stockwell, Community Member

**Guests**: Bob Adamson, CMF; Chuck Zimmerman, OMW; Simon Vickery, OMW; Cindy Rudolph, Community Member

| Topics | Actions/Discussions |
|---|---|
| **Call to Order** | • President Shari Campbell called the meeting to order at 4:34 PM and then led the Pledge of Allegiance. |
| **Consent Agenda** | • Cary moved to approve the consent agenda, minus today's agenda. Jessica seconded the motion; motion unanimously approved.<br>• An amended agenda with re-ordered Master Facilities Planning Next Steps and following action items was provided. Jessica made a motion, Cary second; motion unanimously approved. |
| **(Action Item) New Commissioner Appointment, Position No.3** | • Jessica made a motion to nominate Julie Pankow to the commission. Cary seconded; and the group of 4 Commissioners unanimously approved. |
| **Oath of Office** | • Megan Baker administered the oath of office to Julie Pankow, who affirmed her commitment as a commissioner to Cascade Medical. |
| **Foundation Update** | Bob Adamson provided the update.<br>• The Mark Judy Memorial Caregiver Education Fund is in its third year and continues to see a strong pool of applicants.<br>• Upcoming Benevolent Night events are scheduled for April 7 at München Haus and May 21 (South location, 11:00 AM – close).<br>• Planning for the Mai Blumenlauf is underway.<br>• Early planning for the 2026 Annual Golf Tournament is progressing well.<br>• Five Foundation members are retiring, with five new members joining to continue this work. |
| **Community Input** | • None |
| **Board Education: Open Public Meetings Act Training** | Chuck Zimmerman, OMW<br>• Chuck provided an overview of the Open Public Meetings Act, including best practices, public records requirements, roles and responsibilities of the Board and CEO, and standards for conducting Board meetings. |
| **Break** | • The group took a break at 6:05 for 10 minutes. |
| **Master Facilities Planning Next Steps** | Diane Blake<br>• Diane provided an update on Master Facilities Planning efforts to date in 2026. This included current space constraints, particularly limited parking within the existing footprint, and ongoing exploration of potential solutions. She also reviewed the recent offer and pending acquisition of the LOGE properties on 9th Street and the riverfront. Discussion included both short- and long-term considerations, including immediate planning and space inventory, as well as next steps such as establishing a timeline for expansion, identifying an architectural partner, and evaluating financing options. |

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| **Action Items** | **MOTION: Approve Resolution 2026-03: Authorizing Purchase of Real Property (located at 321 9th St. and 11798 US Hwy 2 Leavenworth, WA)**<br>• A motion was made by Cary, seconded by Jessica, unanimously approved.<br><br>**MOTION: Approve Resolution 2026-04: Reimbursement Resolution**<br>• A motion was made by Cary, seconded by Shari, unanimously approved. |
| **CM Values** | Diane Blake provided the report.<br>• Diane shared reflections on transparency, emphasizing the importance of proactive and open communication with staff. On March 11, Cascade Medical announced that an offer had been accepted on the LOGE property, generating strong internal excitement. Staff feedback has been overwhelmingly positive, with thoughtful ideas already emerging around future use of the space. |
| **Committee Reports** | **A. Finance Committee**<br>Cary Ecker provided the report.<br>• The committee reviewed insurance renewal, December financials, and clinic performance, which showed a slight dip in volumes. Industry updates included discussion of the Rural Health Transformation Program under H.R. 1. The LOGE property acquisition will impact Financial Pillar goals moving forward. Overall dashboard performance remains strong; however, long-term debt benchmarks may need to be updated to reflect current conditions. The committee is exploring the addition of a community member. |
| **Discussion** | **A. Quality Messaging Framework**<br>Jessica Kendall and Shari Campbell led the discussion.<br>• A draft framework was presented to support consistent communication around Cascade Medical's safety and quality efforts. Enhancements include highlighting standardized defibrillators in ambulances and the recent replacement of two ambulances. The group discussed adding a website icon linking to a dedicated safety and quality page. The framework will be refined and brought back to the Board for review. The Quality Committee will also revisit the role of a dashboard in this work.<br><br>**B. Review CHNA Draft Work Plan**<br>Diane Blake led the discussion.<br>• Medical Staff, Leadership, and the Executive Team collaborated to refine priorities for the 2026–2028 CHNA Implementation Plan.<br>• The Board did not recommend changes and the finalized plan will be brought back in April for Board approval.<br><br>**C. Topics for Part-time Resident Advisory Council (PTRAC)**<br>Diane Blake led the discussion.<br>• PTRAC has been in place for approximately 15 years and represents part-time residents who contribute to the hospital district but do not reside full-time in the community. The Council provides valuable input on improving access, increasing service utilization, and strengthening engagement with this population. Upcoming discussions will focus on opportunities to grow market share and gather feedback on messaging related to the recent property acquisition. |
| **Action Items** | **MOTION: Approve Credentialing**<br>• **Credentialing Candidates**<br>  ○ Galen Church, DO<br>  ○ Joe Montgomery, PA-C<br>  ○ Fang Yu, MD<br>  ○ Kevin Marcum, MD<br>  ○ Jason DiVito, DO<br>  ○ Eric Munoz, MD<br>  ○ Nicolas Henson, MD |

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| | ○ Steven Black, MD<br>• Jessica moved to approve, Dr. Knight seconded, and the motion unanimously approved.<br><br>**MOTION: Approve 2026 Board Annual Goals**<br>• Cary moved to approve, Dr. Knight seconded, and the motion unanimously approved. |
| **February 2026 Financial Reports** | **Marianne Vincent led the reports.**<br><br>**December 2025 Financials**<br>• February results were favorable, with net income approximately $260K, or $186K ahead of budget.<br>• Year-to-date performance reflects a net loss of ($63K), representing an unfavorable variance of ($43K) to budget.<br>• January and February trends are consistent with the start of 2025.<br>• Gross revenue is behind budget by approximately ($821K) year-to-date.<br>• Other Operating revenue variance is timing-related, primarily due to delayed receipt of Safety Net Assessment Program funds.<br>• Salary & Benefit Expenses are approximately $368K under budget, driven in part by ED locum coverage and clinic labor costs.<br>• Cash performance is below budget by approximately $745K year-to-date, with a February variance of ($116K).<br>• Overall cash balances are approximately ($2.1M) below budget, largely due to a Medicare repayment made in late 2025 that was not included in the 2026 budget.<br>• Days in Net A/R continue to trend upward; improvement is anticipated in the coming months.<br>• An additional $236K expense has been recorded, with a potential adjustment related to retiree benefits (OPEB) pending auditor review.<br>• Final information is being submitted to DZA for the audit and cost report, which is expected to be presented at the May Board meeting. |
| **Administrator Report** | **Diane Blake provided the report**.<br>• **Rural Health Transformation Program**: Cascade Medical anticipates receiving approximately $750K annually over the next five years to support innovation, technology, and capital infrastructure. Program details, including eligible uses, are still being finalized. An application is expected within the next 30 days, with a 30–60-day submission window. Funding is anticipated in early summer, with current guidance requiring year one funds to be expended by September 2027. Distribution will occur through WSHA separately, and the Rural Collaborative, will coordinate other vendor-supported work for participating hospitals.<br>• **Recruitment Update:** Recruitment efforts for the COO position have generated strong interest. Final candidates are scheduled for on-site interviews. A new Rehab Director, Kyle Archbold, joined the organization this week. An Emergency Department physician candidate has accepted a per diem role following a recent interview. Recruitment for a full-time physician and Clinic Medical Director is ongoing; the approach is currently being reassessed to support successful placement. In the interim, Dr. Hoefler is serving as a virtual, fractional Medical Director.<br>• **Pat's Party:** A recognition event honoring Pat will be held April 8 from 2:00–4:00 PM in the ABC room.<br>• **Legislative Update:** Hospitals fared better than initially anticipated this legislative session. Appreciation was extended to those who participated in digital advocacy efforts.<br>• **Physician Compact Work:** Work is underway to develop a Physician Compact that defines shared expectations and strengthens alignment between administration and medical staff. A core workgroup has been identified, with |

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| | next steps focused on smaller group sessions to develop a draft for broader review.<br>• **Organizational Recognition**: Kudos to Megan Sawyer for a highly successful Lab inspection. Surveyors from the Department of Health were very complimentary of both her leadership and the team's performance. As a result, the lab has moved to a two-year inspection cycle. |
| **Board Follow Up Items / Meeting Evaluation / Commissioner Comments** | • Please check your email and calendars, let Megan know if you want to attend meetings.<br>• Part-time Resident Advisory Council: Saturday, April 25.<br>• Annual AWPHD & WSHA Conference: June 28-July 1.<br>• Board Quality Rounding: Wednesday, April 15th from 1-3 PM, Julie will attend full session, Cary 1-2 PM, and Jessica 2-3 PM. |
| **Adjournment** | • Shari moved to adjourn the meeting at 8:01 PM, Cary seconded, and the group unanimously approved. |

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Shari Campbell, President Jessica Kendall, Secretary

CASCADE MEDICAL
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|---|---|---|---|
| Title: | **Requests for Public** Records | Effective Date: | **Not Set** |
| Categories: | **Board of Commissioners** | Approved Date: | **04/27**/2023 |
| Prepared By: | **Megan Baker (Clinic Assistant)** | | |
| Reviewed By: | **Diane Blake (Chief Executive Officer), Board Governance Committee** | | |
| Approved By: | **Diane Blake** (Chief Executive Officer)**, Board of Commissioners** | | |

# Requests for Public Records Policy

## Section 1. Authority and Purpose.

The Washington State Public Records Act, Chapter 42.56 RCW (the "Act"), requires each government agency to make available for inspection and copying nonexempt public records in accordance with published rules. RCW 42.56.070(1). The Act further defines "public record" to include any "writing containing information relating to the conduct of government or the performance of any governmental or proprietary function prepared, owned, used, or retained" by the agency. RCW 42.56.070(2) requires each agency to set forth "for informational purposes" every law, in addition to the Act, that exempts or prohibits the production of public records held by that agency.

The purpose of this Policy is to provide rules by which the Chelan County Public Hospital District No. 1 ("District") implements the provisions of the Act for the District's public records. This Policy provides information to persons wishing to request access to public records of the District and establishes processes for both requestors and District staff that are designed to best assist members of the public in obtaining such access.

## Section 2. Interpretation and Construction.

The provisions of this Policy shall be liberally interpreted and construed to promote full access to the District's public records in order to assure continuing public confidence in government: *provided,* that when making public records available, the District shall prevent unreasonable invasions of privacy, shall protect public records from damage, loss, or disorganization, and shall prevent excessive interference with essential government functions.

## Section 3. Public Records Index.

A. The District does hereby formally order that maintaining an index of public records pursuant to RCW 42.56.070 would be unduly burdensome for the following reasons:

1. The initial construction and subsequent maintenance of such an index would be a financial burden upon the District.

2. The District does not have sufficient staffing available to initially prepare and subsequently maintain such a comprehensive index.

B. The District shall make available for public inspection and copying any index maintained by the District for District use (if and/or when created and available).

## Section 4. Public Records Available - Public Records Officer.

A. Public records of the District shall be made available for public inspection and copying pursuant to this Policy, except as otherwise provided by law.

B. The Public Records Officer shall serve as the official point of contact for members of the public who

request disclosure of public records. The Public Records Officer shall be responsible for implementation of and compliance with this Policy and the Act.

C. The Public Records Officer may delegate responsibilities as needed to process and complete any response to a public records request pursuant to this Policy.

**Section 5. Public Records Requests - Process.**

A. Public records may be inspected and/or copies may be obtained under the following procedures:

1. A request for public records must be directed to the Public Records Officer for the District. A public records request must be for identifiable records. A request for all or substantially all records prepared, owned, used, or retained by the District is not a valid request for identifiable records under this Policy or state law, provided that, a request for all records regarding a particular topic or containing a particular keyword or name shall not be considered a request for all of the District records.

2. A request for public records must be documented in writing and include the following information:

   a. The requester's name, mailing address, and telephone number;

   b. The date of the request;

   c. A clear indication that the document is a "Public Records Request;"

   d. Whether the request is to inspect the public records or for paper or electronic copies of public records, or both;

   e. A clear description of the public records requested for inspection and/or copying and the office or department having custody of the public records;

   f. If the request is for a list of individuals, a statement that the list will not be used for any commercial purposes or that the requester is authorized or directed by law to obtain the list of individuals for commercial purposes, with a specific reference to such law; and

   g. Whether the request is for printed or digital copies of the public record.

B. Records requests may only encompass records existing as of the date of the request. A request cannot be used to obtain copies of records not yet in existence.

**Section 6. Response to Public Records Requests.**

A. The Public Records Officer shall, to the extent practicable, assist requesters in identifying the public records sought.

B. The District is not obligated to allow inspection or provide a copy of a public record on demand.

C. Within five (5) business days after receiving a public records request, the Public Records Officer shall respond to the request in writing. The Public Records Officer shall make one or more of the following responses:

1. The request for inspection of public records is approved and indicating whether an appointment for inspection needs to be scheduled by the requester;

2. The request for copies of public records is approved and indicating that copies of requested records are enclosed with the response;

3. The request for copies or inspection of public records is approved, and indicating that the responsive records are available on or through the District website (with either a link or instructions to locate records online);

4. The request has been received by the Public Records Officer; indicating that additional time is needed to respond to the request; and, stating a reasonable estimate of the time required to respond;

5. The request has been received by the Public Records Officer and indicating the records shall be provided on a partial or installment basis as the records are identified, located, assembled and/or made ready for inspection or copying;

6. The request is denied, in whole or in part, whether by withholding a requested record or redacting a requested record, stating the specific exemption(s) prohibiting disclosure and a brief explanation of how the exemption applies to each withheld and redacted record;

7. There are no records responsive to the request; and/or

8. Notifying the requestor that the Public Records Officer does not understand the request and requesting that the requestor clarify the request to enable the Public Records Officer to respond to the same.

D. Any response providing an estimate of the additional time needed will be based upon criteria that can be articulated and may be presented in the response estimating the additional time needed. For example, additional time may be needed under the following circumstances:

1. To request clarification from the requestor if the request is unclear or does not sufficiently identify the requested records. Such clarification may be requested and provided by telephone or email. If the clarification is made by telephone, the Public Records Officer will confirm the scope of the clarification in writing. The confirmation will be deemed the correct statement of the scope of the request unless the requestor responds with a different statement of the scope. If the requestor fails to timely clarify the request, the Public Records Officer will fulfill any portion of the request that is reasonably understood by the Public Records Officer, if possible, and cancel and close the remaining request;

2. To locate and assemble the information requested;

3. To notify third persons or agencies in the event the requested records contain information that may affect rights of others and may be exempt from production. Such notice should be given so as to make it possible for those other persons to contact the requestor and ask them to revise the request, or, if necessary, seek an order from a court to prevent or limit the disclosure. The notice to the affected persons will include a copy of the request or a statement of the request if no written request was received; or

4. To determine whether any of the information requested is exempt from production and/or that a denial should be made as to all or part of the request.

E. If the Public Records Officer does not respond in writing within five business days of receipt of the request for disclosure, the requestor should consider contacting the Public Records Officer to determine the reason for the failure to respond.

**Section 7. Exempt Records.**

A. Pursuant to RCW 42.56.070(2), the District hereby adopts the list of laws maintained by the Municipal Research Services Center of Washington (MRSC) as the list containing every law, other than those specifically set forth in the Act or interpretive case law, that the District believes exempts or otherwise prohibits disclosure of specific records or information of the District. Public records and information exempt from disclosure under the Act or any other law are exempt from disclosure under this Policy whether or not such exemption is on any list of exemptions adopted, published, or maintained by the District.

