



2026-08-27 REGULAR Meeting of the Board of Directors

Thursday, August 27, 2026, at 4:00 p.m.

Tahoe Forest Hospital - Eskridge Conference Room

10121 Pine Avenue, Truckee, CA 96161

Meeting Book - 2026-08-27 REGULAR Meeting of the Board of Directors

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Additionally responsible: Lisa Foust, CHRO		
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16.1. Amendment No. 1 to President & Chief Executive Officer (CEO) Employment Agreement		
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September 24, 2026 TFHD Board Meeting will be held at: Everline Resort & Spa Lake Tahoe, Granite Chief Event Room, 400 Resort Road, Olympic Valley, CA 96146 beginning at 4:00 p.m.		
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REGULAR MEETING OF THE BOARD OF DIRECTORS AGENDA

TO BE HELD ON
THURSDAY, AUGUST 27, 2026, AT 4:00 PM
TAHOE FOREST HOSPITAL – ESKRIDGE CONFERENCE ROOM,
10121 PINE AVENUE, TRUCKEE, CA 96161

If you would like to view the live meeting or speak on an agenda item, you can access the meeting remotely:

Please use this zoom link: <https://tfhd.zoom.us/j/81070388983>

Or join by phone:

If you prefer to use your phone, you may call in using the numbers listed:

(669) 900 6833 or (669) 444 9171

Meeting ID: 810 7038 8983

Public comment will also be accepted by email to sarah.jackson@tfhd.com or online at <https://www.tfhd.com/board-of-directors/board-meetings/#comment>. Please list the item number you wish to comment on and submit your written comments 24 hours prior to the start of the meeting.

Oral public comments will be subject to the **three-minute** time limitation (approximately 350 words). Written comments will be distributed to the board prior to the meeting but not read at the meeting.

1. **CALL TO ORDER**
2. **ROLL CALL**
3. **DELETIONS/CORRECTIONS TO THE POSTED AGENDA**
4. **INPUT – AUDIENCE**

This is an opportunity for members of the public to comment on any closed session item appearing before the Board on this agenda.

5. **CLOSED SESSION**

5.1. Conference with Labor Negotiator (Government Code § 54957.6)

Name of Agency Negotiator to Attend Closed Session: Michael McGarry

Unrepresented Employee: President & Chief Executive Officer

5.2. Hearing (Health & Safety Code § 32155) ♦

Subject Matter: FY 2026 Claims & Litigation Summary Report

Regular Meeting of the Board of Directors of Tahoe Forest Hospital District
August 27, 2026, AGENDA – Continued

5.3. Hearing (Health & Safety Code § 32155) ♦

Subject Matter: FY 2026 Patient Safety & Risk Summary Report

5.4. Hearing (Health & Safety Code § 54956.95) ♦

Claimant: Kimberly Anne Nunley

Claim Against: Tahoe Forest Hospital District

5.5. Report Involving Trade Secrets (Health & Safety Code § 32106)

Discussion will concern: Existing and potential new programs and service lines.

Estimated date of disclosure: January 2028

5.6. Approval of Closed Session Minutes ♦

5.6.1. 07/23/2026 Regular Meeting

5.7. TIMED ITEM – 5:30 PM - Hearing (Health & Safety Code § 32155) ♦

Subject Matter: Medical Staff Credentials

6. DINNER BREAK

7. (APPROXIMATELY 6 P.M.) OPEN SESSION – CALL TO ORDER

8. REPORT OF ACTIONS TAKEN IN CLOSED SESSION

9. DELETIONS/CORRECTIONS TO THE POSTED AGENDA

10. INPUT – AUDIENCE

This is an opportunity for members of the public to address the Board on items which are not on the agenda. Please state your name for the record. Comments are limited to three minutes. Written comments should be submitted to the Clerk of the Board 24 hours prior to the meeting to allow for distribution. Under Government Code Section 54954.2 – Brown Act, the Board cannot act on any item not on the agenda. The Board Chair may choose to acknowledge the comment or, where appropriate, briefly answer a question, refer the matter to staff, or set the item for discussion at a future meeting.

11. INPUT FROM EMPLOYEE ASSOCIATIONS

This is an opportunity for members of the Employee Associations to address the Board on items which are not on the agenda. Please state your name for the record. Comments are limited to three minutes.

12. PRESIDENT & CEO – MONTHLY HIGHLIGHTS

12.1. Monthly Highlights ATTACHMENT

President & CEO Anna M. Roth will provide an update highlighting key developments, initiatives, and recent activities impacting the District.

13. MEDICAL STAFF EXECUTIVE COMMITTEE ♦

13.1. Medical Executive Committee (MEC) Meeting Consent Agenda ♦ ATTACHMENT

MEC recommends the following for approval by the Board of Directors:

Privileges with Changes

13.1.1. Gastroenterology

Policies with Changes

13.1.2. Lab Services Policies

13.1.3. Care Coordination Policies

13.1.4. Nutrition Services Policies

Medical Staff Bylaws – Review with Changes

13.1.5. Medical Staff Bylaws

14. CONSENT CALENDAR ♦

These items are expected to be routine and non-controversial. They will be acted upon by the Board without discussion. Any Board Member, staff member or interested party may request an item to be removed from the Consent Calendar for discussion prior to voting on the Consent Calendar.

14.1. Approval of Meeting Minutes

14.1.1. 07/23/2026 Regular Meeting ATTACHMENT

14.2. Financial Reports

14.2.1. Financial Report – July 2026 ATTACHMENT

14.3. Board Reports

14.3.1. Executive Board Report – August 2026 ATTACHMENT

14.4. Approval of Revised Charter

14.4.1. TFHD Fiduciary Responsibility Charter..... ATTACHMENT

14.5. Approval of Policies

14.5.1. Compassionate Communication to Patients, ACMP-2601 ATTACHMENT

15. ITEMS FOR BOARD DISCUSSION

15.1. Primary Care Access Update ATTACHMENT

The Board of Directors will receive an update regarding Primary Care access.

15.2. Semi Annual Retirement Plan Update..... ATTACHMENT

The Board of Directors will receive a semi-annual retirement plan update from Multnomah Group.

15.3. Annual Investment Report ATTACHMENT

The Board of Directors will receive an annual investment report from Chandler Asset Management.

16. ITEMS FOR BOARD ACTION ♦

16.1. Amendment No. 1 to President & Chief Executive Officer (CEO) Employment Agreement ♦

The Board of Directors will review and consider approval of a First Amendment to the President & CEO Employment Agreement.

17. DISCUSSION OF CONSENT CALENDAR ITEMS PULLED, IF NECESSARY

18. BOARD COMMITTEE REPORTS

19. BOARD MEMBERS' REPORTS / CLOSING REMARKS

19.1. September 24, 2026 TFHD Board Meeting will be held at: Everline Resort & Spa Lake Tahoe, Granite Chief Event Room, 400 Resort Road, Olympic Valley, CA 96146 beginning at 4:00 p.m.

20. CLOSED SESSION CONTINUED, IF NECESSARY

21. OPEN SESSION

22. REPORT OF ACTIONS TAKEN IN CLOSED SESSION, IF NECESSARY

23. ADJOURN

Regular Meeting of the Board of Directors of Tahoe Forest Hospital District
August 27, 2026, AGENDA – Continued

AMR:smj

*Denotes material (or a portion thereof) will be distributed at a later date

Tahoe Forest Hospital District has enabled live captioning and live Spanish translation in Zoom. To turn on live captions (subtitles) follow these steps:

1. In your Zoom meeting, look at the bottom toolbar.

You will see one of the following buttons:

- Captions
- Show Captions
- CC / Live Transcript

2. Click the button and select:

- Show Captions

3. To turn On Spanish Translation (live interpreted captions)

- Click the small arrow (^) next to the Captions button.
- Toggle the Translation button to the “on” position.
- Select: Caption Language
- Choose: Spanish

ACCESSING PUBLIC MEETINGS

As a public service to the community, The Tahoe Forest Hospital District Board of Directors meetings are held in-person, and viewable through a live webcast on the District’s website at: <https://u.peg.tv/s/levfpc>

*The next regularly scheduled meeting of the Board of Directors of Tahoe Forest Hospital District is **September 24, 2026, 4:00 p.m. at Everline Resort & Spa Lake Tahoe, Granite Chief Event Room, 400 Resort Road, Olympic Valley, CA 96146.** A copy of the board meeting agenda is posted on the District’s web site (www.tfhd.com) at least 72 hours prior to the meeting or 24 hours prior to a Special Board Meeting. Materials related to an item on this Agenda submitted to the Board of Directors, or a majority of the Board, after distribution of the agenda are available for public inspection in the Administration Office, 10800 Donner Pass Rd, suite 200, Truckee, CA 96161, during normal business hours.*

*Denotes material (or a portion thereof) may be distributed later.

Note: It is the policy of Tahoe Forest Hospital District to not discriminate in admissions, provisions of services, hiring, training and employment practices on the basis of color, national origin, sex, religion, age or disability including AIDS and related conditions. Equal Opportunity Employer. The telephonic meeting location is accessible to people with disabilities. Every reasonable effort will be made to accommodate participation of the disabled in all of the District’s public meetings. If particular accommodations for the disabled are needed or a reasonable modification of the teleconference procedures are necessary (i.e., disability-related aids or other services), please contact the Clerk of the Board at (530) 582-3583 at least 24 hours in advance of the meeting.

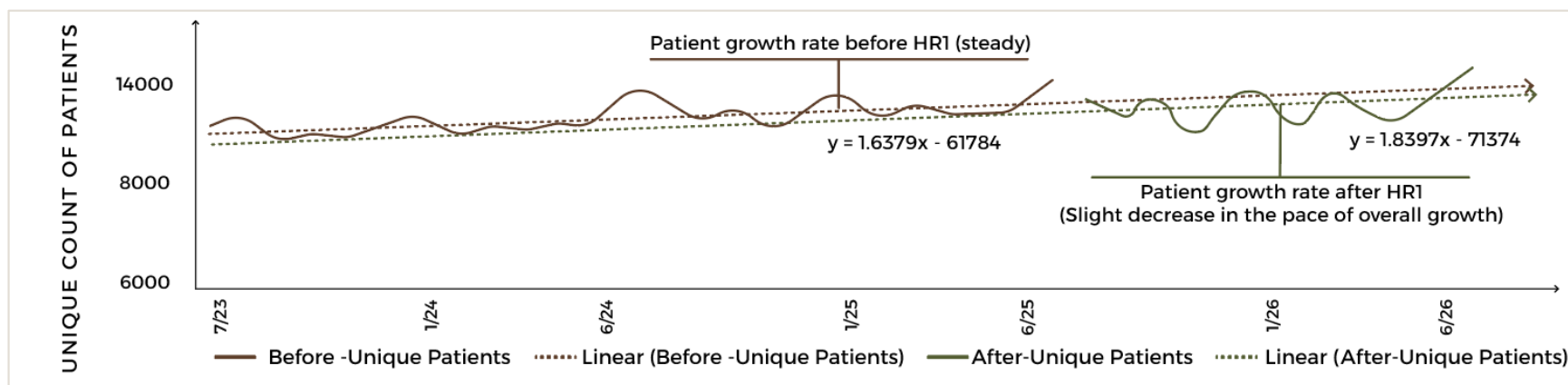
President and CEO Monthly Highlights

Anna M. Roth, RN, MSN, MPH
August 2026

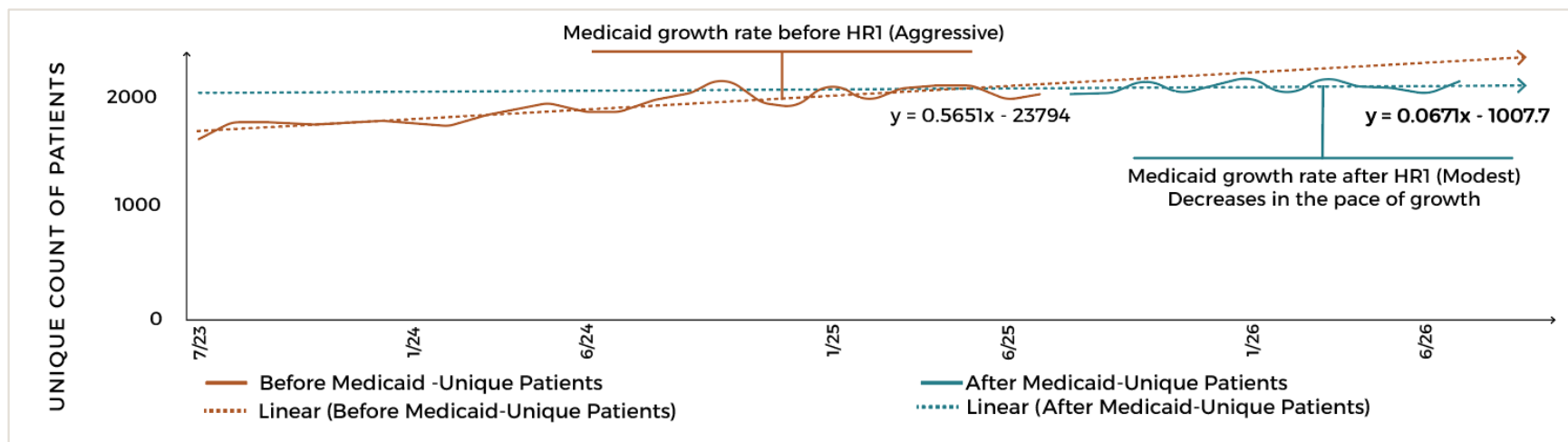


Tracking Medi-Cal/Medicaid

Unique Patients –
All Patient Growth



Unique Patients –
Medicaid Patient Growth



True North Work Underway



Access

North Shore Clinic opening this month, expanding Primary Care and Urgent Care capacity

Five additional Primary Care providers preparing to onboard

Full-time Pediatric Behavioral Health Therapist joined this month

Affordability

Lab Affordability Pilot launched Aug. 1



True North Work Underway



Community Guided

Nearly doubled pediatric substance-use screenings to support earlier intervention, strengthen preventive services

More than 220 student athletes received sports physicals

Incline Village Community Hospital

Joined American Heart Association's
Get With The Guidelines

Earned Geriatric Emergency Department
Bronze Accreditation



True North Work Underway



Governance

"Brainstorming" sessions completed with Board,
Medical Staff Leadership, Community Representatives

Beyond Possible

Interactive Poster Presentations will highlight innovative
work by community partners

Almost sold out!





AGENDA ITEM COVER SHEET

MEETING DATE: August 27, 2026	ITEM: Medical Executive Committee (MEC) Consent Agenda
DEPARTMENT: Medical Staff	TYPE OF AGENDA ITEM: ☐ Action ☒ Consent ☐ Discussion
RESPONSIBLE PARTY: Johanna Koch, MD, Chief of Staff	SUPPORTIVE DOCUMENT ATTACHED ☐ Agreement ☐ Presentation ☐ Resolution ☒ Other Privileges and Policies
BUDGET: ALLOCATED IN THE BUDGET ☐ Yes ☐ No ☒ N/A IS A BUDGET TRANSFER REQUIRED ☐ Yes ☐ No ☒ N/A	PERSONNEL ADDITIONAL PERSONNEL REQUIRED ☐ Yes ☐ No ☒ N/A
BACKGROUND: Respective Departments have reviewed Department Policies and Privileges, recommended approval to MEC. The MEC as reviewed the Privileges and Policies during the August 20, 2026 Medical Executive Committee meeting, the MEC reviewed and made the following open session consent agenda item recommendations to the Board of Directors for the August 27, 2026 Regular Meeting of the Board of Directors.	
SUMMARY/OBJECTIVES: <u>Privileges with Changes</u> - Gastroenterology <u>Policies with Changes</u> - Lab Services Policies - Care Coordination Policies - Nutrition Services Policies <u>Medical Staff Bylaws – Review with Changes</u> - Medical Staff Bylaws	
SUGGESTED DISCUSSION POINTS: Medical Executive Committee has reviewed the Department recommendations on privileges and policies. The committee makes the following open session recommendation for consent agenda to the Board of Directors. §485.635(a)(2) The policies are developed with the advice of members of the CAH's professional healthcare staff, including one or more doctors of medicine or osteopathy and one or more physician assistants, nurse practitioners, or clinical nurse specialists, if they are on staff under the provisions of §485.631(a)(1). - Procedures shall be approved by the Administration and Medical Staff where such is appropriate. - Medical Staff approval is required when direct patient care/clinical practice is addressed, including contract services for patients, prior to forwarding to the Medical Executive Committee and the Governing Board.	

For complete policy refer to: Policy & Procedure Structure and Approval, AGOV-9

SUGGESTED MOTION/ALTERNATIVES:

Move to approve the MEC consent agenda as presented.

Alternative: If a specific Policy, Procedure or Form is pulled from the MEC consent agenda, provide discussion under Item 16 on the Board Agenda. After discussion, request a motion to approve the pulled MEC item as presented.

LIST OF ATTACHMENTS:

Privileges with Changes

- Gastroenterology

Policies with Changes

- Lab Services Policies
- Care Coordination Policies
- Nutrition Services Policies

Medical Staff Bylaws – Review with Changes

- Medical Staff Bylaws

TAHOE FOREST HOSPITAL DISTRICT

Department of Medicine – Gastroenterology

Delineated Clinical Privilege Request

SPECIALTY: GASTROENTEROLOGY

NAME: _____
(Please print)

Check one or more:

- ☐ Tahoe Forest Hospital (TFH)
- ☐ Incline Village Community Hospital (IVCH)
- ☐ Multi-Specialty Clinics (Tahoe Forest Health System)

Check one: ☐ Initial ☐ Change in Privileges ☐ Renewal of Privileges

To be eligible to request these clinical privileges, the applicant must meet the following threshold criteria:

Core Education:	MD or DO
Minimum Formal Training:	Successful completion of an ACGME- or AOA-accredited fellowship in gastroenterology.
Board Certification:	Board qualification/certification required. Current ABIM Board Certification (or AOA equivalent Board); or attain Board Certification within five years of completion of training program. Maintenance of Board Certification required. <i>Failure to obtain board certification within the required timeframe, or failure to maintain board certification, will result in automatic termination of privileges (applies to all specialties).</i>
Required Experience: (required for new applicants)	Inpatient consultative services for at least 100 patients, reflective of the scope of privileges requested, during the past 12 months or successful completion of an ACGME or AOA accredited residency or clinical fellowship within the past 12 months.
Clinical Competency References: (required for new applicants)	Training director or appropriate department chair from another hospital where applicant has been affiliated within the past year; and two additional peer references who have recently worked with the applicant and directly observed his/her professional performance over a reasonable period of time and who will provide reliable information regarding current clinical competence, ethical character and ability to work with others. (At least one peer reference must be a general internist) Medical Staff Office will request information.
Proctoring Requirements:	See "Proctoring New Applicants" listed with procedures for specific proctoring requirements. Where applicable, additional proctoring, evaluation may be required if minimum number of cases cannot be documented.
Other:	- Current, unrestricted license to practice medicine in CA and/or NV - Malpractice insurance in the amount of \$1m/\$3m - Current, unrestricted DEA certificate in CA (approved for all drug schedules) and/or unrestricted Nevada State Board of Pharmacy Certificate and DEA to practice in NV - Use of Fluoroscopy Equipment: Current State of California Department of Health Services fluoroscopy certificate required. - Ability to participate in federally funded program (Medicare or Medicaid)

If you meet the threshold criteria above, you may request privileges as appropriate to your training and current competence.

TAHOE FOREST HOSPITAL DISTRICT

Department of Medicine – Gastroenterology

Delineated Clinical Privilege Request

Applicant: Place a check in the (R) column for each privilege **Requested**. Initial applicants must provide documentation of the number and types of hospital cases treated during the past 24 months. **Unless otherwise noted, privileges are available at both Hospitals and granting of privileges is contingent upon meeting all general, specific, and threshold criteria defined above.**

Recommending individual/committee must note: (A) = Recommend Approval as Requested. **NOTE:** If conditions or modifications are noted, the specific condition and reason for same must be stated on the last page.