B. If a record is exempt from production and should be withheld, the Public Records Officer will prepare an exemption log stating the specific exemption and providing a brief explanation of how the exemption applies to the record being withheld. If only a portion of a record is exempt from production, but the remainder is not exempt, the Public Records Officer will redact the exempt portions, produce the nonexempt portions, and indicate to the requestor why portions of the record are being redacted.

**Section 8. Locating Responsive Records**

A. A requestor must request an "identifiable record" or "class of records" before the District must respond. An identifiable record is one that District staff can reasonably locate. The Act does not allow a requestor to search through District files for records which cannot be reasonably identified or described to the District.

B. Requests for information are not public records requests. The District is not required to conduct legal research for a requestor.

C. The District is not required to create records to respond to a request. However, with prior approval of the requestor, the District may create a record if doing so would simplify the response for the District and provide the requestor with the records or information requested. The District will determine, in

its sole discretion, if a record may be created in order to facilitate a response to a public record request.

**Section 9. Production of Records**

A. Public records may be inspected at the District property during normal business hours when the administrative office is open. However, the District is not required to allow inspection immediately upon a demand.

1. The Public Records Officer may request that the person seeking to inspect public records schedule an appointment for inspection.

2. No member of the public may remove a document from the viewing area or disassemble or alter any document.

3. The requestor shall indicate which documents he or she wishes the District to copy or scan, if any, and provide payment for those copies or scans.

4. The requestor must claim or review the assembled records within 30 days of the Public Records Officer's notification that the records are available for inspection or copying/scanning. If the requestor or a representative of the requestor fails to claim or review the records within the 30-day period or make other arrangements, the Public Records Officer may close the request and re-file the assembled records.

B. When the request is for a large number of records, the Public Records Officer may provide access for inspection and copying in installments, if the Public Records Officer reasonably determines that it would be practical to provide the records in that manner. If, within 30 days, the requestor fails to inspect the entire set of records or one or more of the installments (including making suitable arrangements to obtain copies in lieu of inspection), the Public Records Officer may stop searching for the remaining records and close the request.

C. In the event a requestor fails or refuses to timely inspect available records, to clarify a request within a requested timeframe, to pay the deposit, or to make payment for any requested copies, the Public Records Officer will close the request and so inform the requestor.

D. If, after the Public Records Officer has informed the requestor that he or she has provided all available records, the Public Records Officer becomes aware of additional responsive documents existing at the time of the request that had not been provided previously, the Public Records Officer will promptly inform the requestor of the additional documents and provide them on an expedited basis.

**Section 10. Costs of Providing Copies of Public Records.**

A. No fee shall be charged for the inspection of public records. Fees shall be charged, as further set forth below, for any copies of records that are requested during an inspection.

B. No fee shall be charged for locating public documents and making them available for inspection.

| Title: | **Requests for Public** Records | Effective Date: | **Not Set** |
|---|---|---|---|
| Categories: | **Board of Commissioners** | Approved Date: | **04/27**/2023 |
| Prepared By: | **Megan Baker (Clinic Assistant)** | | |
| Reviewed By: | **Diane Blake (Chief Executive Officer), Board Governance Committee** | | |
| Approved By: | **Diane Blake** (Chief Executive Officer)**, Board of Commissioners** | | |

C. The District has not calculated the actual cost to provide copies of public records as doing so would be unduly burdensome to the District staff. As a result, the District charges the maximum fees and charges authorized to be charged for providing paper and electronic copies of public records set forth in RCW 42.56.120, as existing or hereafter amended. The District shall charge the following:

1. The maximum per page copy charge set forth in RCW 42.56.120(2)(b)(i), as existing or hereafter amended, for photocopies of public records, printed copies of electronic public records when requested by the person requesting records, or for the use of District equipment to photocopy public records.

    a. Fifteen cents per page for photocopies of public records, printed copies of electronic public records when requested by the person requesting records, or for the use of agency equipment to photocopy public records.

2. The maximum per page copy charge set forth in RCW 42.56.120(2)(b)(ii), as existing or hereafter amended, for public records scanned into an electronic format or for the use of District equipment to scan the records.

    a. Ten cents per page for public records scanned into an electronic format or for the use of agency equipment to scan the records.

3. The maximum per file charge set forth in RCW 42.56.120(2)(b)(iii), as existing or hereafter amended for each four electronic files or attachment uploaded to email, cloud-based data storage service, or other means of electronic delivery.

    a. Five cents per each four electronic files or attachments uploaded to email, cloud-based data storage service, or other means of electronic delivery.

4. The maximum per gigabyte charge set forth in RCW 42.56.120(2)(b)(iv), as existing or hereafter amended, for the transmission of public records in an electronic format or for the use of agency equipment to send the records electronically.
    a. Ten cents per gigabyte for the transmission of public records in an electronic format or for the use of agency equipment to send the records electronically. The agency shall take reasonable steps to provide the records in the most efficient manner available to the agency in its normal operations.

5. Actual costs of any digital media or device provided by the District and/or the actual costs of any container or envelope used to mail or provide copies to the requestor.

6. Actual costs to reproduce other non-standard size documents shall be charged.

7. Actual mailing costs shall be charged.

D. In addition to the charges imposed for providing copies of public records set forth above, the District may include a customized service charge for responses to certain requests. A customized service charge may only be imposed if the District determines that the request would require the use of

information technology expertise to prepare data compilations or provide customized electronic access services when such compilations and customized access services are not used by the District for other District purposes.

1. The customized service charge may reimburse the District up to the actual cost of providing the services in this subsection.

2. The District may not assess a customized service charge unless the Public Records Officer, or designee, has notified the requestor of the customized service charge to be applied to the request, including an explanation of why the customized service charge applies, a description of the specific expertise, and a reasonable estimated cost of the charge. The notice also must provide the requestor the opportunity to amend their request in order to avoid or reduce the cost of a customized service charge.

E. The Public Records Officer is authorized to request a pre-payment deposit in an amount estimated to cover up to ten percent (10%) of the actual copying and mailing costs. If the deposit is not paid as requested, the Public Records Officer will cancel the request.

F. To the extent any statute provides a specific charge for reproduction of records, the District will charge the amount authorized pursuant to the other statutes rather than as provided under the Act.

G. The District must receive payment, in full, for the costs and charges to provide the records, including any installment of records, as authorized by this chapter on or before the date the records are made available to the requestor. The District will not mail or otherwise release records until payment has been received for the available records or installment of records. Failure to pay for or pick up any records or installment of records within 30 days of notice of availability of the records will result in cancellation of the request for public records.

H. The District may elect not to charge a requestor.

**Section 11. Electronic Records.**

A. The District produces and maintains data in electronic records to maximize efficiency in fulfilling its basic public service functions. Electronic records are public records subject to disclosure under the Act and this Policy, unless exempt from disclosure under state or federal law. The process for requesting electronic public records is the same as for requesting paper public records.

B. If public records are requested in an electronic format, the Public Records Officer will provide the nonexempt records or portions of such records that are reasonably locatable in an electronic format that is used by the District and is generally commercially available, or in a format that is reasonably translatable from the format in which the District keeps the record. However, if an electronic record necessitates redaction due to an exemption, the District is under no obligation to provide the redacted record electronically.

C. At the option of the Public Records Officer, and if acceptable to the requester, electronic records may be printed and provided in paper format. If the electronic record is large and/or not capable of being

printed in an understandable format, then the electronic record may be provided in the digital format in which the record is maintained by the District. The District does not have the obligation to convert an electronic record to a digital or other format that is different than the format maintained by the District.

1. Fees for providing electronic records in electronic form shall be based on the actual cost of the media used to provide the records. Overhead for information system acquisition and maintenance shall not be included in such fees. The fees for providing electronic records are set forth in Section 10, above.

D. The District does not warrant or in any way guarantee the accuracy or completeness of electronic records.

**Section 12. Review of Denials of Public Records Requests.**

A. Any person who objects to the denial of a request for a public record, including an alleged failure to produce responsive records, may petition the Public Records Officer or authorized designee for prompt review of such decision by delivering a written request to the Public Records Officer and including all written responses by the Public Records Officer denying the request.

B. The Public Records Officer shall affirm, modify or reverse the denial in writing within five (5) business days following receipt of the written request for review, or within such other time to which the District and the requestor may mutually agree.

C. The District shall be deemed to have made a final decision denying a request for public records only after a review conducted under this section has been completed, or a failure to timely review has occurred.

**Section 13. Protection of Public Records.**

A. The Public Records Officer shall, to the extent practicable, ensure that records requested are not misplaced, mistreated, or misfiled by members of the public during inspections and not removed from the District office. Original public records shall not be released to the public for any purpose.

B. If a public record request is made at a time when a record exists, but the record is scheduled for destruction in the near future, the Public Records Officer shall direct that the record be retained until the request is resolved. The District shall not destroy any record scheduled for destruction that may be responsive to a pending request for public records. Any such record may only be destroyed upon completion of the request.

**Section 14. Copies of Policy Available to Public.**

Copies of this Policy shall be available to and provided to the public, without cost, at the District's main office. Copies of this Policy will also be made available, without cost, on the District's website.

FINANCIAL ACCOUNTING
WARRANTS / EFTS ISSUED

Commissioner Meeting: April 22, 2026

Below is a listing of the Accounts Payable warrants and EFT/ACH transactions issued since the last Board of Commissioners meeting along with the payroll EFT transactions since the last Board of Commissioners meeting.

| | | | |
|---|---|---|---|
| Accounts Payable Warrant Numbers | 10128266 – 10128364 | $179,219.95 | 03/14/2026 – 04/10/2026 |
| Accounts Payable EFT Transactions | 20260038 – 20260052 | $6,909,270.20 | 03/14/2026 – 04/10/2026 |
| Accounts Payable ACH Transactions | EP14733 – EP14765<br>EP14789 – EP14821<br>EP14868 – EP14889<br>EP14913 – EP14946 | $756,541.66 | 03/14/2026 – 04/10/2026 |
| Payroll EFT Transactions | 30948 – 31386 | $1,036,922.93 | 03/14/2026 – 04/10/2026 |
| | Grand Total | $8,881,954.74 | |

Note: The ACH transaction numbers are not reported sequentially; there is a gap between batch runs.

Prepared by:

Kathy Jo Evans
Director of Accounting

# Cascade Medical

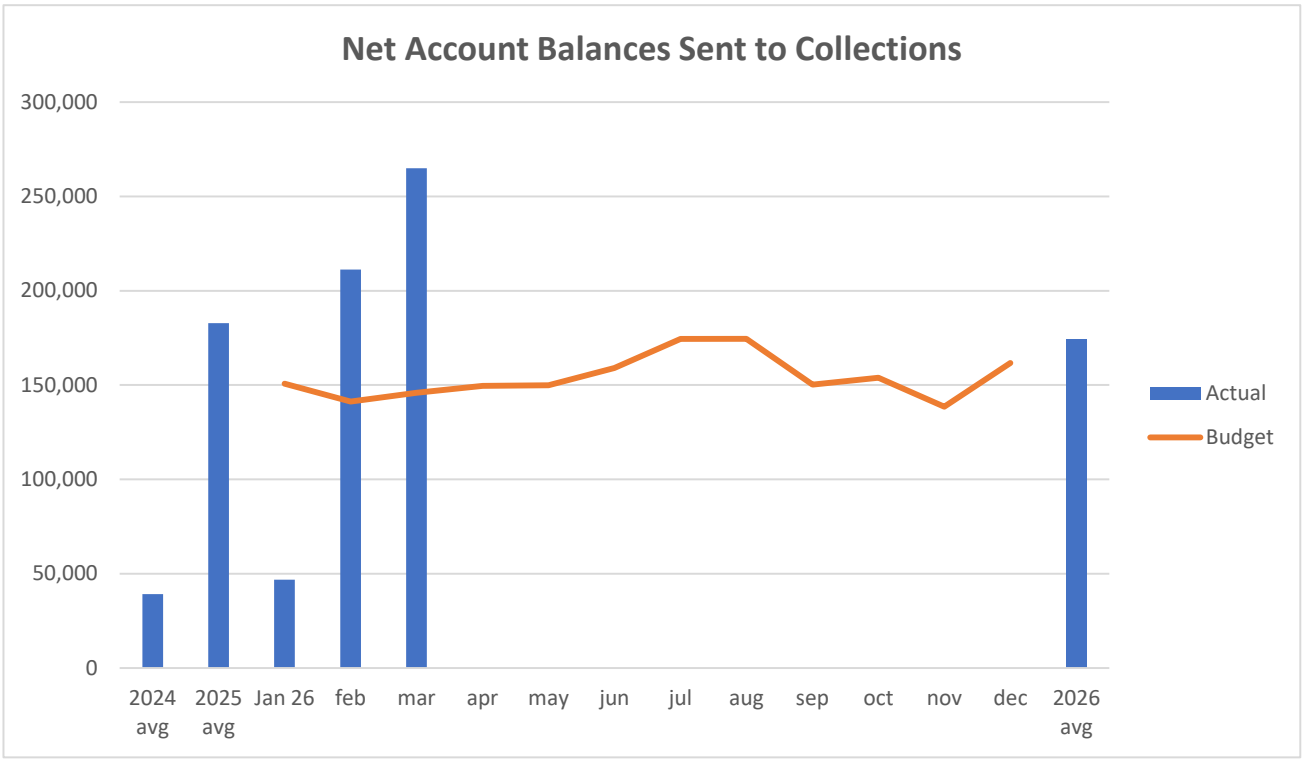
## Bad Debt Write Offs
## Financial Assistance Program Discounts

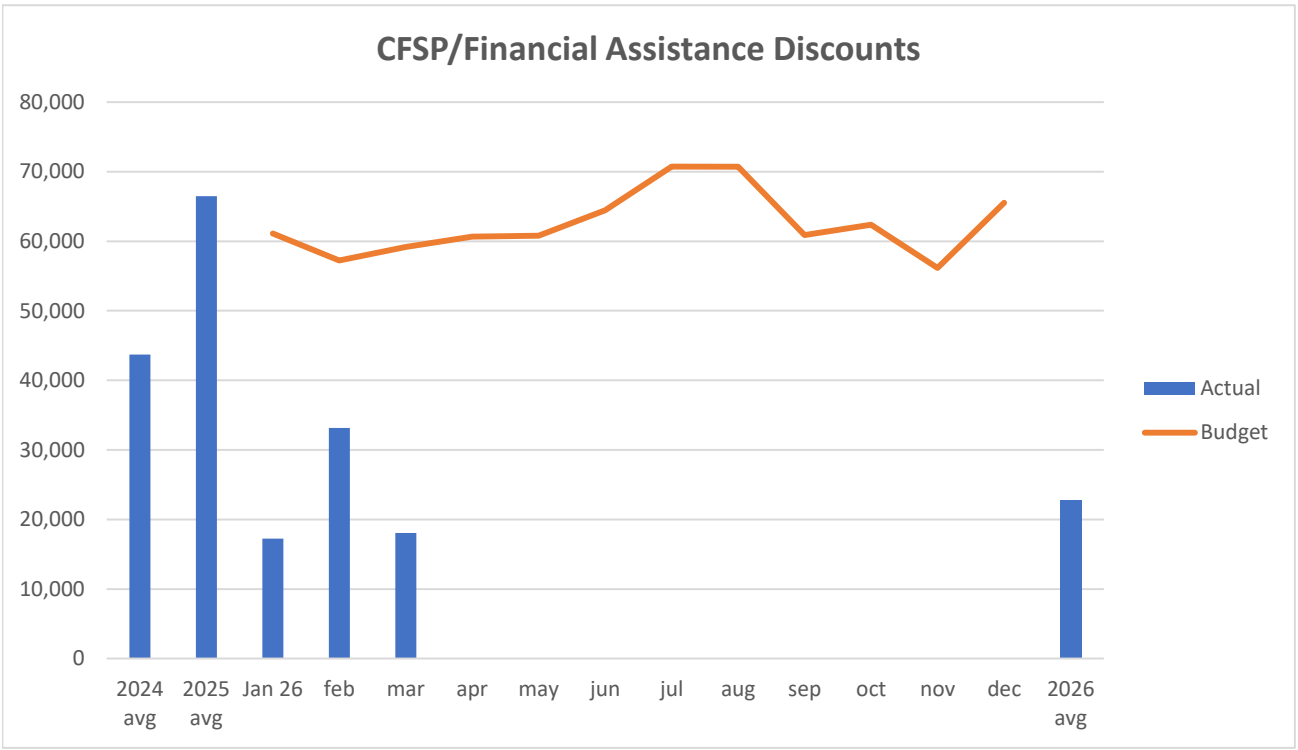
Month March, 2026

`

| | | |
|---|---|---|
| Net Bad Debt Write-Offs for Board Approval | **$** | **264,989.22** |
| CFSP/Financial Assistance Program Discounts for Board Approval | **$** | **18,042.94** |

| | | | |
|---|---|---|---|
| Bad Debt/ Financial Assistance Supplemental Information | | | |
| Bad Debt Write-Offs | Sent to Collection Agency | | 316,836.57 |
| | less: pullback from Agency due to receipt of payments | | (51,847.35) |
| | Net Bad Debt Write-Offs | | 264,989.22 |
| CFSP/Financial Assistance Applications - Discounts Approved | | $ | 18,042.94 |
| | Total | | 283,032.16 |


Net Account Balances Sent to Collections
300,000
250,000
200,000
150,000
100,000
50,000
0
2024 avg
2025 avg
Jan 26
feb
mar
apr
may
jun
jul
aug
sep
oct
nov
dec
2026 avg
Actual
Budget


CFSP/Financial Assistance Discounts
80,000
70,000
60,000
50,000
40,000
30,000
20,000
10,000
0
2024 avg
2025 avg
Jan 26
feb
mar
apr
may
jun
jul
aug
sep
oct
nov
dec
2026 avg
Actual
Budget

CASCADE MEDICAL
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# AGENDA

**Board Governance Committee**
**April 15, 2026**
2:00 PM-4:30 PM
Administration Conference Room

| Agenda Item | | Time |
|---|---|---|
| **1.** | Call to Order | 2:00 PM |
| **2.** | Consent Agenda Approval<br>• April 15, 2026 Agenda<br>• February 18, 2026 Minutes | 2:00 PM |
| **Committee Work** | | |
| **1.** | Review policies:<br>• New Commissioner Orientation Policy<br>• Policy Records Request Policy | 2:00 PM |
| **2.** | Board future / succession planning:<br>• Recommend updates to Board Committee & Liaison Assignments<br>• Discuss community member appointments to Board committees<br>• Check in on new commissioner participation, including orientation progress | 2:10 PM |
| **3.** | Check-in on Board retreat planning<br>• Review 2025 retreat feedback<br>• Discuss vision for 2026 Board retreat | 2:40 PM |
| **4.** | Check-in on progress of 2026 Board Annual Objectives | 3:10 PM |
| **5.** | Education Discussion and Planning<br>• Review Board Education Plan and consider what changes may be needed to support work related to recent property purchase and next steps<br>• Discuss/recap March's Open Public Meetings Act education | 3:20 PM |
| **5.** | Discuss strategy and timing of future full board self- assessment | 3:45 PM |
| **6.** | Discuss mission & vision work slated for 2026, including board's role in the work | 3:55 PM |
| **7.** | Set next meeting date | 4:25 PM |
| **Adjournment** | | |
| **1.** | Adjournment | 4:30 PM |

Materials provided in advance of meeting along with agenda:

- Minutes from February 18, 2026 meeting
- Policy: New Commissioner Orientation
- Policy: Public Records Request
- Board Committee & Liaison Assignments
- Procedure for Appointing Community Members to Board Committees
- New commissioner orientation progress summary
- 2025 Retreat Feedback
- 2026 Board Objectives
- 2026 Board Education Plan

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# 2026 Education Plan

Cascade Medical Board of Commissioners

Cascade Medical embraces education and learning throughout the organization, recognizing purposeful investments in this area support and empower team, drive high quality care, and equip leaders to successfully shepherd CM through a rapidly changing healthcare environment. Because resources are finite, careful consideration is given throughout the organization to ensure educational investments provide high value and fill the most pressing needs. This same principle applies to Board education, where CM-supported Board education is designed to support the Board in being equipped to navigate subjects related to CM's strategic plan, to lead strategically, and to continue growth in governance best practices.

| Date | Location | Topic | Comments |
|---|---|---|---|
| January 21, 2026 | ABC Room | | |
| February 25, 2026 | ABC Room | | |
| March 25, 2026 | ABC Room | Open Public Meetings Refresher | Presentation by Chuck Zimmerman |
| April 22, 2026 | ABC Room | | |
| May 27, 2026 | ABC Room | Annual Quality Education | Begin at 4:30? |
| June 24, 2026 | ABC Room | PHD Financing Options | Or in May, if ready? |
| June 28 – July 1 | Chelan | Rural Healthcare & Leadership | WSHA & AWPHD Conference |
| July 22, 2026 | ABC Room | General Topics | Share notes and thoughts from June conference |
| Sept 23, 2026 | ABC Room | Strategic-level Finance | Consider in advance of Sept budget report and consider WSHA Finance II education short |
| October 28, 2026 | ABC Room | | |
| November 18, 2026 | ABC Room | | |
| December 16, 2026 | ABC Room | | |

2026 Topics:

- Q1: OPMA Refresher
- Q2: Public Hospital District Financing
- Q3: Strategic-level Finance, Board Retreat
- Q3 or Q4: Board Strategy / Strategic Growth, possibly tie to Board retreat

Running List of Future Potential Topics

- Long range financial planning, including capital investment planning, service line expansion, impact from Rural Health Clinic payment cap (carryover priority topic from 2024)
- Artificial Intelligence and update on CM's progress
- Opioids and Substance Use Disorder in our community and how CM addresses (potential for Chelan Co Sherriff's Office and school district presence to share what they see?)
- Current and future work of CM out in the community; relates to population health, CHNA, health equity
- Expansion of services / facility
- Long-term planning around providers needed to serve the community into the future, services offered, particular areas of expertise, taking care of infants/children

Last Updated: 4/16/2026

- Updates on Patient and Family Engagement Council work
- Governance: education on advocacy how-to's, does board want to set expectations for current and incoming Commissioners?? (WSHA presenter?)
- Strategic Question: Do we have the right mission and vision statements to appropriately guide the direction of the organization? Revise mission and vision statements.
- Compliance Training
- Patient retention metrics
- The Board's Role in Health Care Experience (AHA article) and provider and staff engagement
- Vaccination information
- How to improve at strategic planning/thinking
- Finance education, financial risks
- Board's role in organizational succession planning

Governance Education Shorts available on demand via the WSHA/AWPHD Governance Education Portal

- Board Ethics & Conflict of Interest
- Board Fiduciary Duties
- Eight Areas of Diligence for Board Members
- Three Major Sources of Payment for Hospitals
- Understanding Hospital Financial Statements
- Update on Hospital Finances Through 9.30.24
- Executive Session
- How to be a High-Functioning Board
- Roles Defined at a PHD

Link to check progress on certification: https://governanceeducation-wsha.talentlms.com/

# 2026 Board Annual Objectives

2026 Board Objectives:

1. Maintain commitment to board development by ensuring education occurs once per quarter in connection with board meetings and each commissioner additionally participates in at least one external education offering annually.
2. Enrich Board's ongoing connection to and communication with our community by thoughtfully approaching commissioner participation in events in ways that consider schedule availability, impact of participation, and which segments or areas of our community will be in attendance.
3. Develop, execute and maintain a process for regularly identifying community members who have the potential to serve on the CM Foundation, the CM Part Time Resident Advisory Council and/or CM board committees.

2025 Board Objectives:

1. Maintain commitment to board development by ensuring education occurs once per quarter in connection with board meetings and each commissioner additionally participates in at least one external education offering annually.
2. Maximize Board's ongoing connection to and communication with the community.
3. Develop, execute and maintain a process for regularly identifying community members who have the potential to serve on the CM Foundation, the CM Part Time Resident Advisory Council and/or CM board committees.

2024 Board Objectives:

4. 100% of Board members achieve and / or maintain WSHA Health Care Governance Certification, with quarterly reporting on achievement percentage.
5. Assess and refine Board's ongoing connection to and communication with the community.
6. Refine board succession and new commissioner orientation / onboarding plans.

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# Procedure for Appointing Community Members to Board Committees

Cascade Medical Board of Commissioners may wish to invite community members to serve on one or more board committees. The benefits to community participation are many, including:

- Potential to identify community members who may be good future board members
- Bring additional expertise and insight to board committee work
- Create additional transparency with the community
- Provide another mechanism for two-way communication with the community

This document provides general guidelines and procedures for making and managing community appointment(s) to board committees.

The mechanism for recommending which committee(s) should include community involvement can come from multiple places: the committee itself, the Governance Committee, or the full board. Ultimately, the decision to add one or community members to a board committee will be made by the full board, through approval of an updated committee charter. Additionally, appointments of specific community members shall also be made by vote of the full board.

A community member appointed to a board committee ideally will serve a maximum of two 2-year terms. If more than one community member is appointed to a board committee, appointments and terms of service will be staggered. Cascade Medical's Executive Assistant will track committee appointments and terms.

Procedure

The committee wishing to add a community member will:

- Update the committee charter to reflect the addition ~~of~~ to be able to nominate one or more community members
- Define ideal attributes / skills community member(s) should possess

These will be presented to the full board for approval.

Once approved, the committee will seek one or more candidates to serve who possess the right attributes or desired skill set as previously determined by the committee.

After the candidate(s) has been selected by the committee, the full board will vote to appoint the community member to the committee. Service on the board committee will begin after vote of the full board.

Each committee will determine how to best orient the community member to the committee. The term of service begins at the beginning of the quarter (January 1, April 1, July 1 or October 1) with the first meeting attended by the community member. Once appointed, community member(s) will have input on the calendaring of future meetings. If a community member has an unexcused absence for two or more consecutive committee meetings, they may be asked to step down from the committee. The full board may modify appointments of community members serving on board committees at any time.

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# 2026 Board of Commissioners Committee & Liaison Assignments

## Commissioners

| Name | Email | Term Expiration | Status of Term |
|---|---|---|---|
| Jessica Kendall **Secretary** | jessica.kendall@cascademedical.org | Position 1 12/2031 | Elected to 6-year term in 2025. |
| Cary Ecker **Vice President** | cary.ecker@cascademedical.org | Position 2 12/2029 | Appointed in 2025 and elected to serve remainder of term. |
| Julie Pankow | julie.pankow@cascademedical.org | Position 3 12/2027 | Appointed in 2026 and will run in 2027. |
| Jesse Knight | jesse.knight@cascademedical.org | Position 4 12/2031 | Elected to 6-year term in 2025. |
| Shari Day-Campbell **President** | shari.daycampbell@cascademedical.org | Position 5 12/2027 | Appointed in 2024 and elected to serve remainder of term. |

## Committee Assignments

| Finance | Governance | Quality Oversight | COAC |
|---|---|---|---|
| Cary Ecker- Chair | Shari Day-Campbell - Chair | Jessica Kendall - Chair | Shari Day-Campbell-- Chair |
| Julie Pankow | Cary Ecker | Jesse Knight | Jessica Kendall |

## Ad Hoc Liaison Appointments

| Medical Staff | Foundation | Part Time Resident Advisory Council |
|---|---|---|
| Open to All Board Members | Open to All Board Members | Open to All Board Members |

Updated 04.2026

CASCADE MEDICAL
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# A G E N D A

**Board Finance Committee**
**April 20, 2026**

**9:00 – 11:00 PM**
Administration Conference Room

| Agenda Item | | Time |
|---|---|---|
| **1.** | Call to Order | 9:00 AM |
| **2.** | Consent Agenda Approval<br>• April 20, 2026 Agenda<br>• March 23, 2026 Minutes | 9:00 AM |
| **Committee Work** | | |
| **1.** | Review follow-up items from minutes | 9:05 AM |
| **2.** | Policy Review<br>• Change Order Authority | 9:15 AM |
| **3.** | Review Q1 Financials, Contractual Allowance Summary, Bad Debt, Dashboard | 9:25 AM |
| **4.** | Review Clinic stats | 9:40 AM |
| **5.** | Discuss industry trends | 9:45 AM |
| **6.** | Long-Term Planning | 9:55 AM |
| **7.** | Review Financial Pillar and 2026 Objectives | 10:05 AM |
| **8.** | Financing Process and Finance Committee Education Discussion | 10:15 AM |
| **9.** | Discuss community member appointment to Finance Committee | 10:35 AM |
| **10.** | Review OICC quarterly report | 10:40 AM |
| **11.** | Discuss Board education | 10:45 AM |
| **12.** | Set remaining meeting dates | 10:55 AM |
| **Adjournment** | | |
| **1.** | Adjournment | 1:00 PM |

Materials provided in advance of meeting along with agenda:

1. March 23, 2026 Minutes
2. Change Order Authority
3. Q1 Financial Packet with Notes
4. Q1 Dashboard
5. Clinic stats
6. Long-Term Planning
7. 2026 Strategic Plan
8. OICC Q1 Report

**2026 Meeting Schedule**

- **TBD**

# Dashboard Strategy / Performance Measures for the Finance Pillar

Cascade Medical FYE 12/31/2026

| Strategic Pillar | Measure | 2022 | 2023 | 2024 | 2025 | Q1 2026 | Q2 2026 | Q3 2026 | Q4 2026 | 2026 YTD | 2026 CM Budget/Baseline | YTD Status to Budget | Flex 2016 Benchmark | YTD Status to Flex |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| FINANCE | Total Margin | -6.1% | -2.6% | 5.4% | 4.0% | -6.8% | | | | | -1.2% | | 3.0% | |
| | Days Cash on Hand | 194 | 190 | 197 | 197 | 173 | | | | | 90 | | 60 | |
| | Cash Growth available to Operations | 22 | 1,314 | 2,008 | 1,323 | -869 | | | | | -963 | | - | - |
| | Days in Net Patient Accounts Receivable | 61 | 56 | 49 | 46 | 53 | | | | | 54 | | 54 | |
| | % of AR balances > 90 days since DOS | 41.2% | 0.0% | 0.0% | 0.0% | 0.0% | | | | | | | - | - |
| | Net Revenue as % of Staffing Costs | 144% | 152% | 162% | 163% | 144% | | | | | 153% | | - | - |
| | Debt Service Coverage | 0.73 | 1.44 | 3.40 | 3.27 | (0.09) | | | | | 1.68 | | 3.00 | |
| | Long Term Debt to Capitalization | 44% | 40% | 34% | 28% | 29% | | | | | NA | - | 25% | |
| | Medicare Outpatient Cost to Charge Ratio | 0.55 | 0.59 | 0.57 | | | | | | | NA | - | 0.55 | |

**Key:** Blue = Better than Target, Green = At Target, Red = Worse than Target

**Note:** If targets were established by the Cascade Medical budget, then current performance is measured against those targets. For measures which a corresponding target was not established during the most recent budget process, the dashboard uses benchmarks established by the Flex Monitoring Team as a basis for comparison.