REQUESTED	APPROVED	GENERAL PRIVILEGES - GASTROENTEROLOGY	Estimate # of procedures performed in the past 24 months	Setting	Proctoring	Reappointment Criteria
☐	☐	Gastroenterology Core privileges in gastroenterology include the ability to admit (including swing admissions, critical care unit per medical staff rules and regulations, and ECC long term care), evaluate, diagnose, treat, perform H&Ps, work up, consult, and provide non-surgical and surgical care to patients of all ages with diseases, injuries, and disorders of the digestive organs, including the stomach, bowels, liver, gallbladder, and related structures, such as the esophagus and pancreas, including the use of diagnostic and therapeutic procedures using endoscopes to see internal organs. Must include management of at least 50 hospital patients within the last two years. The core privileges in this specialty include the following procedures and such other procedures that are extensions of the same techniques and skills: • Argon plasma coagulation • Biliary tube/stent placement • Biopsy of the mucosa of the esophagus, stomach, small bowel, and colon • Bougie Dilation • Breath test performance and interpretation • Capsule endoscopy • Colonoscopy, with or without biopsy and with or without polypectomy • Diagnostic and therapeutic esophagogastroduodenoscopy • Endoscopic mucosal resection • EGD – with biopsy, hemorrhage control, • ERCP – with sphincterotomy, stent placement, nasobiliary drain placement, stone extraction, lithotripsy, or biopsy • Enteral and parenteral alimentation • Esophageal dilation • Esophageal as well as duodenal stent placement • Esophagogastroduodenoscopy, including foreign body removal, stent placement, or polypectomy • Flexible sigmoidoscopy (with/without biopsy)/rigid sigmoidoscopy/anoscopy • Foreign body removal, sclerotherapy and banding of upper GI varices • GI motility studies and 24-hour pH monitoring • Interpretation of gastric, pancreatic, and biliary secretory tests • Nonvariceal hemostasis (upper and lower) • Percutaneous endoscopic gastrostomy • Percutaneous Liver biopsy • Proctoscopy • Proctosigmoidoscopy • Sengstaken/Minnesota tube intubation • Snare polypectomy • Ultrasound, including endoscopic ultrasound and fine-needle aspiration	_____	Inpatient Outpt	1 st case proctored and 4 add'l cases representative cases proctored	50 cases/2 years

TAHOE FOREST HOSPITAL DISTRICT

Department of Medicine – Gastroenterology

Delineated Clinical Privilege Request

		Variceal hemostasis (upper and lower) Completion of ACGME/AOA accredited residency program in gastroenterology (and Board certified within 5 years of completion of training.)				
		SPECIAL NONCORE PRIVILEGES IN GASTROENTEROLOGY If desired, noncore privileges are requested individually in addition to requesting the core. Each individual requesting noncore privileges must meet the specific threshold criteria governing the exercise of the privilege requested, including training, required previous experience, and maintenance of clinical competence. Noncore privileges include:				
☐	☐	Fluoroscopy Current Department of Health Services fluoroscopy certificate (required in CA only)	_____		None	Maintain current certificate (CA only)
☐	☐	Intravenous Procedural Sedation	N/A		Successfully complete test	Maintain privileges requiring the procedure
☐	☐	Propofol (Limited to the ED and ICU) The physician must complete the additional credentialing requirements for the use of Propofol.	Emergency Department & ICU	TFH Only	Successfully complete test	Successfully Complete test
		ADDITIONAL PRIVILEGES: A request for any additional privileges not included on this form must be submitted to the Medical Staff Office and will be forwarded to the appropriate review committee to determine the need for development of specific criteria, personnel & equipment requirements.				
		EMERGENCY: In the case of an emergency, an individual who has been granted clinical privileges is permitted to do everything possible within the scope of license, to save a patient's life or to save a patient from serious harm, regardless of staff status or privileges granted.				

I certify that I meet the minimum threshold criteria to request the above privileges and have provided documentation to support my eligibility to request each group of procedures requested. I understand that in making this request I am bound by the applicable bylaws and/or policies of the hospital and medical staff.

Date

Department Chair Signature

Modifications or Other Comments: _____

Medical Executive Committee: _____ (date of Committee review/recommendation)

☐ Privileges as requested

☐ Privileges with modifications (see modifications below)

☐ Do not recommend (explain)

Board of Directors: _____ (date of Board review/recommendation)

☐ Privileges as requested

☐ Privileges with modifications (see modifications below)

☐ Do not recommend (explain)

TAHOE FOREST HOSPITAL DISTRICT
Department of Medicine – Gastroenterology
Delineated Clinical Privilege Request

Modifications or Other Comments:

Privilege Approval Dates
Department Review:
Medical Executive Committee:
Board of Directors:

Title	Department	Last Approved	Next Review	Summary of Changes
ALB SHP-0030S-Clinical Laboratory Specimen Transport and Courier Service	Lab Services - ALB	7/20/2026	7/20/2027	Update Attachment and name
ALB-CHM-0100S Dxc500I And Dxc500 Au Quality Control	Lab Services - ALB	5/18/2026	5/18/2027	corrected typo
ALB-CHM-0200S, Defined Water Types and Deionized Water Quality Control	Lab Services - ALB	6/8/2026	6/8/2027	New nomenclature Previouslt named: CHM-0080S Deionized Water Quality Control; updated Beckman 500 and Architect requirements, restructured to meet CAP requirements; updated references. Corrected title typo.
ALB-CHM-0300S, LDL, Coronary Risk Calculation	Lab Services - ALB	6/8/2026	6/8/2027	Added name of LDL calculation, Friedewald Equation; Renamed from CHM-0160S LDL, Coronary Risk Calculation, clarified how LIS received calculation from DI, and downtime analyzer calculation. Edit to LDL calculation. Added Friedewald Equation name
ALB-CHM-0400T, Lipemia Clearing Using Centrifugation	Lab Services - ALB	6/8/2026	6/8/2027	Revised Risk statement, renamed from CHM-0160T Lipemia Clearing Using Centrifugation, and moved to DXC 500 (CHM) SOP binder (Quality section), formatting updates
ALB-CHM-1110S, Emit® tox™ Acetaminophen	Lab Services - ALB	5/18/2026	5/18/2027	NEW SOP, added specimen stability. Revised MSDS section. See Sample Handling & Processing (SHP) Manual for specimen labeling, identification, and acceptance criteria. Refer to ALB-CHM-0100S Dxc500I And Dxc500 Au Quality Control
ALB-CHM-1120S, Albumin	Lab Services - ALB	5/18/2026	5/18/2027	New Policy Review, Corrected MSDS section, result section, Added IFU link, updated QC section
ALB-CHM-1130S, Alkaline Phosphatase (ALP)	Lab Services - ALB	5/18/2026	5/18/2027	New Policy Review, Corrected MSDS section, result section, Added IFU link, updated QC section
ALB-CHM-1140S, Alanine Aminotransferase (ALT)	Lab Services - ALB	5/18/2026	5/18/2027	New Policy Review, Corrected MSDS section, result section, Added IFU link, updated QC section

Title	Department	Last Approved	Next Review	Summary of Changes
ALB-CHM-1150S, Ammonia Ultra	Lab Services - ALB	6/1/2026	6/1/2027	New reagent, updated reportable range and MSDS documents. New Policy Review, Corrected MSDS section, result section, Added IFU link, updated QC section.
ALB-CHM-1160S, Amylase	Lab Services - ALB	5/18/2026	5/18/2027	New Policy Review, Corrected MSDS section, result section, Added IFU link, updated QC section
ALB-CHM-1170S, Aspartate Aminotransferase (AST)	Lab Services - ALB	5/18/2026	5/18/2027	New Policy Review, Corrected MSDS section, result section, Added IFU link, updated QC section
ALB-CHM-1180T, Beta-Hydroxybutyrate by Vidan	Lab Services - ALB	6/8/2026	6/8/2027	New Policy Review, Corrected MSDS section, result section, Added IFU link, updated QC section. Updated reportable range. New Policy
ALB-CHM-1190S, Bicarbonate (CO2)	Lab Services - ALB	5/18/2026	5/18/2027	New Policy Review, Corrected MSDS section, result section, Added IFU link, updated QC section
ALB-CHM-1200S, Urea Nitrogen (BUN)	Lab Services - ALB	5/18/2026	5/18/2027	New Policy Review, Corrected MSDS section, result section, Added IFU link, updated QC section
ALB-CHM-1210S, Calcium (Arsenazo)	Lab Services - ALB	5/18/2026	5/18/2027	New Policy Review, Corrected MSDS section, result section, Added IFU link, updated QC section. New Policy Review, Corrected MSDS section, result section, Added IFU link, updated QC section
ALB-CHM-1220S, Cholesterol	Lab Services - ALB	5/18/2026	5/18/2027	New Policy Review, Corrected MSDS section, result section, Added IFU link, updated QC section
ALB-CHM-1230T, CRP Latex (Normal and Cardiac High Sensitivity)	Lab Services - ALB	6/29/2026	6/29/2027	New Policy Review, Corrected MSDS section, result section, Added IFU link, updated QC section Combined Normal and highly sensitive CRP applications in one SOP. For CRP normal, Manual Dilution only, removed onboard dilution, corrected Reportable Range. formatting
ALB-CHM-1240S, Creatine Kinase	Lab Services - ALB	5/18/2026	5/18/2027	New Policy Review, Corrected MSDS section, result section, Added IFU link, updated QC section

Title	Department	Last Approved	Next Review	Summary of Changes
ALB-CHM-1260S, Creatinine (Serum/Urine)	Lab Services - ALB	5/18/2026	5/18/2027	New Policy Review, Corrected MSDS section, result section, Added IFU link, updated QC section, added additional AMR and reportable range for Urine Crea
ALB-CHM-1270T, Emit® 2000 Digoxin	Lab Services - ALB	5/18/2026	5/18/2027	New Policy Review, Corrected MSDS section, result section, Added IFU link, updated QC section
ALB-CHM-1280S, Direct Bilirubin	Lab Services - ALB	5/18/2026	5/18/2027	New Policy Review, Corrected MSDS section, result section, Added IFU link, updated QC section
ALB-CHM-1290S, Ethyl Alcohol (Ethanol)	Lab Services - ALB	5/18/2026	5/18/2027	New Policy Review, Corrected MSDS section, result section, Added IFU link, updated QC section, clarified mg/dL and %w/v
ALB-CHM-1300T, Gamma-Glutamyltransferase (GGT)	Lab Services - ALB	5/18/2026	5/18/2027	New Policy Review, Corrected MSDS section, result section, Added IFU link, updated QC section
ALB-CHM-1310S, Glucose (Serum/CSF)	Lab Services - ALB	6/29/2026	6/29/2027	New Policy Review, Corrected MSDS section, result section, Added IFU link, updated QC section, clarified CSF specimen acceptability. Manual Dilution with Factor of 2 only, removed onboard dilution, corrected Reportable Range. added panic value for newborns. AMR CSF made to match Serum AMR
ALB-CHM-1330S, HDL-Cholesterol	Lab Services - ALB	5/18/2026	5/18/2027	New Policy Review, Corrected MSDS section, result section, Added IFU link, updated QC section
ALB-CHM-1340S, Inorganic Phosphorous	Lab Services - ALB	5/18/2026	5/18/2027	New Policy Review, Corrected MSDS section, result section, Added IFU link, updated QC section
ALB-CHM-1350S, ISE (Na+, K+, Cl-)	Lab Services - ALB	5/18/2026	5/18/2027	New Policy Review, Corrected MSDS section, result section, Added IFU link, updated QC section
ALB-CHM-1360T, Iron	Lab Services - ALB	5/18/2026	5/18/2027	New Policy Review, Corrected MSDS section, result section, Added IFU link, updated QC section
ALB-CHM-1370T, Lactate Dehydrogenase (LDH)	Lab Services - ALB	5/18/2026	5/18/2027	New Policy Review, Corrected MSDS section, result section, Added IFU link, updated QC section

Title	Department	Last Approved	Next Review	Summary of Changes
ALB-CHM-1390S, Lipase	Lab Services - ALB	5/18/2026	5/18/2027	New Policy Review, Corrected MSDS section, result section, Added IFU link, updated QC section
ALB-CHM-1400T, Lithium	Lab Services - ALB	5/18/2026	5/18/2027	New Policy Review, Corrected MSDS section, result section, Added IFU link, updated QC section
ALB-CHM-1410S, Magnesium	Lab Services - ALB	5/18/2026	5/18/2027	New Policy Review, Corrected MSDS section, result section, Added IFU link, updated QC section
ALB-CHM-1420S, Emit® toxTM Salicylic Acid Assay	Lab Services - ALB	5/18/2026	5/18/2027	New Policy Review, Corrected MSDS section, result section, Added IFU link, updated QC section
ALB-CHM-1430S, Total Bilirubin	Lab Services - ALB	5/18/2026	5/18/2027	New Policy Review, Corrected MSDS section, result section, Added IFU link, updated QC section
ALB-CHM-1440S, Total Protein	Lab Services - ALB	5/18/2026	5/18/2027	New Policy Review, Corrected MSDS section, result section, Added IFU link, updated QC section
ALB-CHM-1450T, Transferrin	Lab Services - ALB	5/18/2026	5/18/2027	New Policy Review, Corrected MSDS section, result section, Added IFU link, updated QC section
ALB-CHM-1460S, Triglyceride	Lab Services - ALB	5/18/2026	5/18/2027	New Policy Review, Corrected MSDS section, result section, Added IFU link, updated QC section
ALB-CHM-1470S, Uric Acid	Lab Services - ALB	5/18/2026	5/18/2027	New Policy Review, Corrected MSDS section, result section, Added IFU link, updated QC section
ALB-CHM-1480T, Urine Albumin (Micro Albumin)	Lab Services - ALB	5/18/2026	5/18/2027	New Policy Review, Corrected MSDS section, result section, Added IFU link, updated QC section
ALB-CHM-1490T, Urinary & CSF Protein	Lab Services - ALB	5/18/2026	5/18/2027	New Policy Review, Corrected MSDS section, result section, Added IFU link, updated QC section
ALB-CHM-1500T, Emit® 2000 Valproic Acid	Lab Services - ALB	5/18/2026	5/18/2027	New Policy Review, Corrected MSDS section, result section, Added IFU link, updated QC section
ALB-CHM-1510T, Emit® 2000 Vancomycin	Lab Services - ALB	5/18/2026	5/18/2027	New Policy Review, Corrected MSDS section, result section, Added IFU link, updated QC section
ALB-CHM-2150T, Beta-hCG	Lab Services - ALB	6/1/2026	6/1/2027	New Policy Review, Corrected MSDS section, result section, Added IFU link, updated QC section

Title	Department	Last Approved	Next Review	Summary of Changes
ALB-CHM-2207T, Free T4 II	Lab Services - ALB	6/8/2026	6/8/2027	New Policy Review, Corrected MSDS section, result section, Added IFU link, updated QC. updated information and part numbers for FT4II
ALB-CHM-2230T, Ferritin	Lab Services - ALB	5/18/2026	5/18/2027	New Policy Review, Corrected MSDS section, result section, Added IFU link, updated QC section
ALB-CHM-2260T, Free T3	Lab Services - ALB	5/18/2026	5/18/2027	0.9–30.0 pg/mL
ALB-CHM-2315T, Parathyroid Hormone, Intact (iPTH)	Lab Services - ALB	6/1/2026	6/1/2027	New Policy Review, Corrected MSDS section, result section, Added IFU link, updated QC section
ALB-CHM-2330T, Total T4 II	Lab Services - ALB	5/18/2026	5/18/2027	New Policy Review, Corrected MSDS section, result section, Added IFU link, updated QC section
ALB-CHM-2360T, TSH (3rd IS)	Lab Services - ALB	5/18/2026	5/18/2027	New Policy Review, Corrected MSDS section, result section, Added IFU link, updated QC section
ALB-CHM-2380T, Total 25(OH) Vitamin D	Lab Services - ALB	6/8/2026	6/8/2027	New Instrument/New Policy
ALB-CHM-2390T, High Sensitivity Troponin, Tnlhs	Lab Services - ALB	5/18/2026	5/18/2027	New Policy Review, Corrected MSDS section, result section, Added IFU link, updated QC section
ALB-CHM-3000T, ABL 90 Flex Plus Analyzer: Blood Gas, Oximetry, Ionized Calcium, and Lactic Acid	Lab Services - ALB	4/6/2026	4/6/2027	Updated specimen stability table, reviewed SOP and panic values
ALB-CHM-3100T, Osmolality	Lab Services - ALB	6/8/2026	6/8/2027	renamed from CHM-0170T Osmolality, retiring general chm notebook combining blood gas and osmo in one policy binder, added supplemental attachments
ALB-CHM-4000T Anti-HCV	Lab Services - ALB	2/2/2026	2/2/2027	Reviewed uploaded policy, provided QC out of range troubleshooting suggestions.
ALB-CHM-4010T Hepatitis B Surface Antibody (AUSAB)	Lab Services - ALB	2/2/2026	2/2/2027	Reviewed uploaded policy, provided QC out of range troubleshooting suggestions.
ALB-CHM-4020T Brain Natriuretic Peptide (BNP)	Lab Services - ALB	2/2/2026	2/2/2027	Reviewed uploaded policy, provided QC out of range troubleshooting suggestions. Fixed typo
ALB-CHM-4030T Hepatitis B core Antibody, HBcAb (CORE)	Lab Services - ALB	2/2/2026	2/2/2027	Reviewed uploaded policy, provided QC out of range troubleshooting suggestions

Title	Department	Last Approved	Next Review	Summary of Changes
ALB-CHM-4050T Hepatitis A IgM Antibody (HAVAB-M)	Lab Services - ALB	2/2/2026	2/2/2027	Reviewed uploaded policy, provided QC out of range troubleshooting suggestions.
ALB-CHM-4060T Hepatitis B surface Antigen, Qualitative (HBsAg)	Lab Services - ALB	2/2/2026	2/2/2027	Reviewed uploaded policy, provided QC out of range troubleshooting suggestions, clarified why TFH does not report positive HbsAg results from the Architect.
ALB-CHM-4070T HIV Ag/Ab Combo (4th Generation)	Lab Services - ALB	2/2/2026	2/2/2027	Reviewed uploaded policy, provided QC out of range troubleshooting suggestions. Added safety disposal
ALB-CHM-4080T Procalcitonin (PCT)	Lab Services - ALB	2/2/2026	2/2/2027	Reviewed uploaded policy, provided QC out of range troubleshooting suggestions
ALB-CHM-5100I, ISTAT Blood Gases NA K	Lab Services - ALB	6/8/2026	6/8/2027	No changes
ALB-CHM-5200I, Triage BNP	Lab Services - ALB	6/8/2026	6/8/2027	No changes
ALB-CHM-5300I, Triage Troponin	Lab Services - ALB	6/8/2026	6/8/2027	No changes
ALB-HEM-1100S, Sysmex XN Series Operating Procedure	Lab Services - ALB	4/27/2026	4/27/2027	removed redundancies, Added QC Review, Changed Numbering, removed calibration details because there is a specific policy
ALB-HEM-1200S New Sysmex XN Control Set-up	Lab Services - ALB	4/27/2026	4/27/2027	Reviewed SOP, renumbered, removed QC review--redundant information in HEM-1100S Sysmex XN Series Operating Procedure
ALB-HEM-1300S, Sysmex XN Series Calibration	Lab Services - ALB	4/27/2026	4/27/2027	No changes
ALB-HEM-1400S, Sysmex XN Series Flagging	Lab Services - ALB	4/27/2026	4/27/2027	Renamed, removed redundancies provided in other policies.
ALB-HEM-1500S, Correction for Platelet Clumping in EDTA	Lab Services - ALB	4/27/2026	4/27/2027	No changes
ALB-HEM-1600S, Hemoglobin Correction for Plasma Lipids	Lab Services - ALB	4/27/2026	4/27/2027	No changes
ALB-HEM-1700S, Correcting for Cold-Agglutinins Using Automated Cell Counter	Lab Services - ALB	4/27/2026	4/27/2027	No changes