**Total Margin** is a measure of how *profitable* an organization is. This measure is important because it lets us know how well expenses are controlled, relative to revenues. Over time, a consistent negative margin indicates an organization's current business model may not be sustainable.

**Days Cash on Hand** is a measure of an organization's *liquidity* . Days cash on hand measures the number of days an organization could operate if no cash was collected or received.

**Cash Growth available to Operations** is an internal measure of *liquidity.* It measures how well we are growing our operational cash balance since the start of the fiscal year and compares this to our Cash Flow budget.

**Days in Net Patient Accounts Receivable** is another measure of *liquidity* . This measure tells us how many days, on average, it takes us to collect what we've billed to insurers and patients. Too high or too low of a value indicates processes may not allow for the full collection of what we're owed for services we provide.

**Percent of AR balances over 90 days since Date of Service** is also an operational measure of our Business Office operations and measures how consistently we follow through working older accounts.

**Net Revenue as a % of Staffing Costs** is designed to gauge the effectiveness of the organization's ability to generate net revenues from patient care activities, using not only staffing costs but also professional fees in the denominator.

**Debt Service Coverage** and **Long Term Debt to Capitalization** are *capital structure* indicators. These measures show our ability to meet current debt service requirements and the percentage of total capital that is debt. Cascade Medical is fairly highly leveraged, primarily due to the debt we incurred to remodel and build our new facility. With the refinancing we completed in 2017, we will actually see somewhat higher debt service amounts during the next several years than we would have under the previous financing. Both ratios will improve over time as we retire bond debt.

**Medicare Outpatient Cost to Charge Ratio** is a *revenue* indicator. This indicator tells us, for Medicare patients, how many dollars it costs us to provide care for every dollar of revenue we bill. It is important to have a cost to charge ratio close to benchmark so that the amount we bill less the amount we do not collect (contractual adjustments + Charity Care + bad debts) still exceeds the amount it costs to provide the care. The amount shown in the 2023 YTD column is the rate from the 2023 final cost report.

## Dashboard Strategy / Performance Measures
## Cascade Medical 2026

| | 2026-2028 Focus with 2026 Objectives | Q1 '26 | Q2 '26 | Q3 '26 | Q4 '26 | Target/ Comparative | YTD Status |
|---|---|---|---|---|---|---|---|
| Patient & Family Centered Care | **Three-year Objective:** Continue our process of expanding access to healthcare, including through service expansion, innovation and partnerships. | | | | | | |
| | • Grow family medicine market share to at least 55% of market by the end of 2026 | **45.2%** | | | | 55% by YE | **45.2%** |
| | • Track and monitor data to determine current behavioral health utilization trends across the organization, to assess access needs/gaps | **One Area Lagging** | | | | Meet Project Timelines | **One Area Lagging** |
| | **Three-year Objective:** Continued focus on providing safe, high-quality care within a personalized, patient-centered environment, with emphasis on care integration, whole-person care and creating an exceptional first-touch experience. | | | | | | |
| | • Meet the first year timelines of the three-year work plan to achieve hospital DNV accreditation by or before the end of 2028 | **On Track** | | | | Meet Project Timelines | **On Track** |
| | • Achieve and maintain organization-wide Net Promotor Score (NPS) that exceeds the Qualtrics Healthcare overall benchmark for NPS | **81.3** | | | | Q1 Benchmark = 81.0 | **81.3** |
| Financial Stewardship | **Three-year Objective:** Implement master facility plan recommendations that allow for strategic service expansion through 2028 while positioning Cascade Medical for longer-term growth. | | | | | | |
| | • Conduct a full evaluation of all long-term parking solutions for CM campus by June 30, 2026, with opportunity for potential decision by no later than the July Board meeting | **On Track** | | | | Meet Project Timelines | **On Track** |
| | **Three-year Objective:** Focused strengthening of organizational financial peformance to ensure CM is positioned to best meet future community needs. | | | | | | |
| | • Meet budgeted total margin projections for 2026 | **-6.80%** | | | | Q1 = -1.2% | **-6.80%** |
| | • Meet budgeted total cash projections for 2026 | **$16.7M** | | | | Q1 = $19.47M | **$16.7M** |
| | • Rehab Services delivers break even or better monthly financial performance by end of 2026 | **-12.0%** | | | | 0% or Better Margin by YE | **-12.0%** |
| Our People | **Three-year Objective:** Invest in and continue to grow a desirable working culture that retains, engages, develops and supports our outstanding community-focused team members. | | | | | | |
| | • Achieve turnover rate in 2026 that is less than or equal to 75% of the WA Acute Care turnover benchmark | **7.89%** | | | | Q1 Benchmark = 13.5% | **7.89%** |
| Community Connections | **Three-year Objective:** Increase options for and utilization of convenient access points for care and services across all segments of and in partnership with our community. | | | | | | |
| | • Develop and implement a strategic marketing plan to increase community awareness of, including how to conveniently access, CM services and outreach. Success will be measured through on-time completion of 85% of initiatives. | **88%** | | | | 85% | **88%** |

**Status:** **On Track** **Behind** **At Risk**

*Unlikely to meet projections due to unanticipated opportunity to purchase property for expansion, which begins to impact cash balances in Q2.

Board Dashboard Companion Document
Q1 2026
Cascade Medical

In your packet is the Dashboard Strategy / Performance Measures document which provides a snapshot of our organizational progress to date toward meeting our board-approved strategic objectives for the year. This longer document provides additional information to help clarify and provide transparency around organizational progress. As you review the dashboard and refer to this document to better understand the work, please try to focus your questions and feedback on broad organizational direction; sharing your thoughts and perspectives from viewing our progress as a whole, rather than in individual tactical elements, is essential to helping us stay on track, to pivoting where necessary, and to future planning.

As you consider our strategic plan from a governance perspective, please consider your thoughts to the following questions:

- What additional information do you need to feel confident in your understanding of the planned annual direction of CM and how we are steering toward that direction?
- The timing of and opportunity to purchase the LOGE properties was unanticipated when we developed our annual plan. How do you see this impacting work for the year? Do you have concerns about the impact of the acceleration of work around our master facility planning process? If so, what are they? And/or do you have recommendations, guidance or feedback on how we may need to think about overall annual strategy, given acceleration of this work?
- What elements of strategic plan work would you be most excited to share with community members and why?
- Are there any areas identified as yellow or red on the dashboard for which you would like more information?

**Patient & Family Centered Care**

2026-2028 Focus Area One: Continue our process of expanding access to healthcare, including through service expansion, innovation and partnerships.

**2026 Objectives**

1. Grow family medicine market share to at least 55% of market by the end of 2026
    a. While progress is being made on this objective, we anticipate it being challenging to meet the objective of 55% market share, but we do hope to end the year somewhat close to that mark. Factors putting the 55% mark at risk include the longer than anticipated recruitment of a full-time physician/clinic medical director and the timing of Dr. Kendall's departure. New physician arrivals in the fall (Dr. Ballard in late September and Dr. Dixon in early November) should deliver a boost in the latter part of the year and set us up for good growth in 2027.
2. Track and monitor data to determine current behavioral health utilization trends across the organization, to assess access needs/gaps
    a. We are now reviewing data from across the organization with the exception of the emergency department; the set up for that data pull was still in process at

the end of Q1 but should be finalized to begin reviewing in April. Executive Team has begun reviewing the data monthly. This is the first step to us really understanding utilization, access and need, to inform future planning.

2026-2028 Focus Area Two: Continue our process of expanding access to healthcare, including through service expansion, innovation and partnerships.

**2026 Objectives**

1. Meet first year timelines of the three-year work plan to achieve hospital DNV accreditation by or before the end of 2028
    a. On track. Agreement for this work has been signed and in-depth training / orientation for the work has been scheduled to begin in April.
2. Achieve and maintain organization-wide Net Promotor Score (NPS) that exceeds the Qualtrics Healthcare overall benchmark for NPS
    a. Net promotor score measures, on a scale of one to ten, how likely a patient is to recommend CM to others. People who answer a 9 or 10 on this scale are considered net promotors. We are just above benchmark organization-wide for this score, which is good, but we'd like to stay focused on the data and leverage it for making continued improvements.

**Financial Stewardship**

2026-2028 Focus Area One: Implement master facility plan recommendations that allow for strategic service expansion through 2028 while positioning Cascade Medical for longer-term growth.

**2026 Objective**

1. Conduct a full evaluation of all long-term parking solutions for CM campus by June 30, 2026, with opportunity for potential decision by no later than the July Board meeting
    a. With the purchase of LOGE properties, we are ahead of schedule on this objective, as adjacent property acquisition was one of the proposed, and most ideal, solutions to explore. We will continue to stay focused on the master facility plan work, with an emphasis on understanding and educating on the financing side of the work next.

2026-2028 Focus Area Two: Focused strengthening of organizational financial performance to ensure CM is positioned to best meet future community needs.

**2026 Objectives**

1. Meet budgeted total margin projections for 2026
    a. First quarter is coming in behind budget with total margin performance recorded at (6.8%) compared to a budget of (1.2%). Some of the factors driving the variance from budget are related to timing, which will self-correct in subsequent periods. Some factors, though, may be more challenging to overcome, such as slower volumes in some areas, likely attributed to lower than anticipated tourist volumes in the region and the March contractual allowance adjustment related

to 2025 analysis. It is early days, however, and challenging to predict how Q1 performance may drive changes to year end performance to budget.

2. Meet budgeted cash projections for 2026
    a. If we look at our change in cash balances for first quarter, we have performed better than anticipated. (See Finance dashboard with a smaller reduction in cash balances in Q1 than expected in the Cash Growth available to Operations line.) Two factors, however, drive the rating of At Risk on this objective. We began the year with less cash than originally forecasted during the budget process (related in part to a Medicare Cost Report settlement after budget finalization), making it more challenging for us to meet the year end projection. The second factor is the purchase of LOGE; we did not anticipate this expenditure in the current year when we set the budget. These factors, and particularly the property purchase, make it highly unlikely we'll meet budgeted cash projections for the year. While we likely all agree the conversion of cash to an asset beneficial to our long-term growth was an excellent strategic decision, it will cause us to remain off track to meeting the cash goal in 2026.
3. Rehab Services delivers break even or better monthly financial performance by end of 2026
    a. First quarter performance puts this objective in the yellow/behind category, but it is not yet at risk. Management anticipates improved performance over the coming months and believes the objective remains achievable. Q1 experienced higher expenses, with the continuation of the interim director costs through March and the doubling up on some of this expense with the planned overlap of our new director, who joined in March. Volumes in the department are well-ahead of budget in Q1 and we anticipated continued operational improvement.

**Our People**

2026-2028 Focus: Invest in and continue to grow a desirable working culture that retains, engages, develops and supports our outstanding community-focused team members.

**2026 Objective**

1. Achieve turnover rate in 2026 that is less than or equal to 75% of the WA Acute Care turnover benchmark
    a. Turnover is materially better than benchmark for Q1. This is measured on a rolling 12-month average (April 2025 – March 2026). Over that period, we would need our turnover to be no greater than 13.5% to be 25% better than the WA benchmark. Performance is significantly better than that, at 7.89%. While some percentage of turnover is expected and even considered good/necessary, in general a lower turnover compared to benchmark indicates a good culture and employee-positive focus in the organization.

**Community Connections**

2026-2028 Focus: Increase options for and utilization of convenient access points for care and services across all segments of and in partnership with our community

**2026 Objective**

1. Develop and implement a strategic marketing plan to increase community awareness of, including how to conveniently access, CM services and outreach. Success will be measured through on-time completion of 85% of initiatives.
    a. This objective is on track, with an 88% on time achievement of initiatives. The 88% completion rate reflects advancement of planned initiatives across strategic marketing, communications, branding and public relations. A significant effort was also place on establishing and strengthening communication tools and systems to create a foundation to support work throughout the year. Two items outside of timeline include the Q1 newsletter and the annual report. Both were substantially complete at end of quarter but final production and distribution has carried in to Q2.

# Credentialing Approvals

**Locum Tenens: (90-days)**

- Ed Lopez, PA-C*
  - *Ed was emergently credentialed due to hospitalist coverage needs.
- Tai Manley, PA-C
- Kevin Glover, MD (Resident)

**Real Radiology Active Privileges: (2-years)**

- Andrew Ciccarelli, MD
- Nidal Dabbasi, MD
- Adham Shoujaa, MD
- Rhett Smith, MD
- Colin Thompson, MD
- Brian Zhu, MD

**Radiology Provisional Privileges: (1-year)**

- John Creasy, MD

Cascade Medical's credentialing process has been followed for these providers.

Cascade Medical
Community Health Needs Assessment Implementation Plan
2026 – 2028

Cascade Medical aligns its strategic planning cycle with the three-year Community Health Needs Assessment (CHNA) cycle. As such, many strategic plan elements align with and will address needs identified in the CHNA.

The four areas of focus identified during the CHNA process are

1) Aging Supports and Chronic Health Conditions
2) Access to Healthcare, With Focus on Behavioral Health
3) Child and Family Wellness, with Particular Focus on Primary Care Access and Youth Behavioral Health
4) Equity and Building Trust in Traditionally Underserved Communities

Below are Cascade Medical's planned tactics to address these four focus areas during the period 2026 – 2028. Progress and completion will be tracked through a combination of standard quarterly strategic plan dashboarding as well as other methods of regular monitoring.

| Tactic or Initiative | Timeline or Measure | Focus Area |
|---|---|---|
| Continue robust student preceptorship programs | Continue through 2028 | 2, 3 |
| Continue CNA Training Program with CHS | Continue through 2028 | 2, 3 |
| Continue MA Apprenticeship Program | Continue through 2028 | 2, 3 |
| Continue CNA Apprenticeship Program | Continue through 2028 | 2, 3 |
| Explore additional apprenticeship programs | Through 2028 | 2, 3 |
| Continue peer support work | Continue through 2028 | 2, 3 |
| Develop Telepsychiatry referral options | By end of 2027 | 2, 3 |
| Consider access to counselors/psychologists who are not located in our communities | By end of 2028 | 2, 3 |
| Explore offering behavioral health services in conjunction with the Mobile Clinic | By end of 2028 | 2, 3, 4 |
| Continue school-based clinic and educate potential users on services offered | Continue through 2028 | 3, 4 |
| Continue offering behavioral health services at the high school | Continue through 2028 | 3 |
| Continue free sports physicals night with vaccination support | Continue through 2028 | 3 |
| Continue partnership with UV MEND for Free Clinic | Continue through 2028 | 2, 3, 4 |
| Continue to offer drive through flu shot clinics | Continue through 2028 | 1, 2, 3, 4 |

| Tactic or Initiative | Timeline or Measure | Focus Area |
|---|---|---|
| Conduct annual health & safety fair | Continue through 2028 | 3, 4 |
| Continue Patient & Family Advisory Council | Continue through 2028 | 1, 2, 3, 4 |
| Optimize Mobile Integrated Health program | Continue through 2028 | 1, 2, 3, 4 |
| Maintain Telestroke program | Continue through 2028 | 1, 2 |
| Maintain Cardiac Rehab program | Continue through 2028 | 1, 2 |
| Optimize utilization of mobile clinic | Continue through 2028 | 1, 2, 3, 4 |
| Further expand hours for clinic | Implement by end of 2028 | 1, 2, 3, 4 |
| Sustain and grow chronic care management | Continue through 2028 | 1, 2, 3, 4 |
| Continue to conduct and grow chronic disease group classes | Continue through 2028 | 1, 2, 3, 4 |
| Enhance clinic lobby and exam rooms to be more welcoming to a wider variety of patients (kids, larger-sized patients, etc.) | Through 2028 | 1, 2, 3, 4 |
| Educate community on our expertise to care for children | Through 2028 | 3 |
| Continue caregiver support classes | Continue through 2028 | 1, 2 |
| Continue Parkinson support classes | Continue through 2028 | 1, 2 |
| Narrow HEDIS gaps within our patient population | Continue through 2028 | 1, 2, 3, 4 |
| Explore Institute for Healthcare Improvement (IHI)'~~s~~ concept of an Age Friendly Health system | By end of 2028 | 1 |
| Promote certification for menopause treatment and caring for female population | Through 2028 | 2, 4 |
| Increase care team access for new patients | Continue through 2028 | 1, 2, 3, 4 |
| Explore additional service line expansion | Continue through 2028 | 1, 2, 3, 4 |
| Continued support for OTAGO (Community Fall Prevention Program) | Continue through 2028 | 1 |
| Continue working with North Central Region Fall Prevention Coalition and host fall prevention education event | Continue through 2028 | 1 |
| Explore transportation options, including whether DART expansion is possible and understand possibilities about being able to bill for wheelchair van service | By end of 2028 | 1, 2, 3, 4 |

# RESOLUTION NO. 2026-05

CHELAN COUNTY PUBLIC HOSPITAL DISTRICT NO. 1
CHELAN COUNTY, WASHINGTON dba CASCADE MEDICAL

A RESOLUTION ("Resolution") of Public Hospital District No. 1, Chelan County, Washington, declaring real property located at 11798 US Highway 2 surplus and authorizing the disposal of the same for the common benefit.

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**WHEREAS**, in March 2026, pursuant to Resolution No. 2026-03, the Chelan County Public Hospital District No. 1 ("District") acquired three parcels of real property in order to secure the purchase of property assigned Assessor's Parcel Nos. 241712662415 and 241712662416, a highly desirable set of parcels abutting the current District property used for a hospital facility; and

**WHEREAS,** as a contingency of acquiring Parcel Nos. 241712662415 and 241712662416, the District also acquired a 2.3 acre parcel of real property, formally known as the Loge Camps, located at 11798 US Highway 2 and assigned Chelan County Assessor's Parcel No. 241701440350 (the "Property"); and

**WHEREAS,** multiple small cabins, including fixtures and items of personal property, are located on the Property, which do not provide any benefit to the District's healthcare or business purposes; and

**WHEREAS,** the Property is located in the General Commercial zoning district in the City of Leavenworth and is suitable for commercial or residential development; and

**WHEREAS,** the Property serves no immediate needs for the business or healthcare purposes of the District, and the District has no need to continue to own the Property; and

**WHEREAS,** the District administration and staff recommend, and the Board finds, that it is in the best interest of the public and for the common benefit for the Property to be declared surplus and sold for private development, now therefore,

THE BOARD OF COMMISSIONERS OF PUBLIC HOSPITAL DISTRICT NO. 1 OF CHELAN COUNTY, WASHINGTON, HEREBY RESOLVE AS FOLLOWS:

**Section 1.** The Recitals set forth above are hereby declared findings of the Board of Commissioners and are made a part of this Resolution.

**Section 2.** The Property, along with all cabins, fixtures, furniture, and items of personal property located thereon, is hereby declared surplus to the needs of the District.

**Section 3.** The Superintendent and District administration are hereby authorized to retain professional services to establish a value for the Property and develop and administer a process for solicitation and purchase of the Property with the Board of Commissioners having final authority for

acceptance of any bid or offer. This process shall provide that the District will receive at least three independent valuations from qualified experts to establish a valuation for the Property, in accordance with RCW 70.44.300(2). The District is authorized to sell the Property in any commercially reasonable method. If the Superintendent elects to solicit bids for the Property, the process shall also include provisions such that the District reserves the right to waive minor defects in any bid and reject any and all bids or offers for any or no reason.

**Section 4.** Following adoption of this Resolution, the Board shall set a date and time for a public hearing on the matter of the sale of surplus real property. The District shall provide public notice of the hearing by publication in a local paper of record, in addition to other methods of notice such as digital notices on the District's website.

**Section 5.** This Resolution shall be effective immediately.

RESOLVED this 22nd day of April, 2026.

| | |
|---|---|
| _____ | _____ |
| Shari Campbell, President an Commissioner | Cary Ecker, Vice President and Commissioner |
| _____ | _____ |
| Jessica Kendall, Commissioner | Jesse Knight, M.D., Commissioner |
| _____ | |
| Julie Pankow, Commissioner | |

# RESOLUTION NO. 2026-06

CHELAN COUNTY PUBLIC HOSPITAL DISTRICT NO. 1
CHELAN COUNTY, WASHINGTON dba CASCADE MEDICAL

A RESOLUTION of the Board of Commissioners of Public Hospital District No. 1 of Chelan County, Washington (the "District"), relating to the finances of the District; authorizing the surplus of equipment identified in Exhibit A.

WHEREAS, the members of the commission approved a motion for the surplus of equipment at a regular meeting of the board on April 22, 2026.

WHEREAS, the members of the commission of the district, after due consideration, declare that the equipment listed in Exhibit A is surplus to the needs of the District, agree to trade in the equipment.

BE IT RESOLVED BY THE COMMISSION OF PUBLIC HOSPITAL DISTRICT NO 1, CHELAN COUNTY, WASHINGTON, AS FOLLOWS:

It is hereby found and declared that the equipment be traded-in within 60 days of receipt of new equipment.

ADOPTED and APPROVED by the Commission of Chelan County Public Hospital District No. 1, Chelan County, Washington, at an open public meeting thereof held in compliance with the requirements of the Open Public Meetings Act this 22nd day of April 2026, the following commissioners being present and voting in favor of this resolution.

_____
Board President, Shari Campbell

_____
Board Vice President, Cary Ecker

_____
Commissioner, Jessica Kendall

_____
Commissioner, Dr. Jesse Knight

_____
Commissioner, Julie Pankow

CASCADE MEDICAL
PARTNERS IN YOUR HEALTH

# Surplus Equipment: Exhibit A

| Description / Model Number | Date Acquired | Serial No. | Asset Tag | Market Value | Book Value | Recommendation |
|---|---|---|---|---|---|---|
| LifePac15 | 10/21/2022 | 41238313 | 3344 | 0 | 0 | Trade-in |
| LifePac15 | 07/01/2020 | 48802329 | 3037 | 0 | 0 | Trade-in |
| LifePac15 | 07/01/2020 | 48802292 | 3038 | 0 | 0 | Trade-in |
| LifePac15 | 06/25/2021 | 49452797 | 3089 | 0 | 0 | Trade-in |
| LifePac15 | 07/01/2020 | 48802338 | 3039 | 0 | 0 | Trade-in |
| LifePac20 | 10/13/2020 | 49125456 | 3062 | 0 | 0 | Trade-in |
| LifePac20 | 10/13/2020 | 49125466 | 3061 | 0 | 0 | Trade-in |

# Accompanying Notes for the March 2026 Financial Statements

## March Financial Statements –Quarterly Summary

The financial performance for the first quarter of 2026 has trended similarly to the first quarter of 2025 with losses in both January and March. The larger loss in March 2026 is partially due to a larger adjustment to our contractual allowance resulting from our year-end analysis of 2025 payment and collection history that is completed in early March, with gross revenues accounting for much of the remaining budget variance. Our net margin of ($575,000) is over the budgeted margin of ($110,000) by ($465,000). Gross revenues of $10,994,000 are well below the budgeted target of $11,832,000 by ($838,000). Operating expenses of $8,956,000 for the quarter resulted in a favorable balance, coming in under budget by $603,000.

## Revenue and Expense Variances

1. Larger gross revenue variances in the ED and CT can likely be attributed to lower tourism volumes during a normally busy season due to lack of snow and highway access that was closed due to the December storm.
2. Favorable variances seen in Salaries and Benefits remained consistent during the quarter as we continue working to fill staff vacancies in provider and rehab roles, along with uncompensated Clinic staff leave.
3. The Other Operating Revenue negative variance should see a rebound in the next quarter as revenue recognition timing issues resolve.
4. We are showing a favorable variance in our Depreciation after the cleanup to our depreciable asset list that occurred after our budget projections for 2026 were complete.

## Patient Statistics

ED, CT, and Clinic volumes, while low for the quarter, began to rebound in March, while Ambulance and Rehab volumes are running well ahead of budget, and MRI volumes are running ahead of budget by 12%. Swing Bed volumes remain well below budgeted volumes.

## Cash Receipts and Balances

Cash collections ran lower than budgeted for the quarter with collections ($1,024,000) below budget. The Medicare payments issue still had not resolved by the end of the quarter. We anticipate this to happen in early April, with the reprocessing of impacted claims expected to occur when the issues are resolved. Our cash balances are well below budgeted cash balances by ($2,767,000), with $325,000 of this attributed to the down payment on our property purchase.

## Accounts Receivable

As anticipated following the higher revenue volume in December and resulting higher Days in Net Account Receivable, this statistic has begun to decline, ending the month at 52.6%. This rate is well down from the highest rate we had seen in over a year of 57.5% Days in Net Accounts Receivable in February. Patient balances that were just under $3,500,000 at the end of 2024 are now below $2,100,000, indicating our Business Office is working hard to clean up older accounts and improve billing processes.

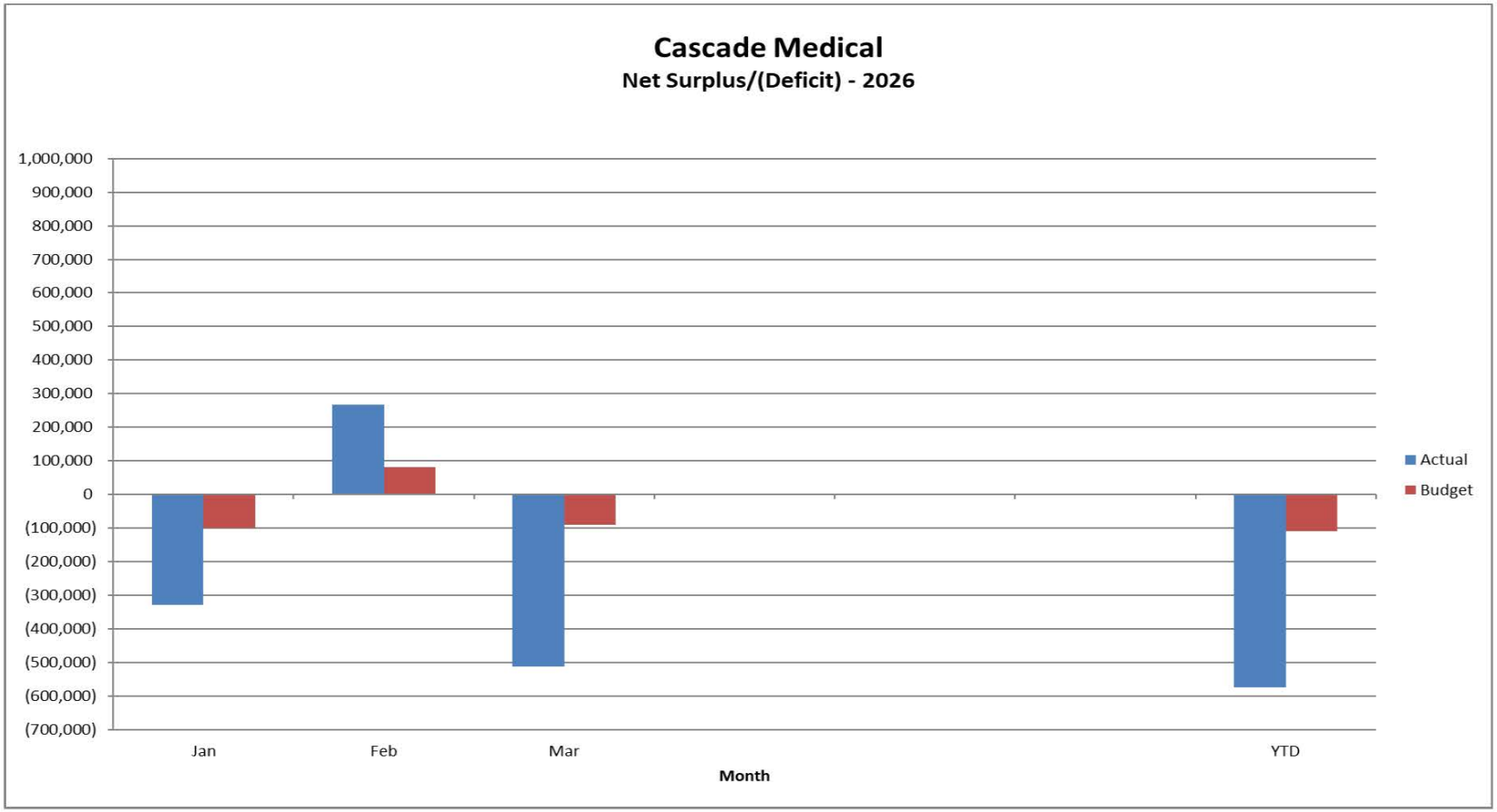
Contractual Allowance

The contractual allowance is at 43.2%, an increase from February.

Final comments and Upcoming

While our first quarter financial performance was not what we anticipated, the quarter came to an exciting close as we committed capital to the purchase of additional property to support anticipated growth in the coming years. Strong cash balances allowed us to move quickly on the purchase and we will be looking for ways to strengthen our reserves to help plan for the future.

We continued to work with our audit firm to work through details of our cost report and financial audit and anticipate that work to be done in time for presentation to the board in May. Work to transition our 340B program to a new third-party administrator is complete.