Title	Department	Last Approved	Next Review	Summary of Changes
ALB-HEM-1800S, Manual Slide Review and Differential	Lab Services - ALB	4/27/2026	4/27/2027	Changed numbering nomenclature, added tip sheet for PBS's
ALB-HEM-2100T, Sysmex XN-2000 Automated Body Fluid Cell Counts	Lab Services - ALB	4/27/2026	4/27/2027	Renumbered, removed redundancies, moved QC instructions to Procedure instructions.
ALB-HEM-2200S, Manual Body Fluid Cell Counts	Lab Services - ALB	5/4/2026	5/4/2027	Renumbered, reviewed, made into a shared procedure for TFH and IVCH
ALB-HEM-2300S, Cytocentrifuge (Cytofuge) and Slide Review	Lab Services - ALB	5/4/2026	5/4/2027	Made Procedural Clarifications including optimal volumes, renumbered, removed redundancies
ALB-HEM-2400T, Synovial Fluid for Crystals	Lab Services - ALB	5/4/2026	5/4/2027	SOP numbering change, Specimen requirement formatting updated, Added Specimen comment options for Starch Granules (under no polarized crystal seen) and additional ID guidance, under Other.
ALB-HEM-3100S, Erythrocyte Sedimentation Rate / Sedimat 15	Lab Services - ALB	5/4/2026	5/4/2027	Updated RISK, Reformatted and simplified POLICY, Reformatted Specimen section, moved daily checks to QC Section, renamed QC section (Calibrations and QC), Removed redundancies in Procedure section, added >140 results and cold agglutinins in troubleshooting to Procedural limitations, updated reference dated, renumbered
ALB-HEM-3200S, KOH PREP	Lab Services - ALB	5/18/2026	5/18/2027	No changes
ALB-HEM-3300S, Wet Mount	Lab Services - ALB	5/18/2026	5/18/2027	No changes
ALB-HEM-3400T, Post-Vasectomy Semen Analysis (PVSA)	Lab Services - ALB	5/18/2026	5/18/2027	No changes
ALB-HEM-3500T, Nasal Smear for Eosinophils	Lab Services - ALB	5/18/2026	5/18/2027	No changes
ALB-HEM-3600T, Bone Marrow Aspirate and Biopsy	Lab Services - ALB	5/18/2026	5/18/2027	Updated Specimen requirements, ordering, and required paperwork. Added refrigerate if stored overnight. Fixed typo

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ALB-IMM-0100S Immunology Quality Control	Lab Services - ALB	4/6/2026	4/6/2027	Renamed as part of Immunology SOP restructure, previously IMM-0020 Quality Control Updated forms and added clarification for parallel (lot to lot) testing
ALB-IMM-1200S, B-hydroxybutyrate	Lab Services - ALB	4/6/2026	4/6/2027	Reviewed for accuracy. Renamed B-hydroxybutyrate
ALB-IMM-1300S, Medline hCG COMBO+ Pregnancy Test	Lab Services - ALB	4/6/2026	4/6/2027	Updated formatting and QC logs, Updated numbering documented on Immunology 2026 Restructuring Spreadsheet, clarified IVCH Serum QC
ALB-IMM-1400S, Medline Mono Cassette Test	Lab Services - ALB	4/6/2026	4/6/2027	Updated formatting and QC logs, Updated numbering documented on Immunology 2026 Restructuring Spreadsheet
ALB-IMM-1500S Bio-Rad TOX/See™ Urine Drug Screen	Lab Services - ALB	4/6/2026	4/6/2027	Updated SOP numbering, reviewed full SOP, added related policies, updated references. Fixed typo
ALB-IMM-1500S iScreen Urine Drug Screen	Lab Services - ALB	4/13/2026	4/13/2027	acceptable to reuse QC material
ALB-IMM-1600T AmniSure ROM	Lab Services - ALB	4/6/2026	4/5/2028	Reviewed SOP, added related Policies
ALB-IMM-1700T, Rapid Fetal Fibronectin	Lab Services - ALB	6/8/2026	6/8/2027	Updated naming of device to Hologic and to reflect most current IFU, Formatting changes, Moved to IMM SOP's from CHM renamed SOP-previously CHM-0100T Rapid Fetal Fibronectin-moving, updated principle and part numbers
ALB-IMM-2100T Crypto Giardia ImmunoCard STAT	Lab Services - ALB	4/6/2026	4/6/2027	reviewed full SOP, added related policies, updated references
ALB-IMM-2200T, Techlab LEUKO EZ VUE - Fecal Lactoferrin	Lab Services - ALB	4/6/2026	4/4/2027	Updated related procedures and reviewed for accuracy
ALB-IMM-2300T C. Diff Quik Chek Complete	Lab Services - ALB	4/6/2026	4/6/2027	Updated SOP nomenclature, updated non-liquid stool instructions under specimen, reviewed full SOP, added related policies, updated references

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ALB-IMM-2400S Hemosure iFOB	Lab Services - ALB	4/6/2026	4/6/2027	Updated SOP nomenclature, reviewed full SOP, added related policies, updated references, updated collection and specimen stability-provided additional details and updated based on most current IFU
ALB-IMM-2500S Guaiac Fecal Occult Blood (gFOB), HemaPrompt	Lab Services - ALB	4/6/2026	4/6/2027	Updated formatting and QC logs, Updated numbering documented on Immunology 2026 Restructuring Spreadsheet. Fixed typo
ALB-IMM-2600S H. Pylori Stool Antigen	Lab Services - ALB	4/6/2026	4/6/2027	Updated formatting and QC logs, Updated numbering documented on Immunology 2026 Restructuring Spreadsheet. Fixed typo
ALB-LIS-0300S, Laboratory Information Systems Hardware Configuration	Lab Services - ALB	2/9/2026	2/9/2027	Updated IP Configuration for Wellsky Upgrade
ALB-LIS-0400S, Epic Beaker – Data Innovations Instrument Interfaces	Lab Services - ALB	2/9/2026	2/9/2027	Updated Ortho Vision IP Address
ALB-LIS-4000S, Epic Beaker Downtime Procedure	Lab Services - ALB	6/1/2026	6/1/2027	Updated UA Instrument Information - Clinitek Advantus. Added downtime fax #s for use with no internet.
ALB-MIC-1010S, Clinical Laboratory Microbiology Specimen Collection	Lab Services - ALB	6/22/2026	6/22/2027	Updated for eSwab System. Updated format
ALB-MIC-1020S, Microbiology Specimen Rejection Criteria	Lab Services - ALB	6/22/2026	6/22/2027	Format change
ALB-MIC-1040T, Sending Out Isolates	Lab Services - ALB	6/22/2026	6/22/2027	No changes
ALB-MIC-1050T, Lab Specimen Collection by Micro CLS	Lab Services - ALB	6/22/2026	6/22/2027	Format update
ALB-MIC-2000S, Packaging and Shipping of Dangerous Goods Division 6.2	Lab Services - ALB	6/22/2026	6/22/2027	No changes
ALB-MIC-2010T, Biosafety Cabinet Use	Lab Services - ALB	6/22/2026	6/22/2027	No changes

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ALB-MIC-2020T, Automated Blood Culture Incubator BD Bactec FX	Lab Services - ALB	6/22/2026	6/22/2027	No changes
ALB-MIC-2040T, Specimen Plating and Processing	Lab Services - ALB	6/22/2026	6/22/2027	No changes
ALB-MIC-2050T, Specimens Retention	Lab Services - ALB	6/22/2026	6/22/2027	No changes
ALB-MIC-2060T, BD Gaspak EZ Anaerobe Pouch System with Indicator	Lab Services - ALB	6/22/2026	6/22/2027	New to PS
ALB-MIC-2070T, BD Gaspak EZ Campy Gas Generating Pouch System	Lab Services - ALB	6/22/2026	6/22/2027	No changes
ALB-MIC-3010S, CMR Reportable Diseases	Lab Services - ALB	6/22/2026	6/22/2027	No changes
ALB-MIC-3020S, Gram Stain	Lab Services - ALB	6/22/2026	6/22/2027	No changes
ALB-MIC-3030T, Quantitation	Lab Services - ALB	7/6/2026	7/6/2027	No changes
ALB-MIC-3040T, Reporting Guidelines for Interpretation of Bacterial Cultures	Lab Services - ALB	7/13/2026	7/13/2027	No changes
ALB-PAT-3000S Clinical Laboratory Autopsy Request	Lab Services - ALB	6/1/2026	6/1/2027	No changes
ALB-PHL-0021S, Phlebotomy Supplies and Inventory	Lab Services - ALB	7/20/2026	7/20/2027	Updated staff responsibilities
ALB-PHL-1130S, Urine Collections	Lab Services - ALB	4/6/2026	4/6/2027	Updated document for patient instructions of 24 hour urine collections. Also added Spanish version document.
ALB-PHL-2120S, Clinical Laboratory RN Care of Vascular Access Device	Lab Services - ALB	6/22/2026	6/22/2027	Updated cancer center phone number
ALB-POC-0100S Clinical Laboratory Point Of Care Testing Program	Lab Services - ALB	2/2/2026	2/2/2027	Updated numeric from 0010 to 0100 and added POC test menu attachment
ALB-POC-0110S Unexpected Results with Point of Care Testing	Lab Services - ALB	2/2/2026	2/2/2027	changed numeric from 0040 to 0110