Cascade Medical
Net Surplus/(Deficit) - 2026
1,000,000
900,000
800,000
700,000
600,000
500,000
400,000
300,000
200,000
100,000
0
(100,000)
(200,000)
(300,000)
(400,000)
(500,000)
(600,000)
(700,000)
Jan
Feb
Mar
YTD
Month
Actual
Budget

# Cascade Medical Center
# Financial Performance Summary
# Year-to-Date - March, 2026

000's omitted

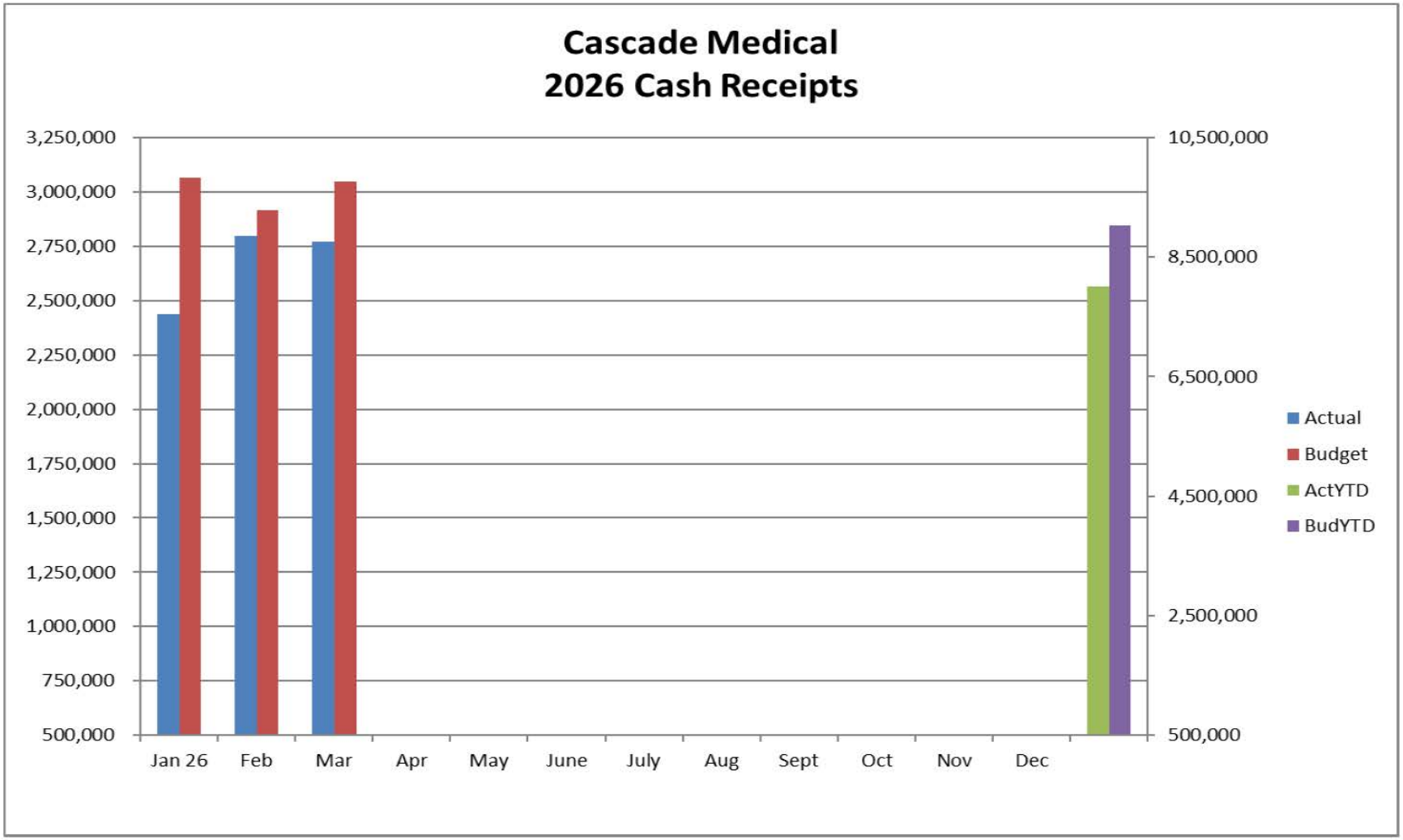
| | YTD March |
|---|---|
| **Net Margin** | |
| Actual | (575) |
| Budget | (110) |
| Better (Worse) than Budget | (465) |
| | |
| **Variance Analysis - favorable vs (unfavorable)** | |
| Gross Revenue - ED ($364); SwingBed ($300); CT ($295); Clinic ($152); PT $179 | (838) |
| Contractual Allowances | (2) |
| Net Patient Revenue | (840) |
| | |
| Other Operating Revenue - SNAP ($142); AZ Wells Trust ($33); 340B ($29) | (227) |
| Total Operating Revenue | (1,067) |
| | |
| Expenses | |
| Salaries & Benefits - ED Prov $132; Clinic Prov $91; Clinic $71; PT $32; ED $30 | 419 |
| Prof. Fees | 16 |
| Supplies - Amb $24; Lab $22; IT $18 | 86 |
| Purchased Services/Repairs | (15) |
| Other Operating Expenses - Depr $66 | 97 |
| Total Operating Expenses | 603 |
| | |
| Non-Operating Revenues & Expenses | (2) |
| | |
| Actuals Better/(worse) than Budget | (465) |

# Cascade Medical Center
## Statement of Revenues, Expenses and Net Income
For the Month Ending March 31, 2026

| | ----- Current Period ----- | | | ----- Year-to-Date ----- | | | |
|---|---|---|---|---|---|---|---|
| | Actual | Budget | Variance | Actual | Budget | Variance | Prior YTD |
| Operating revenues | | | | | | | |
| Net Patient Revenue | 2,270,903 | 2,760,432 | (489,530) | 7,205,191 | 8,044,919 | (839,728) | 7,264,287 |
| Grants, Contribs, Other Op Revenue | 89,601 | 140,113 | (50,512) | 269,361 | 496,339 | (226,978) | 247,154 |
| Tax Levies, unrestricted | 209,770 | 209,770 | - | 629,310 | 629,310 | - | 440,286 |
| Total Operating Revenue | 2,570,273 | 3,110,315 | (540,042) | 8,103,862 | 9,170,568 | (1,066,706) | 7,951,726 |
| Operating expenses | | | | | | | |
| Salaries & Benefits | 2,087,202 | 2,138,138 | 50,936 | 5,827,343 | 6,246,461 | 419,118 | 5,634,936 |
| Professional fees | 262,351 | 290,609 | 28,259 | 796,920 | 812,804 | 15,884 | 489,494 |
| Supplies | 117,027 | 179,069 | 62,042 | 433,559 | 519,588 | 86,029 | 456,930 |
| Purchased services | 227,675 | 218,164 | (9,511) | 614,616 | 599,622 | (14,994) | 533,807 |
| Depreciation | 161,798 | 183,485 | 21,687 | 484,713 | 550,455 | 65,742 | 558,717 |
| Other Operating Expenses | 318,771 | 284,013 | (34,758) | 799,280 | 830,769 | 31,489 | 705,218 |
| Total operating expenses | 3,174,823 | 3,293,478 | 118,655 | 8,956,431 | 9,559,699 | 603,268 | 8,379,102 |
| Operating gain / (loss) | (604,550) | (183,163) | (421,387) | (852,569) | (389,131) | (463,438) | (427,376) |
| Nonoperating revenues (expenses) | | | | | | | |
| Tax Levies, restricted | 115,132 | 115,132 | - | 345,396 | 345,396 | - | 341,754 |
| Interest expense on bonds | (21,191) | (21,191) | 0 | (63,572) | (63,573) | 1 | (69,973) |
| Other Non-Operating rev (exp) | (1,504) | (939) | (565) | (4,617) | (2,817) | (1,800) | (4,523) |
| Total nonoperating rev (exp), net | 92,437 | 93,002 | (565) | 277,207 | 279,006 | (1,799) | 267,259 |
| Net Income | (512,113) | (90,161) | (421,952) | (575,361) | (110,125) | (465,236) | (160,117) |

# Cascade Medical Center
## Statement of Revenues, Expenses and Net Income
For the Month Ending March 31, 2026

| | Current Period | | | Year-to-Date | | | |
|---|---|---|---|---|---|---|---|
| | Actual | Budget | Variance | Actual | Budget | Variance | Prior YTD |
| Operating revenues | | | | | | | |
| Gross Patient Revenue | 3,926,483 | 3,943,346 | (16,863) | 10,993,971 | 11,831,776 | (837,805) | 10,440,249 |
| less: | | | | | | | |
| Contractual Allowances | 1,588,467 | 977,860 | (610,607) | 3,389,922 | 3,171,603 | (218,319) | 2,779,183 |
| Reserve for Bad Debts | 124,427 | 145,904 | 21,477 | 394,001 | 437,777 | 43,776 | 311,401 |
| Reserve for Financial Assistance | (57,313) | 59,150 | 116,463 | 4,857 | 177,477 | 172,620 | 85,379 |
| Total Deductions from Revenue | 1,655,581 | 1,182,914 | (472,667) | 3,788,780 | 3,786,857 | (1,923) | 3,175,962 |
| Net Patient Revenue | 2,270,903 | 2,760,432 | (489,530) | 7,205,191 | 8,044,919 | (839,728) | 7,264,287 |
| Grants, Contributions | 5,548 | 35,000 | (29,452) | 15,999 | 39,000 | (23,001) | 6,660 |
| Other Operating Revenue | 84,053 | 105,113 | (21,060) | 253,363 | 457,339 | (203,976) | 240,494 |
| Tax Levies, unrestricted | 209,770 | 209,770 | - | 629,310 | 629,310 | - | 440,286 |
| Total Operating Revenue | 2,570,273 | 3,110,315 | (540,042) | 8,103,862 | 9,170,568 | (1,066,706) | 7,951,726 |
| Operating expenses | | | | | | | |
| Salaries and wages | 1,725,862 | 1,740,651 | 14,789 | 4,747,561 | 5,064,625 | 317,064 | 4,581,303 |
| Employee benefits | 361,339 | 397,487 | 36,148 | 1,079,782 | 1,181,836 | 102,055 | 1,053,634 |
| Professional fees | 262,351 | 290,609 | 28,259 | 796,920 | 812,804 | 15,884 | 489,494 |
| Supplies | 117,027 | 179,069 | 62,042 | 433,559 | 519,588 | 86,029 | 456,930 |
| Utilities | 40,542 | 26,283 | (14,259) | 88,722 | 80,044 | (8,678) | 72,096 |
| Repairs and maintenance | 11,272 | 19,419 | 8,147 | 47,792 | 58,257 | 10,465 | 59,684 |
| Purchased services | 216,403 | 198,745 | (17,658) | 566,824 | 541,365 | (25,459) | 474,123 |
| Continuing medical education | 5,795 | 2,875 | (2,920) | 9,645 | 8,625 | (1,020) | 2,247 |
| Other expenses | 65,306 | 28,805 | (36,501) | 82,995 | 87,496 | 4,501 | 34,734 |
| Dues and subscriptions | 114,104 | 116,406 | 2,303 | 335,865 | 345,883 | 10,018 | 291,612 |
| Travel / training / meetings | 23,722 | 29,626 | 5,904 | 70,513 | 67,778 | (2,735) | 104,965 |
| Leases and rentals | 25,536 | 28,101 | 2,565 | 75,900 | 84,322 | 8,422 | 55,004 |
| Depreciation | 161,798 | 183,485 | 21,687 | 484,713 | 550,455 | 65,742 | 558,717 |
| Licenses and taxes | 19,310 | 25,072 | 5,762 | 62,360 | 76,086 | 13,726 | 77,363 |
| Insurance | 23,131 | 25,626 | 2,495 | 69,303 | 76,878 | 7,575 | 63,220 |
| Interest | 1,326 | 1,219 | (107) | 3,978 | 3,657 | (321) | 3,978 |
| Total operating expenses | 3,174,823 | 3,293,478 | 118,655 | 8,956,431 | 9,559,699 | 603,268 | 8,379,102 |
| Operating gain / (loss) | (604,550) | (183,163) | (421,387) | (852,569) | (389,131) | (463,438) | (427,376) |
| Nonoperating revenues (expenses) | | | | | | | |
| Tax Levies, restricted | 115,132 | 115,132 | - | 345,396 | 345,396 | - | 341,754 |
| Interest expense on bond financing | (21,191) | (21,191) | 0 | (63,572) | (63,573) | 1 | (69,973) |
| Gain (loss) on disposal of equipment | | - | - | | - | - | - |
| Investment income | 266 | 830 | (565) | 691 | 2,490 | (1,799) | 785 |
| Net of bond premium/amortization | (1,769) | (1,769) | (0) | (5,308) | (5,307) | (1) | (5,308) |
| CARES Funds | - | - | - | - | - | - | - |
| PPP Loan Proceeds | - | - | - | - | - | - | - |
| Total nonoperating revenues (expenses), net | 92,437 | 93,002 | (565) | 277,207 | 279,006 | (1,799) | 267,259 |
| Net Income | (512,113) | (90,161) | (421,952) | (575,361) | (110,125) | (465,236) | (160,117) |


Cascade Medical
2026 Cash Receipts
3,250,000
3,000,000
2,750,000
2,500,000
2,250,000
2,000,000
1,750,000
1,500,000
1,250,000
1,000,000
750,000
500,000
10,500,000
8,500,000
6,500,000
4,500,000
2,500,000
500,000
Jan 26
Feb
Mar
Apr
May
June
July
Aug
Sept
Oct
Nov
Dec
Actual
Budget
ActYTD
BudYTD

Cascade Medical
Statistics Summary - 2026

| | YTD 2025 avg/mo | jan26 | feb | mar | 2026 Act mo | 2026 Bud mo | Act/Bud % var | 2026 Act YTD Tot | 2026 Act avg/mo | 2026 Bud YTD Tot | 2026 Bud avg/mo | Act/Bud % var |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Acute Care | 30 | 22 | 47 | 13 | 13 | 37 | -64.9% | 82 | 27 | 81 | 27 | 1.2% |
| Swing Bed | 98 | 79 | 79 | 100 | 100 | 122 | -18.0% | 258 | 86 | 354 | 118 | -27.1% |
| Laboratory tests | 3,155 | 3,159 | 3,170 | 3,608 | 3,608 | 3,020 | 19.5% | 9,937 | 3,312 | 9,088 | 3,029 | 9.3% |
| Radiology exams | 354 | 371 | 391 | 414 | 414 | 371 | 11.6% | 1,176 | 392 | 1,111 | 370 | 5.9% |
| CT scans | 126 | 138 | 114 | 138 | 138 | 137 | 0.5% | 390 | 130 | 414 | 138 | -5.8% |
| ED visits | 330 | 300 | 291 | 328 | 328 | 310 | 5.8% | 919 | 306 | 995 | 332 | -7.6% |
| Ambulance runs | 63 | 92 | 83 | 79 | 79 | 63 | 25.4% | 254 | 85 | 201 | 67 | 26.4% |
| Clinic visits | 1,200 | 1,244 | 1,100 | 1,362 | 1,362 | 1,311 | 3.9% | 3,706 | 1,235 | 3,802 | 1,267 | -2.5% |
| Rehab procedures | 2,333 | 2,783 | 2,604 | 2,675 | 2,675 | 2,303 | 16.1% | 8,062 | 2,687 | 6,599 | 2,200 | 22.2% |

## Patient Statistics

| | 2025 | 2026 | | | | | | | | | | | | 2026 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **Admits** | **YTD Mo Avg** | **Jan** | **Feb** | **March** | **April** | **May** | **June** | **July** | **Aug** | **Sept** | **Oct** | **Nov** | **Dec** | **YTD Mo Avg** |
| Acute Care | 5.7 | 9 | 8 | 2 | | | | | | | | | | 6.3 |
| Short Stay | 3.7 | 6 | 8 | 5 | | | | | | | | | | 6.3 |
| Swing Bed | 6.0 | 4 | 8 | 6 | | | | | | | | | | 6.0 |
| Respite Care | 0.7 | - | - | - | | | | | | | | | | 0.0 |
| ***Total Admits*** | 16.0 | 19 | 24 | 13 | | | | | | | | | | 18.7 |
| | | | | | | | | | | | | | | |
| **Patient Days** | | | | | | | | | | | | | | |
| Acute Care | 29.7 | 22 | 47 | 13 | | | | | | | | | | 27.3 |
| Short Stay | 5.8 | 7.3 | 9.4 | 5.4 | | | | | | | | | | 7.4 |
| Swing Bed | 97.3 | 79 | 79 | 100 | | | | | | | | | | 86.0 |
| Respite Care | 12.0 | - | - | - | | | | | | | | | | - |
| ***Total Patient Days*** | 144.8 | 108.3 | 135.4 | 118.4 | | | | | | | | | | 120.7 |
| | | | | | | | | | | | | | | |
| **Average Length of Stay** | 9.0 | | 5.6 | 9.1 | | | | | | | | | | 7.4 |
| **Average Patients per Day** | 4.8 | 3.5 | 4.8 | 3.8 | | | | | | | | | | 4.0 |
| | | | | | | | | | | | | | | |
| **Worked FTEs** | - | | | | | | | | | | | | | #DIV/0! |
| **FTEs (W/ Non-Working Pay*)** | - | | | | | | | | | | | | | #DIV/0! |
| | | | | | | | | | | | | | | |
| **Laboratory (tests)** | 3,155 | 3,159 | 3,170 | 3,608 | | | | | | | | | | 3,312 |
| **Radiology (tests)** | 308 | 308 | 321 | 340 | | | | | | | | | | 323 |
| **Mammography (tests)** | 34 | 18 | 33 | 31 | | | | | | | | | | 27 |
| **MRI** | - | 33 | 24 | 27 | | | | | | | | | | 28 |
| **Cardiac Diagnostics** | 106 | 105 | 96 | 128 | | | | | | | | | | 110 |
| **CT (Scans)** | 126 | 138 | 114 | 138 | | | | | | | | | | 130 |
| **DXA (Scans)** | 12 | 12 | 13 | 16 | | | | | | | | | | 14 |
| **PT (services billed)** | 1,884 | 2,190 | 2,044 | 2,144 | | | | | | | | | | 2,126 |
| **ER (visits/procedures)** | 330 | 300 | 291 | 328 | | | | | | | | | | 306 |
| **Ambulance (runs)** | 63 | 92 | 83 | 79 | | | | | | | | | | 85 |
| **Clinic (visits)** | 1,200 | 1,244 | 1,100 | 1,362 | | | | | | | | | | 1,235 |
| **Occupational Therapy** | 396 | 504 | 487 | 454 | | | | | | | | | | 482 |
| **Speech Therapy** | 20 | 51 | 52 | 59 | | | | | | | | | | 54 |
| **Cardiac Rehab** | 33 | 38 | 21 | 18 | | | | | | | | | | 26 |
| **Endoscopy Procedures** | 32 | 28 | 24 | 38 | | | | | | | | | | 30 |
| | | | | | | | | | | | | | | #DIV/0! |

| **REVENUE COMPARISON** | **2025** | **2026** | | | | | | | | | | | | **2026** |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | **YTD Mo Avg** | **Jan** | **Feb** | **March** | **April** | **May** | **June** | **July** | **Aug** | **Sept** | **Oct** | **Nov** | **Dec** | **YTD Mo Avg** |
| Acute Care | $ 102,146 | $ 67,260 | $ 205,320 | $ 42,480 | | | | | | | | | | $ 105,020 |
| Short Stay | 20,144 | 27,204 | 35,542 | 21,078 | | | | | | | | | | 27,941 |
| Respite Care | 6,050 | - | | - | | | | | | | | | | - |
| Swing Bed | 264,260 | 211,654 | 202,421 | 285,100 | | | | | | | | | | 233,058 |
| Central Supply | 29,142 | 26,152 | 33,889 | 36,969 | | | | | | | | | | 32,336 |
| Laboratory | 416,273 | 434,877 | 445,929 | 504,503 | | | | | | | | | | 461,770 |
| Cardiac Diagnostics | 32,417 | 28,752 | 29,782 | 39,378 | | | | | | | | | | 32,637 |
| CT | 493,625 | 476,317 | 417,842 | 485,429 | | | | | | | | | | 459,863 |
| Radiology | 197,319 | 173,549 | 203,078 | 213,423 | | | | | | | | | | 196,683 |
| Mammography | 23,679 | 19,093 | 25,947 | 22,751 | | | | | | | | | | 22,597 |
| MRI | - | 74,781 | 75,624 | 86,189 | | | | | | | | | | 78,865 |
| Pharmacy | 105,513 | 95,850 | 112,773 | 71,743 | | | | | | | | | | 93,455 |
| Respiratory Therapy | 63 | 1,287 | 1,292 | 1,089 | | | | | | | | | | 1,223 |
| Physical Therapy | 225,119 | 277,877 | 267,396 | 285,086 | | | | | | | | | | 276,786 |
| Emergency Room | 783,122 | 686,540 | 809,728 | 746,893 | | | | | | | | | | 747,720 |
| Ambulance | 230,029 | 277,650 | 328,327 | 331,506 | | | | | | | | | | 312,494 |
| Clinic | 335,490 | 207,513 | 373,691 | 488,718 | | | | | | | | | | 356,641 |
| Occupational Therapy | 54,213 | 70,788 | 70,659 | 61,973 | | | | | | | | | | 67,807 |
| Outpatient Diagnostic Svcs | 135,055 | 30,324 | 183,992 | 167,035 | | | | | | | | | | 127,117 |
| Speech/Contracted Svcs | 8,045 | 13,500 | 20,401 | 24,001 | | | | | | | | | | 19,301 |
| Cardiac Rehab | 7,742 | 9,462 | 5,229 | 4,482 | | | | | | | | | | 6,391 |
| Wound Care | 5,426 | (89) | | 398 | | | | | | | | | | 155 |
| Dietary/Contracted Svcs | 5,426 | 4,331 | 3,955 | 6,261 | | | | | | | | | | 4,849 |
| **Total Patient Revenue** | **$ 3,480,295** | **$ 3,214,672** | **$ 3,852,816** | **$ 3,926,483** | | | | | | | | | | $ 3,664,657 |

# Increase (Decrease) in Cash and Cash Equivalents

Cascade Medical Center

For the Month Ending March 31, 2026

| | Mar-26 | 2026 YTD | 2025 YTD |
|---|---|---|---|
| ***Cash flows from operating activities*** | | | |
| Receipts from and on behalf of patients | $ 2,681,066 | $ 7,486,927 | $ 6,650,312 |
| Other receipts | $ 39,424 | $ 350,483 | $ 128,869 |
| Payments to & on behalf of employees | $ (1,603,826) | $ (4,774,599) | $ (4,509,222) |
| Payments to suppliers and contractors | $ (1,375,678) | $ (3,537,239) | $ (2,920,241) |
| Net cash gained / (used) in operating activities | $ (259,014) | $ (474,428) | $ (650,282) |
| ***Cash flows from noncapital financing activities*** | | | |
| Taxation for maintenance and operations, EMS | $ 4,707 | $ 14,109 | $ 174,208 |
| Noncapital grants and contributions | $ 5,548 | $ 15,999 | $ 5,882 |
| Net cash provided by noncapital financing activities | $ 10,255 | $ 30,107 | $ 180,090 |
| ***Cash flows from capital and related financing activities*** | | | |
| Taxation for bond principal and interest | $ 630 | $ 3,518 | $ 51,291 |
| Purchase of capital assets | $ (340,122) | $ (557,799) | $ (141,507) |
| Payments toward construction in progress | $ - | $ - | $ (34,847) |
| Proceeds from disposal of capital assets | $ - | $ - | $ - |
| Proceeds from long-term debt | $ - | $ - | $ - |
| Principle & Interest paid on long-term debt | $ - | $ - | $ - |
| Bond maintenance & issuance costs | $ - | $ - | $ - |
| Capital grants and contributions | $ - | $ - | $ - |
| Net cash provided by capital and related financing activities | $ (339,493) | $ (554,281) | $ (125,063) |
| ***Cash flows from investing activities*** | | | |
| Investment Income | $ 38,870 | $ 136,956 | $ 155,143 |
| Net increase (decrease) in cash and cash equivalents | $ (549,382) | $ (861,646) | $ (440,111) |
| Cash and Cash equivalents, beginning of period | $ 17,259,024 | $ 17,571,288 | $ 16,244,722 |
| Cash and cash equivalents, end of period | $ 16,709,642 | $ 16,709,642 | $ 15,804,610 |

# Forecasted Statement of Cash Flows
## Cascade Medical Center
## For the year ending December 31, 2026

| | Actual January | Actual February | Actual March | Actual 1st Qtr | Forecast 2nd Qtr | Forecast 3rd Qtr | Forecast 4th Qtr | Actual/Forecast Year End 2026 | Budget 2026 |
|---|---|---|---|---|---|---|---|---|---|
| Cash balance, beginning of period | $ 17,571,288 | $ 17,000,569 | $ 17,259,024 | $ 17,571,288 | $ 16,709,642 | $ 17,987,337 | $ 17,609,309 | $ 17,571,288 | $ 20,310,484 |
| Cash available for operating needs | $ 17,352,680 | $ 16,781,601 | $ 17,034,818 | $ 17,352,680 | $ 16,483,508 | $ 17,222,601 | $ 16,809,708 | $ 17,352,680 | 20,117,679 |
| Cash restricted to debt service, other restricted funds | $ 218,608 | $ 218,968 | $ 224,206 | $ 218,608 | $ 226,134 | $ 764,736 | $ 799,601 | $ 218,608 | 192,805 |
| *Cash flows from operating activities* | | | | | | | | | |
| Receipts from and on behalf of patients | $ 2,333,510 | $ 2,472,350 | $ 2,681,066 | $ 7,486,926 | $ 7,844,914 | $ 8,617,440 | $ 8,441,244 | $ 32,390,524 | $ 33,083,305 |
| Grant receipts | $ 1,500 | $ 8,951 | $ 5,548 | $ 15,999 | $ 26,000 | $ 6,000 | $ 6,000 | $ 53,999 | $ 77,000 |
| Other receipts | $ 50,257 | $ 260,802 | $ 39,424 | $ 350,483 | $ 315,614 | $ 302,614 | $ 312,614 | $ 1,281,325 | $ 1,233,456 |
| Payments to or on behalf of employees | $ (1,579,647) | $ (1,591,127) | $ (1,603,826) | $ (4,774,599) | $ (5,709,199) | $ (6,619,526) | $ (5,651,664) | $ (22,754,988) | $ (24,685,273) |
| Payments to suppliers and contractors | $ (1,248,204) | $ (913,356) | $ (1,375,678) | $ (3,537,239) | $ (2,653,071) | $ (2,538,974) | $ (2,441,320) | $ (11,170,604) | $ (10,386,634) |
| Net cash provided by operating activities | $ (442,585) | $ 237,620 | $ (253,466) | $ (458,431) | $ (175,741) | $ (232,446) | $ 666,874 | $ (199,744) | $ (678,146) |
| *Cash flows from noncapital financing activities* | | | | | | | | | |
| Unencumbered M & O taxation | $ - | $ - | $ - | $ - | $ - | $ 4,067 | $ 284,899 | $ 288,966 | $ 288,966 |
| Taxation for Emergency Medical Services | $ 200 | $ 6,493 | $ 3,409 | $ 10,101 | $ 1,167,629 | $ 68,282 | $ 1,054,446 | $ 2,300,458 | $ 2,517,240 |
| Investment Income | $ 52,600 | $ 45,487 | $ 38,870 | $ 136,956 | $ 153,990 | $ 153,990 | $ 153,990 | $ 598,926 | $ 615,960 |
| Donations | $ - | $ - | | $ - | $ - | $ - | $ 90,000 | $ 90,000 | $ 90,000 |
| Net cash provided by noncapital financing activities | $ 52,800 | $ 51,979 | $ 42,278 | $ 147,058 | $ 1,321,619 | $ 226,339 | $ 1,583,335 | $ 3,278,351 | $ 3,512,166 |
| Proceeds from Long Term Debt | | | | $ - | $ - | $ - | $ - | $ - | $ - |
| Less Funds Expended for Capital Purchases | $ (181,294) | $ (36,382) | $ (340,122) | $ (557,799) | $ (406,785) | $ (406,785) | $ (406,785) | $ (1,778,154) | $ (1,627,140) |
| Increase/(decrease) in cash available for operations | $ (571,079) | $ 253,217 | $ (551,310) | $ (869,172) | $ 739,093 | $ (412,892) | $ 1,843,424 | $ 1,300,452 | $ 1,206,880 |
| **Cash available for operating needs** | **$ 16,781,601** | **$ 17,034,818** | **$ 16,483,508** | **$ 16,483,508** | **$ 17,222,601** | **$ 16,809,708** | **$ 18,653,132** | **$ 18,653,132** | **$ 21,324,559** |
| Taxation for bond prin & int (incl encumbd M&O) | $ 360 | $ 5,238 | $ 1,928 | $ 7,526 | $ 665,746 | $ 34,865 | $ 316,314 | $ 1,024,451 | $ 1,146,288 |
| Principle & Interest paid on long-term debt | | | | | $ (127,144) | $ - | $ (1,029,145) | $ (1,156,289) | $ (1,156,289) |
| Restricted grants and contributions | | | | $ - | $ - | $ - | $ - | $ - | |
| Increase/(decrease) in restricted cash | $ 360 | $ 5,238 | $ 1,928 | $ 7,526 | $ 538,602 | $ 34,865 | $ (712,831) | $ (131,838) | $ (10,001) |
| **Cash restricted to debt service, other restricted funds** | **$ 218,968** | **$ 224,206** | **$ 226,134** | **$ 226,134** | **$ 764,736** | **$ 799,601** | **$ 86,770** | **$ 86,770** | **$ 182,804** |
| **Cash balance, end of period** | **$ 17,000,569** | **$ 17,259,024** | **$ 16,709,642** | **$ 16,709,642** | **$ 17,987,337** | **$ 17,609,309** | **$ 18,739,902** | **$ 18,739,902** | **$ 21,507,363** |

# CASCADE MEDICAL CENTER

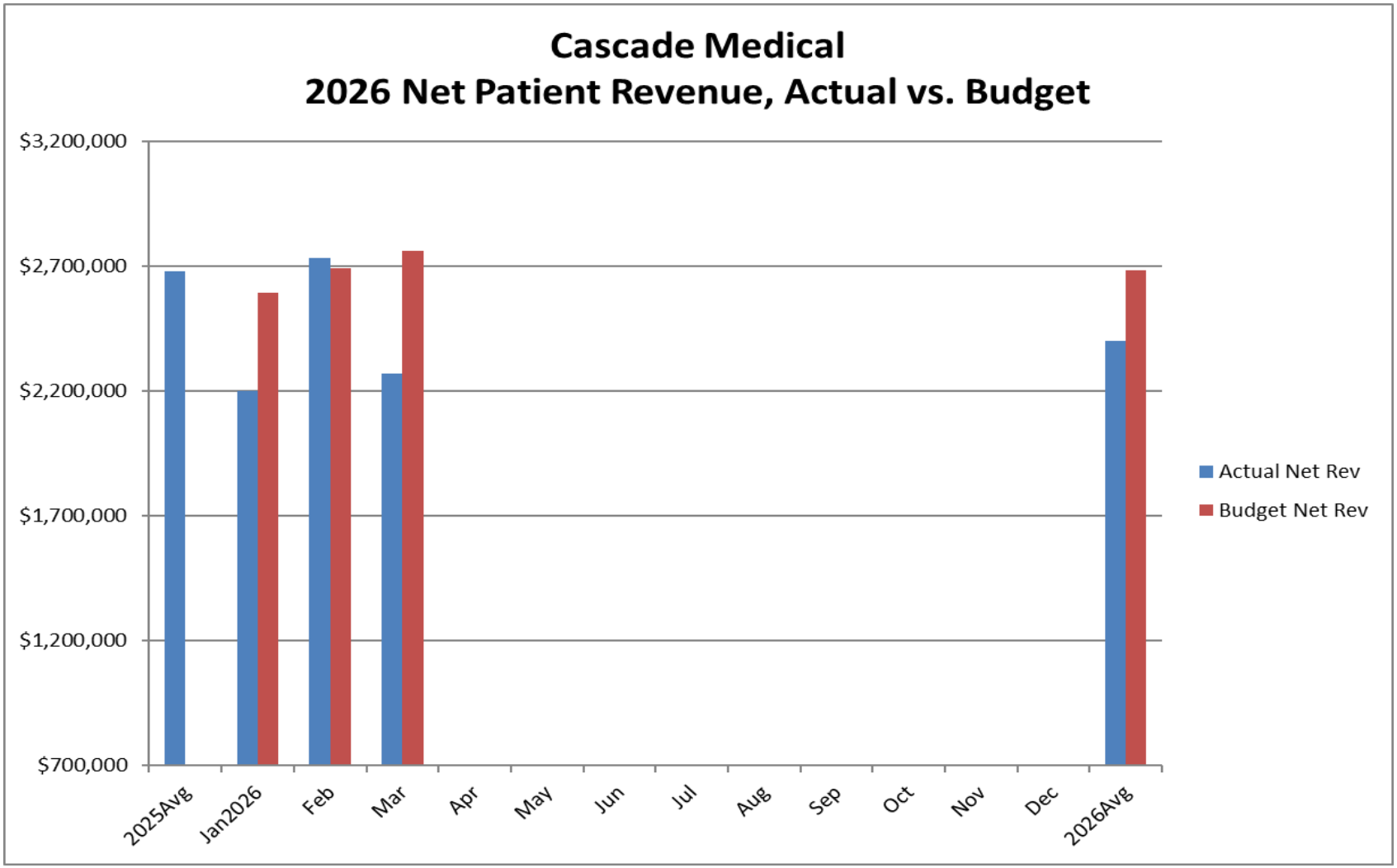
## EMERGENCY MEDICAL SERVICES - MARCH, 2026