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ALB-POC-0120S Point Of Care Testing Laboratory Basic Safety	Lab Services - ALB	2/2/2026	2/2/2027	No changes
ALB-POC-0140S TFHS Point Of Care Licensure	Lab Services - ALB	2/2/2026	2/2/2027	update numeric from 0400 to 0140
ALB-POC-1210S IFOB, Immunological Fecal Occult Blood	Lab Services - ALB	2/9/2026	2/9/2027	No changes
ALB-POC-1220S Occult Blood Guaiac Test	Lab Services - ALB	2/9/2026	2/9/2027	No changes
ALB-POC-1230S KOH Prep	Lab Services - ALB	2/9/2026	2/9/2027	No changes
ALB-POC-1240S Saline Wet Prep	Lab Services - ALB	2/9/2026	2/9/2027	Formatted for polycystat
ALB-POC-1250S Medline Urine (Hcg) Pregnancy Test	Lab Services - ALB	2/9/2026	2/9/2027	reformatted for polycystat
ALB-POC-1260S Urine Chemstrip (Dipstick) Procedure	Lab Services - ALB	2/23/2026	2/23/2027	No changes
ALB-POC-1355S Glucose Capillary Nova Xpress 2 Glucometer For Clinic Use	Lab Services - ALB	2/2/2026	2/2/2027	No changes
ALB-POC-1360S Hemocue Hb 200+	Lab Services - ALB	2/23/2026	2/23/2027	No changes
ALB-POC-1370S Hemocue Hb 801	Lab Services - ALB	2/23/2026	2/23/2027	No changes
ALB-POC-1380S Afinion HbA1c	Lab Services - ALB	4/6/2026	4/6/2027	No changes
ALB-POC-1390S Medline Mono Cassette Test	Lab Services - ALB	2/23/2026	2/23/2027	No changes
ALB-POC-5100S Rapid Flu A + B And Covid 19	Lab Services - ALB	4/6/2026	4/6/2027	No changes
ALB-POC-5200S ID Now RSV	Lab Services - ALB	4/6/2026	4/6/2027	No changes
ALB-POC-5300S Medline Strep A Test	Lab Services - ALB	4/6/2026	4/6/2027	Updated for eSwab Collection
ALB-POC-5700S Cepheid Xpert Xpress Cov2 Flu Rsv Plus	Lab Services - ALB	4/6/2026	4/6/2027	No changes
ALB-POC-5710S Cepheid Xpert Strep A	Lab Services - ALB	4/6/2026	4/6/2027	No changes

Title	Department	Last Approved	Next Review	Summary of Changes
ALB-POC-5720S Cepheid MVP, Multiplex Vaginal Panel	Lab Services - ALB	4/6/2026	4/6/2027	typo fix
ALB-PQC-1600S Specimen Aliquots	Lab Services - ALB	6/8/2026	6/8/2027	No changes
ALB-PQC-1700S Clinical Laboratory Analytical Specimen Retention	Lab Services - ALB	6/8/2026	6/8/2027	No changes
ALB-PQC-2100S New Instruments and New Test Methods	Lab Services - ALB	6/8/2026	6/8/2027	No changes
ALB-PQC-2150S Verification Of Linearity and AMR	Lab Services - ALB	6/29/2026	6/29/2027	typo fix
ALB-PQC-2200S Reference Range Validation	Lab Services - ALB	7/6/2026	7/6/2027	No changes
ALB-PQC-2800S Clinical Laboratory Proficiency Testing	Lab Services - ALB	7/6/2026	7/6/2027	No changes
ALB-PQC-T3000 CLS Shift Specific Responsibilities	Lab Services - ALB	7/20/2026	7/20/2027	No changes
ALB-PRT-1400S Review and Correction of Laboratory Results	Lab Services - ALB	6/1/2026	6/1/2027	No changes
ALB-RPT-1500S Clinical Laboratory Delayed Reports	Lab Services - ALB	6/1/2026	6/1/2027	No changes
ALB-RPT-1600S Clinical Laboratory Amended Reports	Lab Services - ALB	6/1/2026	6/1/2027	No changes
ALB-RPT-4400S Clinical Laboratory Reflex Testing Policy	Lab Services - ALB	6/1/2026	6/1/2027	Typo fix
ALB-RPT-4600S Critical Value Reporting	Lab Services - ALB	6/1/2026	6/1/2027	No changes
ALB-SHP-0010S Clinical Laboratory Sample Handling Services Overview	Lab Services - ALB	7/20/2026	7/20/2027	Added Attachments. Added Wildcodes
ALB-SHP-1150S Clinical Laboratory Receipt Of Patient Collected Specimens	Lab Services - ALB	7/20/2026	7/20/2027	Update labeling

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ALB-TIE-4000S Instrument Comparisons	Lab Services - ALB	7/6/2026	7/6/2027	No changes
ALB-TIE-4100S Carry-Over Evaluations	Lab Services - ALB	7/6/2026	7/6/2027	No changes
ALB-TIE-4200S Preventative Maintenance	Lab Services - ALB	7/6/2026	7/6/2027	No changes
ALB-TIE-4500S Thermometer Calibration	Lab Services - ALB	7/6/2026	7/6/2027	No changes
ALB-TIE-4510S Timer Verification	Lab Services - ALB	7/6/2026	7/6/2027	No changes
ALB-TIE-4600S Daily Temperature Monitoring	Lab Services - ALB	7/20/2026	7/20/2027	Update title for BB Daily duties Log
ALB-TIE-4700S Reagent Labeling, Storage and Handling	Lab Services - ALB	7/6/2026	7/6/2027	No changes
ALB-TLM-0200S, Clinical Laboratory Total Management System Overview	Lab Services - ALB	7/20/2026	7/20/2027	Add CSP and liquid plasma
ALB-TLM-0301S Clinical Laboratory Scope Of Service TFH	Lab Services - ALB	4/6/2026	4/6/2027	Updated title. TFHD to TFH in title
ALB-TLM-0302S Clinical Laboratory Scope Of Service TF Cancer Center	Lab Services - ALB	4/6/2026	4/6/2027	No changes
ALB-TLM-0303S Clinical Laboratory Scope Of Service IVCH	Lab Services - ALB	4/6/2026	4/6/2027	No changes
ALB-TLM-0304S Clinical Laboratory Scope Of Service Tahoe City	Lab Services - ALB	4/6/2026	4/6/2027	No changes
ALB-TXS-0000S, Pretransfusion Specimen Acceptability	Lab Services - ALB	5/18/2026	5/18/2027	Added BB arm banding in the OR
ALB-URN-3010S, Urinalysis (UA) Dip Stick	Lab Services - ALB	6/22/2026	6/22/2027	No changes
MIC-0100S Micro Result To Be Called Special Notification	Lab Services - ALB	6/22/2026	6/22/2027	No changes

Title	Department	Last Approved	Next Review	Summary of Changes
Care Coordination Field and Home Visiting, DCCO-2402	Care Coordination - DCCO	6/9/2026	6/8/2028	this policy has now been reviewed, edited and approved by Dr Mwero. Only minor verbiage changes were made for clarification purposes.
Care Coordination, DCCO-2403	Care Coordination - DCCO	6/9/2026	6/8/2028	this policy has now been reviewed, edited and approved by Dr Mwero. Only minor verbiage changes were made for clarification purposes.
Chronic Care Management (CCM), DCCO-1902	Care Coordination - DCCO	6/9/2026	6/8/2028	this policy has now been reviewed, edited and approved by Dr Mwero. Only minor verbiage changes were made for clarification purposes; updaed related policies and forms to current.
Chronic Care Management Billing, DCCO-1904	Care Coordination - DCCO	6/9/2026	6/8/2028	Only minor verbiage changes were made for clarification purposes; removed outdated billing codes and outdated workflows; updated references.
Transitional Care Management (TCM), DCCO-1903	Care Coordination - DCCO	6/9/2026	6/8/2028	this policy has now been reviewed, edited and approved by Dr Mwero. Only minor verbiage changes were made for clarification purposes; updated related policies and forms to current.

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Patient Diet Orders, DNS-107	Nutrition Services - DNS	4/9/2026	4/9/2027	Reviewed and updated language
Patient Menus, DNS-101	Nutrition Services - DNS	4/9/2026	4/9/2027	Updated to reflect the changes since the release of the new dietary guidelines. Clarified menu planning and diet pattern. Reviewed edits together. LOS added for RD assessment of micronutrients

TAHOE FOREST HOSPITAL
(CAH)
INCLINE VILLAGE COMMUNITY HOSPITAL (CAH)

MEDICAL STAFF BYLAWS

2026³

8/9/2024 7578516.2 10/9/2024 Approved by MEC 1/20/16, 7/21/16, 4/16/20, 05/1/2026 by BOD 1/28/16, 9/22/16, 06/22/2017, 10/25/18, 4/23/20, 08/27/20, 05/12/2023, 05/28/2026

Description of Changes

Resident/Fellow Participation (MEC requested)

- Added new provisions addressing residents and fellows participating under accredited graduate medical education programs.
- Proposed exempting residents and fellows participating solely under an approved Program Letter of Agreement from the standard Medical Staff appointment and credentialing process.
- Added provisions addressing reliance upon sponsoring institution verification, Hospital verification requirements, and independent practice (including moonlighting).

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3.4 HONORARY STAFF

3.4-1 QUALIFICATIONS

The Honorary Staff shall consist of physicians, dentists, and podiatrists who do not practice at the Hospital, and who might not reside in the community, but are deemed deserving of membership by virtue of their outstanding reputation, and/or their previous service to the Hospital, and who continue to exemplify high standards of professional and ethical conduct. Such individuals must be nominated by the Medical Executive Committee and/or clinical department and approved by the Board.

3.4-2 PREROGATIVES

Honorary Staff members are not eligible to admit or care for patients in the Hospital or to exercise privileges in the Hospital, or to vote or hold office in the Medical Staff. They may serve on Medical Staff committees, with or without vote, only at the discretion of the Medical Executive Committee. They may attend Medical Staff and Department meetings. Members of the Honorary Staff are not required to pay medical staff dues.

3.5 LIMITATION OF PREROGATIVES

The prerogatives set forth under each membership category are general in nature and may be subject to limitation by special conditions attached to a particular membership by other sections of the Bylaws and these Rules.

3.6 GENERAL EXCEPTIONS TO PREROGATIVES

Regardless of the category of membership in the Medical Staff, eligible podiatrists and dentists shall exercise admitting and clinical privileges only within the scope of their licensure and as set forth in Article V of these Bylaws.

3.7 MODIFICATION OF MEMBERSHIP

- (a) On its own initiation or pursuant to a request by a member, the Medical Executive Committee may recommend a change in the Medical Staff status of a member consistent with the provisions of the Bylaws. Unless the change has been requested by the practitioner, the Medical Executive Committee shall afford the practitioner an opportunity to comment either in writing or in person before its recommendation is finalized and forwarded to the Board of Directors. There shall be no right to a Hearing under Article VII except as expressly provided therein or required by law.
- (b) After two consecutive years in which a member of the Active Staff fails to regularly care for patients in the Hospital as required by that staff category, that member may be automatically transferred by the Medical Executive Committee to the appropriate Medical Staff category, if any, for which the member is qualified.
- (c) Action may be initiated to evaluate and possibly terminate the privileges and membership of any staff member (except Honorary) who has failed to have any activity within the Hospital during the previous two years.

3.8 RESIDENT STAFF

3.8-1 QUALIFICATIONS

Resident staff membership shall be held by post-doctoral trainees (residents and fellows) in training programs of teaching institutions who are not eligible for another staff category and who

are either licensed or registered with the appropriate State of California and/or Nevada licensing board, if practicing medicine. All resident staff members must obtain a license to practice medicine within the State of California and/or Nevada, as appropriate.

Residents participating pursuant to and accredited program, PLA and supervision are not Medical Staff members and are not required to receive Medical Staff appointment or independent clinical privileges provided they remain under supervision.

Residents and fellows participating in an accredited graduate medical education program pursuant to a Program Letter of Agreement are not Medical Staff members and shall not be entitled to the rights and privileges of the Medical Staff membership, including the hearing and appellate review rights provided in Article VII of these Bylaws, unless otherwise expressly provided by applicable law or written agreement. Concerns regarding a resident's performance shall be addressed in accordance with the applicable Program Letter of Agreement, Graduate Medical Education policies, and the policies of the sponsoring residency program.

Any resident or fellow who independently provides patient care outside the educational program, including moonlighting, shall be subject to all Medical Staff appointment, credentialing, privileging, and peer review requirements applicable to other practitioners.

3.8-2 APPOINTMENT

Residents and fellows participating in an Accreditation Council for Graduate Medical Education (ACGME), American Osteopathic Association (AOA), or other Governing Board approved accreditation graduate medical education program shall not be required to apply for Medical Staff appointment or independent clinical privileges when participating in clinical education at the Hospital pursuant to a Program Letter of Agreement ("PLA"), provided they:

- a. Participate solely within the scope of an approved educational program;
- b. Practice under the supervision of appropriately privileged practitioners as required by the PLA, Medical Staff Rules and Regulations, Graduate Medical Education policies, and applicable law;
- c. Do not independently exercise clinical privileges outside the education program; and
- d. Comply with all applicable Hospital policies, Medical Staff Rules and Regulations, and patient safety requirements.

a. Post-doctoral trainees who are enrolled in accredited residency training programs, with whom TFHD has a Memorandum of Understanding (MOU), and who meet the above qualifications shall be appointed to the resident staff. Members of the resident staff are not members of the TFHD Medical Staff; they are not eligible to hold office within the medical staff but may participate in the activities of the medical staff through membership on medical staff committees, with the right to vote within committees if specified at the time of appointment, and non-voting attendance at medical staff meetings. Resident staff members are not required to pay dues or assessments.

b-a. All medical care provided by resident staff is under the supervision of members of the Active or Courtesy Staff. Such care shall be in accordance with the provisions of a program approved by and in conformity with the Accreditation Council on Graduate Medical Education of the American Medical Association, the American Osteopathic Association, or the American Dental Association's Commission Dental Accreditation. Residents must be supervised by teaching staff in such a way that the trainee assumes progressively increasing responsibility for patient care according to their level of training.

ability, and experience qualified teaching staff and should assume increasing levels of responsibility for patient care based on their training level, competence, and experience.

- c. Appointment to the resident staff shall be for no more than one year and may be renewed annually. Resident staff membership may not be considered as the observational period required to be completed by provisional staff. Resident staff membership terminates with termination from the training program.

3.8-3 RELIANCE UPON SPONSORING INSTITUTION VERIFICATION

The Hospital may rely upon the credentialing, appointment, and verification process performed by the sponsoring accredited graduate medical education program, as documented in the applicable Program Letter of Agreement, in lieu of requiring the resident or fellow to complete the Hospital's standard Medical Staff credentialing process.

The Program Letter of Agreement shall specify the responsibilities of the sponsoring institution and the Hospital, including verification of the resident's or fellow's eligibility to participate in the training program, supervision, evaluation, and compliance with applicable accreditation standards, federal and state laws, Hospital policies, and Medical Staff Rules and Regulations.

3.8-4 HOSPITAL VERIFICATION REQUIREMENTS

Prior to participating in patient care activities at the Hospital, each resident or fellow shall satisfy Hospital requirements established by policy, which may include verification of identity, current licensure or training authorization, exclusion screening, required education and orientation, professional liability coverage, and other requirements established by the Governing Board of Medical Executive Committee.

3.8-5 INDEPENDENT PRACTICE

Any resident or fellow who seeks to independently exercise clinical privileges outside the scope of the accredited training program, including but not limited to moonlighting or other independent clinical practice, shall be subject to all Medical Staff appointment, credentialing, privileging, peer review, and corrective action requirements applicable to other practitioners under these Bylaws.

**REGULAR MEETING OF THE
BOARD OF DIRECTORS
DRAFT MINUTES**

Thursday, July 23, 2026 at 4:00 p.m.
Tahoe Forest Hospital – Eskridge Conference Room
10121 Pine Avenue, Truckee, CA 96161

1. CALL TO ORDER

Meeting was called to order at 4:02 p.m.

2. ROLL CALL

Board in Attendance: Mary Brown, Treasurer Dale Chamblin, Board Member; Alyce Wong, Secretary; Dr. Robert Darzynkiewicz, Vice Chair; Michael McGarry, Chair

Staff in attendance: Anna Roth, President & CEO; Crystal Felix, Chief Financial Officer, Matt Mushet, In-House Counsel; Janet Van Gelder, Executive Director Quality, Regulation & Oncology Services (zoom); Sarah Jackson, Clerk of the Board;

Other: Sara Lopez, General Counsel;

3. DELETIONS/CORRECTIONS TO THE POSTED AGENDA

None.

4. INPUT AUDIENCE

None.

Open Session recessed at 4:04 p.m.

5. CLOSED SESSION

5.1. Approval of Closed Session Minutes ♦

5.1.1. 06/25/2026 Special Meeting

5.1.2. 06/25/2026 Regular Meeting

Discussion was held on a privileged item.

5.2. Hearing (Health & Safety Code § 32155) ♦

Subject Matter: Service Recovery Report FY 2026

Discussion was held on a privileged item.

5.3. Hearing (Health & Safety Code § 32155) ♦

Subject Matter: Complaints and Grievance Report FY 2026

Discussion was held on a privileged item.

5.5. TIMED ITEM – 5:30PM - Hearing (Health & Safety Code § 32155) ♦

Subject Matter: Medical Staff Credentials

Discussion was held on a privileged item.

6. DINNER BREAK

APPROXIMATELY 6:00 P.M.

7. OPEN SESSION – CALL TO ORDER

Open Session reconvened at 6:02 p.m.

8. REPORT OF ACTIONS TAKEN IN CLOSED SESSION

General Counsel reported out from Closed Session. Items 5.1, the Special and Regular Closed Session Minutes of 06/25/2026 were approved on a 5-0 vote. Item 5.2 was accepted with a 5-0 vote. Item 5.3 was accepted with a 5-0 vote. Medical Staff Credentials, item 5.4, was approved with a vote of 5-0.

9. DELETIONS/CORRECTIONS TO THE POSTED AGENDA

None.

10. INPUT – AUDIENCE

This is an opportunity for members of the public to address the Board on items which are not on the agenda. Please state your name for the record. Comments are limited to three minutes. Written comments should be submitted to the Board Clerk 24 hours prior to the meeting to allow for distribution. Under Government Code Section 54954.2 – Brown Act, the Board cannot take action on any item not on the agenda. The Board Chair may choose to acknowledge the comment or, where appropriate, briefly answer a question, refer the matter to staff, or set the item for discussion at a future meeting.

None.

11. INPUT FROM EMPLOYEE ASSOCIATIONS

This is an opportunity for members of the Employee Associations to address the Board on items which are not on the agenda. Please state your name for the record. Comments are limited to three minutes.

None.

12. PRESIDENT & CEO – MONTHLY HIGHLIGHTS

12.1. Monthly Highlights

President & CEO Anna M. Roth provided an update highlighting Health Within Reach, Community Guided, Transformation, key developments, initiatives, and recent activities impacting the District.

Extensive discussion was held during the presentation. Board members posed questions and offered comments.

Lauren Lessard, Director of Community Health, presented a Community Partnership Award to Anibal Cordoba Sosa, Deputy Executive Director of Sierra Community House to support immediate food access and strengthen long term solutions to food security.

-smj-

Further discussion was held regarding the presentation. Board members posed questions and offered comments.

13. MEDICAL STAFF EXECUTIVE COMMITTEE

13.1. Medical Executive Committee (MEC) Meeting Consent Agenda

The Medical Staff Executive Committee (MEC) reports there is no consent agenda for the month of July 2026.

14. CONSENT CALENDAR ♦

These items are expected to be routine and non-controversial. They will be acted upon by the Board without discussion. Any Board Member, staff member or interested party may request an item to be removed from the Consent Calendar for discussion prior to voting on the Consent Calendar.

14.1. Approval of Minutes of Meetings

14.1.1. 06/25/2026 Regular Meeting

14.1.2. 06/25/2026 Special Meeting

14.2. Financial Reports

14.2.1. Financial Report – Preliminary June 2026

14.3. Board Reports

14.3.1. Executive Board Report – July 2026

14.4. Approval of Board and Governance Policies

14.4.1. ABD-10 Emergency On-Call

14.4.2. AGOV-01 A Culture of Safety

14.4.3. AGOV-1801 Patient Identification and Arm Banding

14.5. Fiscal Year 2026 Service Excellence Report

14.6. Tahoe Forest Home Health & Hospice Services Annual Quality Report

Discussion was held.

Director Darzynkiewicz requested removal of the Tahoe Forest Home Health & Hospice Service Annual Quality report (14.6.) from the consent agenda. It will be reviewed at agenda item 17.

ACTION: Motion made by Director Darzynkiewicz to approve the Consent Agenda with item 14.6. removed, seconded by Director Brown.

AYES: Directors Brown, Chamblin, Darzynkiewicz, Wong, McGarry.