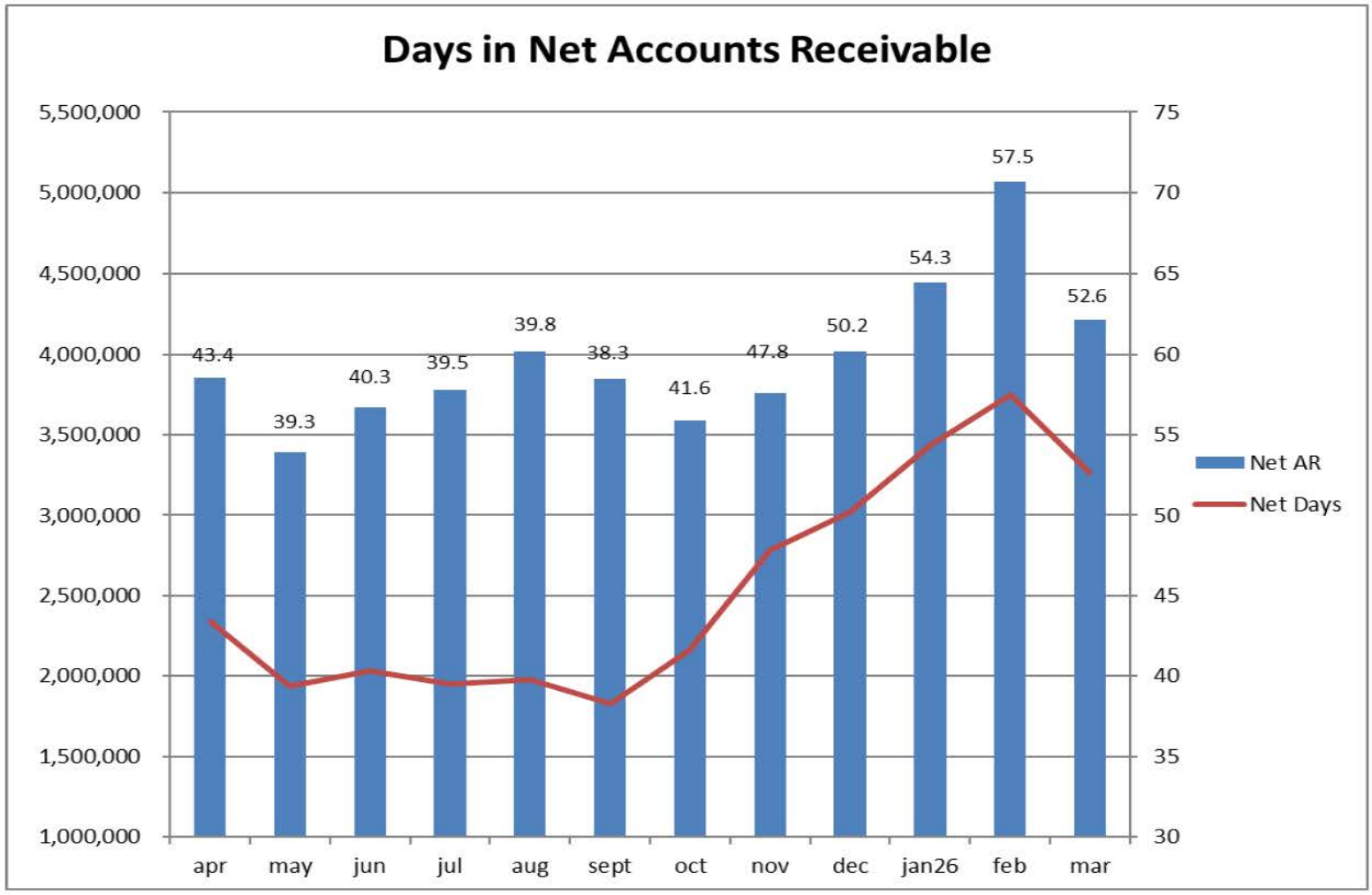
| REVENUE | EMERGENCY ROOM 3/31/2026 | EMERGENCY ROOM 3/31/2026 YTD | AMBULANCE 3/31/2026 | AMBULANCE 3/31/2026 YTD | COMBINED EMERGENCY MEDICAL SERVICES 3/31/2026 | COMBINED EMERGENCY MEDICAL SERVICES 3/31/2026 YTD | COMBINED EMERGENCY MEDICAL SERVICES 3/31/2025 YTD |
|---|---|---|---|---|---|---|---|
| **PATIENT REVENUE** | 746,893 | 2,243,161 | 331,506 | 937,482 | $1,078,398 | $3,180,642 | $3,039,452 |
| **DEDUCTIONS FROM REVENUE** | | | | | | | |
| **CONTRACTUAL ALLOWANCE, BAD DEBT & CHARITY CARE** | $434,542 | $1,305,071 | $177,587 | $502,209 | $612,130 | $1,807,280 | $1,736,540 |
| **NET PATIENT REVENUE** | **$312,350** | **$938,090** | **$153,918** | **$435,273** | **$466,268** | **$1,373,363** | **$1,302,912** |
| **OTHER OPERATING REVENUE** | $0 | $0 | - | - | $0 | $0 | |
| **TOTAL OPERATING REVENUE** | **$312,350** | **$938,090** | **$153,918** | **$435,273** | **$466,268** | **$1,373,363** | **$1,302,912** |
| **OPERATING EXPENSES** | | | | | | | |
| **SALARIES AND WAGES** | 176,358 | 497,510 | 168,220 | 473,278 | $344,579 | $970,788 | $1,093,889 |
| **EMPLOYEE BENEFITS** | 28,728 | 85,579 | 38,209 | 118,571 | $66,937 | $204,151 | $216,271 |
| **PROFESSIONAL FEES** | (1,535) | 30,014 | 1,400 | 1,400 | ($135) | $31,414 | $7,097 |
| **SUPPLIES** | 6,892 | 19,541 | 7,126 | 21,999 | $14,018 | $41,538 | $42,707 |
| **FUEL** | - | - | 2,603 | 7,702 | $2,603 | $7,702 | $5,545 |
| **REPAIRS AND MAINT.** | - | - | 6,647 | 12,231 | $6,647 | $12,231 | $21,048 |
| **PURCHASED SERVICES** | 3,954 | 9,486 | 17,304 | 55,265 | $21,257 | $64,752 | $65,530 |
| **CONTINUING MEDICAL EDUCATION** | 355 | 665 | 5,787 | 17,541 | $6,142 | $18,207 | $7,015 |
| **DUES** | 1,225 | 3,875 | 5,433 | 15,654 | $6,658 | $19,529 | $13,607 |
| **OTHER EXPENSES** | 336 | 1,173 | 920 | 2,601 | $1,256 | $3,774 | $3,526 |
| **LEASES / RENTALS** | 174 | 765 | 5,217 | 19,611 | $5,390 | $20,376 | $12,385 |
| **DEPRECIATION** | 2,581 | 7,742 | 19,934 | 59,803 | $22,515 | $67,544 | $85,233 |
| **TAXES AND LICENSES** | 888 | 888 | - | 390 | $888 | $1,278 | $177 |
| **INSURANCE** | 837 | 2,512 | 3,359 | 10,076 | $4,196 | $12,588 | $12,588 |
| **OVERHEAD COSTS** | 196,648 | 568,048 | 122,404 | 353,585 | $319,052 | $921,632 | $887,614 |
| **TOTAL OPERATING EXPENSES** | **$417,440** | **$1,227,798** | **$404,562** | **$1,169,706** | **$822,002** | **$2,397,503** | **$2,474,233** |
| **MARGIN ON OPERATIONS** | **($105,090)** | **($289,709)** | **($250,644)** | **($734,433)** | **($355,734)** | **($1,024,139)** | **($1,171,321)** |
| **TAX REVENUE** | | | | | **$209,770** | **$629,310** | **$440,286** |
| **NET MARGIN WITH TAX REVENUE** | | | | | **($145,964)** | **($394,829)** | **($731,035)** |
| **STATISTICS (ER - visits/procedures, AMB - billed runs) - 2026** | **328** | **919** | **79** | **254** | | | |
| **Total Ambulance Runs (includes unbillable runs)** | | | **114** | **359** | | | |
| **STATISTICS (ER - visits/procedures, AMB - billed runs) - 2025** | **309** | **990** | **55** | **188** | | | |
| **Total Ambulance Runs (includes unbillable runs)** | | | **73** | **278** | | | |

# Cascade Medical Center
## Balance Sheet
As of March, 2026 and December 31, 2025

| | Mar 2026 | Dec 2025 |
|---|---|---|
| ASSETS | | |
| Current Assets | | |
| Cash and Cash Equivalents | 1,219,483 | 1,252,061 |
| Savings Account | 14,392,057 | 15,762,050 |
| Patient Account Receivable | 7,415,657 | 7,063,319 |
| less: Reserves for Contractual Allowances | (3,203,310) | (3,045,615) |
| Inventories and Prepaid Expenses | 333,663 | 329,797 |
| Taxes Receivable - M&O Levy | 183,072 | 15,982 |
| - EMS Levy | 638,291 | 17,469 |
| Other Assets | 633,901 | 800,978 |
| Total Current Assets | 21,612,813 | 22,196,041 |
| | (0.4320) | |
| Assets Limited as to Use | | |
| Cash and Cash Equivalents | | |
| Funded Depreciation | 464,187 | 460,201 |
| CVB Memorial Fund | 1,275 | 1,275 |
| UTGO Bond Payable Fund | 83,923 | 80,405 |
| LTGO Bond Payable Fund | 106,579 | 106,579 |
| Investment Memorial Fund | 145,309 | 144,037 |
| Settlement Account | 190,337 | 188,645 |
| Paycheck Protection Loan Proceeds | - | - |
| Cash - EMS | 98,543 | 188,442 |
| | 1,090,153 | 1,169,585 |
| Taxes Receivable - Construction Bond Levy | 190,824 | 16,854 |
| Total Assets Limited as to Use | 1,280,977 | 1,186,438 |
| Property, Plant and Equipment | | |
| Land | 847,015 | 522,015 |
| Land Improvements | 1,485,893 | 1,485,893 |
| Buildings & Improvements | 10,944,297 | 10,915,993 |
| Fixed Equip - Hospital | 9,377,765 | 9,362,642 |
| Major Movable Equipment Hospital | 7,433,192 | 7,393,948 |
| Construction in Progress | 10,346 | 10,346 |
| Total Property, Plant and Equipment | 30,098,507 | 29,690,838 |
| Less: Accumulated Depreciation | (23,240,301) | (22,755,588) |
| | 6,858,206 | 6,935,250 |
| ROU Leases | | |
| ROU Leases | 214,816 | 214,816 |
| Less Accumulated Amortization | (144,523) | (144,523) |
| | 70,293 | 70,293 |
| Other Assets | | |
| Long Term Pension Assets | 472,138 | 472,138 |
| Deferred OPEB/Pension Costs | 1,097,906 | 1,097,906 |
| Deferred Bond Costs | 253,462 | 258,770 |
| TOTAL ASSETS | 31,645,796 | 32,216,837 |

| | Mar 2026 | Dec 2025 |
|---|---|---|
| LIABILITIES & FUND BALANCE | | |
| Current Liabilities | | |
| Accounts Payable | 318,729 | 502,319 |
| Accrued Payroll | 1,089,683 | 739,809 |
| Refunds Payable | (35) | - |
| Accrued PTO | 1,085,362 | 1,009,328 |
| Payroll Taxes & Benefits Payable | 69,294 | 76,604 |
| Accrued Interest Payable | 84,763 | 21,191 |
| Current Long Term Debt | 909,154 | 911,072 |
| Current OPEB Liability | 882,361 | 894,361 |
| Short Term Lease | 36,493 | 36,493 |
| ST Subscriptions | 13,039 | 13,039 |
| Settlement Payable | - | - |
| Total Current Liabilities | 4,488,843 | 4,204,215 |
| Long Term Liabilities | | |
| Notes Payable | 182,251 | 182,251 |
| Covid SHIP Funding | - | - |
| PPP Note Payable | - | - |
| CARES Act Funds Reserve | - | - |
| UTGO Bond Payable | 3,186,000 | 3,186,000 |
| LTGO Bond Payable | 3,745,000 | 3,745,000 |
| Deferred Revenue/Bond Premium | 70,864 | 72,267 |
| Long Term OPEB/Pension Liability | 2,616,404 | 2,616,404 |
| Long Term ROU Leases | 5,359 | 5,359 |
| Long Term Subscriptions | - | - |
| Total Long Term Liabilities | 9,805,878 | 9,807,281 |
| Total Liabilities | 14,294,721 | 14,011,496 |
| Fund Balance - Prior Years | 17,926,436 | 18,205,341 |
| Fund Balance - Current Year | (575,361) | - |
| Total Fund Balance | 17,351,075 | 18,205,341 |
| TOTAL LIABILITIES & FUND BALANCE | 31,645,796 | 32,216,837 |


Cascade Medical
2026 Net Patient Revenue, Actual vs. Budget
$3,200,000
$2,700,000
$2,200,000
$1,700,000
$1,200,000
$700,000
2025Avg
Jan2026
Feb
Mar
Apr
May
Jun
Jul
Aug
Sep
Oct
Nov
Dec
2026Avg
Actual Net Rev
Budget Net Rev


Days in Net Accounts Receivable
5,500,000
5,000,000
4,500,000
4,000,000
3,500,000
3,000,000
2,500,000
2,000,000
1,500,000
1,000,000
75
70
65
60
55
50
45
40
35
30
43.4
39.3
40.3
39.5
39.8
38.3
41.6
47.8
50.2
54.3
57.5
52.6
apr
may
jun
jul
aug
sept
oct
nov
dec
jan26
feb
mar
Net AR
Net Days

Cascade Medical
Accounts Receivable Trending Report - 2026

| Total Facility | Dec 2023 | Dec 2024 | Dec 2025 | Jan26 | Feb | March | April | May | June |
|---|---|---|---|---|---|---|---|---|---|
| 0 - 30 days | 2,851,120 | 3,276,645 | 2,986,673 | 2,977,085 | 3,345,229 | 2,996,523 | | | |
| 31-60 days | 839,394 | 668,472 | 1,012,199 | 1,494,782 | 1,782,594 | 1,300,232 | | | |
| 61-90 days | 451,019 | 594,276 | 632,753 | 729,955 | 626,164 | 1,074,994 | | | |
| 91-180 days | 1,005,422 | 1,383,758 | 1,248,551 | 1,217,314 | 1,192,147 | 1,006,541 | | | |
| over 180 days | 1,343,819 | 2,162,011 | 1,183,143 | 1,321,704 | 1,342,023 | 1,037,367 | | | |
| Total Balance | 6,490,775 | 8,085,162 | 7,063,319 | 7,740,840 | 8,288,157 | 7,415,657 | | | |
| Credit bals as % of AR | | | 2.8% | 2.3% | 2.8% | 3.0% | | | |
| % >90 w/o installs | | | | | | | | | |