Abstention: None

NAYS: None

Absent: None

15. ITEMS FOR BOARD DISCUSSION

15.1. Lab Affordability Pilot: Reducing Barriers to Care

The Board of Directors will receive an update on the strategy supporting implementation of the Lab Affordability Pilot.

Anna Roth, CEO introduced the Lab Affordability Pilot. Kim McCarl, CSO presented the implementation strategy of the Lab Affordability Pilot.

-smj-

Discussion was held during the presentation. Board members posed questions and offered comments.

16. ITEMS FOR BOARD ACTION ♦

16.1. Resolution 2026-05 ♦

The Board of Directors will review and consider adopting a resolution directing Placer and Nevada Counties, CA to approve a resolution setting the Tax Rate per \$100,000 of Assessed Value for the 2026-27 Fiscal Year for the debt service requirement of the District's General Obligation (GO) Bonds.

Crystal Felix, CFO reviewed Resolution 2025-07 for the 2026-2027 Fiscal Year for the debt service requirement of the District's General Obligation bonds.

The recommendation from the CFO is to set the 2026-27 fiscal year GO Bond tax rate per \$100,000 at \$14.89 and utilize approximately 75% (\$726,436.88) of the reserve (\$971,097.93) to fully cover the 2026-27 debt service requirement of \$6,084,431.26. This will leave \$244,661.05 in reserve.

Discussion was held.

ACTION: Motion made by Director Brown to approve Resolution 2026-05 as presented [Set the 2026-27 fiscal year GO Bond tax rate per \$100,000 at \$14.89 and utilize approximately 75% (\$726,436.88) of the reserve (\$971,097.93) to fully cover the 2026-27 debt service requirement of \$6,084,431.26)], seconded by Director Wong.

AYES: Directors Brown, Chamblin, Darzynkiewicz, Wong, McGarry.

Abstention: None

NAYS: None

Absent: None

17. DISCUSSION OF CONSENT CALENDAR ITEMS PULLED, IF NECESSARY

17.1. Tahoe Forest Home Health & Hospice Services Annual Quality Report (14.6.) was pulled from the consent agenda for discussion at agenda item 17.

Lauren Zeffaro, Director of Home Health & Hospice reviewed the Annual Report. Discussion was held.

ACTION: Motion made by Director Darzynkiewicz to accept item 14.6. as presented, seconded by Director Wong.

AYES: Directors Brown, Chamblin, Darzynkiewicz, Wong, McGarry.

Abstention: None

NAYS: None

Absent: None

18. BOARD COMMITTEE REPORTS

19. BOARD MEMBERS' REPORTS/CLOSING REMARKS

-smj-

Chair McGarry provided closing comments.

20. CLOSED SESSION CONTINUED

21. OPEN SESSION

22. REPORT OF ACTIONS TAKEN IN CLOSED SESSION, IF NECESSARY

23. ADJOURN

Meeting Adjourned at: 7:40 p.m.



AGENDA ITEM COVER SHEET

MEETING DATE: August 27, 2026 – Regular Meeting of the Board of Directors	ITEM: 14.2 Financial Reports 14.2.1 Financial Report – Preliminary July 2026
DEPARTMENT: Finance	TYPE OF AGENDA ITEM: ☐ Action ☒ Consent ☐ Discussion
RESPONSIBLE PARTY: Crystal Felix, Chief Financial Officer	SUPPORTIVE DOCUMENT ATTACHED ☐ Agreement ☐ Presentation ☐ Resolution ☒ Other
BUDGET: ALLOCATED IN THE BUDGET ☐ Yes ☐ No ☒ N/A IS A BUDGET TRANSFER REQUIRED ☐ Yes ☐ No ☒ N/A	PERSONNEL ADDITIONAL PERSONNEL REQUIRED ☐ Yes ☐ No ☒ N/A
BACKGROUND: Within the Bylaws of the Board of Directors of Tahoe Forest Hospital District, the Board has financial responsibilities outlined in Article II, Section 2, Item E. Item E.4 states, "Receives and reviews periodic financial reports. Considers comments and recommendations of its Finance Committee and management staff." Consent Agenda Item 14.2.1 Financial Report – Preliminary July 2026 is being provided to the Board of Directors to assist them in fulfilling their financial responsibilities.	
SUMMARY/OBJECTIVES: To provide the Board information about the District's monthly financial status in a meaningful format to assist them in fulfilling their financial responsibilities as Board members.	
SUGGESTED DISCUSSION POINTS: Opportunity to pull the Financial Report – Preliminary July 2026 from Consent agenda to allow further discussion, clarification, or commentary under Board Agenda Item 17 Discussion of Consent Calendar Items Pulled, If Necessary.	
SUGGESTED MOTION/ALTERNATIVES: Motion to accept the Financial Report – Preliminary July 2026 as part of the Consent agenda. Alternative: If pulled from Consent agenda, provide discussion under Item 17 on the Board agenda. After discussion, request a motion to approve the Financial Report – Preliminary July 2026 as presented.	
LIST OF ATTACHMENTS: Financial Report – Preliminary July 2026	

**TAHOE FOREST HOSPITAL DISTRICT
JULY 2026 FINANCIAL REPORT - PRELIMINARY
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Board of Directors
Of Tahoe Forest Hospital District
JULY 2026 FINANCIAL NARRATIVE - PRELIMINARY

The following is the financial narrative analyzing financial and statistical trends for the one month ended July 31, 2026.

Activity Statistics

- ☐ TFH acute patient days were 441 for the current month compared to budget of 409. This equates to an average daily census of 14.2 compared to budget of 13.2.
- ☐ TFH Outpatient volumes were above budget in the following departments by at least 5%: Emergency Department visits, Home Health visits, Surgery cases, Laboratory tests, EKG's, Diagnostic Imaging, MRI, Cat Scans, PET CT, Drugs Sold to Patients, Tahoe City Physical and Occupational Therapies, and Outpatient Physical Therapy Aquatic and Occupational Therapies.
- ☐ TFH Outpatient volumes were below budget in the following departments by at least 5%: Hospice visits, Lab Send Out tests, Oncology Lab, Blood Units, Mammography, Medical Oncology procedures, Medical Oncology procedures, Briner Ultrasound, Oncology Drugs Sold to Patients, Respiratory Therapy, and Outpatient Physical Therapy.

Financial Indicators

- ☐ Net Patient Revenue as a percentage of Gross Patient Revenue was 49.95% in the current month compared to budget of 44.53% and to last month's 46.84%. Year-to-Date Net Patient Revenue as a percentage of Gross Patient Revenue was 49.95% compared to budget of 44.53% and prior year's 46.26%.
- ☐ EBIDA was \$5,365,645 (7.2%) for the current month compared to budget of \$1,335,831 (1.8%), or \$4,029,814 (5.4%) above budget. Year-to-date EBIDA was \$5,365,645 (7.2%) compared to budget of \$1,335,831 (1.8%), or \$4,029,814 (5.4%) above budget.
- ☐ Net Income was \$4,347,107 for the current month compared to budget of \$730,466 or \$3,616,641 above budget. Year-to-date Net Income was \$4,347,107 compared to budget of \$730,466 or \$3,616,641 above budget.
- ☐ Cash Collections for the current month were \$32,340,972 which is 104% of targeted Net Patient Revenue.
- ☐ EPIC Gross Accounts Receivables were \$126,591,617 at the end of July compared to \$116,795,431 at the end of June.

Balance Sheet

- ☐ Working Capital is at 23.4 days (policy is 30 days). Days Cash on Hand (S&P calculation) is 177.3 days. Working Capital cash decreased a net \$12,881,000. Decrease in Cash is related to: Accounts Payable decreased \$5,716,000, Accrued Payroll & Related Costs decreased \$4,070,000, Prepaid Expenses increased \$1,613,000, primarily related to the renewal of the District's annual insurance policies, and Capital Project and Equipment expenditures totaled \$1,280,000. Cash Collections were above target by 4%.
- ☐ Net Patient Accounts Receivable increased a net \$3,278,000. Cash collections were 104% of target. EPIC Days in A/R were 54.1 compared to 52.0 at the close of June.
- ☐ Estimated Settlements, Medi-Cal & Medicare increased a net \$1,489,000. The District recorded its monthly estimated receivables due from the Medi-Cal Rate Range, Hospital Quality Assurance Fee, and Medi-Cal QIP programs and received \$198,712 from the State for participation in the NDPH IGT 2025-26 program.
- ☐ Unrealized Gain/(Loss) Cash Investment Fund increased \$96,000 after recording the unrealized market gains in its funds held with Chandler Investments for the month of July.
- ☐ Total Bond Trustee 2015 decreased a net \$916,000 after remitting the principal and interest payments on the Revenue Bonds.
- ☐ GO Bond Tax Revenue Fund decreased \$4,470,000 after remitting the principal and interest payments on the General Obligation Bonds.
- ☐ Investment in TSC, LLC decreased \$103,000 after recording the estimated loss for July.
- ☐ To comply with GASB No. 96, the District recorded Amortization Expense for July, decreasing its Right-To-Use Subscription asset \$364,000.
- ☐ Accounts Payable decreased \$5,716,000 due to the timing of the final check run in July. There were five check runs in the month of July.
- ☐ Accrued Payroll & Related Costs decreased a net \$4,070,000 due to eleven fewer accrued payroll days in July.
- ☐ Interest Payable decreased \$240,000 after remitting the interest payment due on the 2015 Revenue Bonds and 2017 Variable Rate Demand Bonds.
- ☐ Interest Payable GO Bonds decreased \$1,200,000 after remitting the interest payments due on the General Obligation Bonds.
- ☐ To comply with GASB No. 96, the District recorded a decrease in its Right-To-Use Subscription Liability for July, decreasing the liability by \$354,000.
- ☐ Other Long Term Debt Net of Current Maturities decreased \$2,054,000 after remitting the principal payments due on the 2015 Revenue Bonds and 2017 Variable Rate Demand Bonds.
- ☐ GO Bond Debt Net of Current Maturities decreased \$3,048,000 after remitting the principal payments due on the General Obligation Bonds.

July 2026 Financial Narrative - Preliminary

Operating Revenue

- ❑ Current month's Total Gross Revenue was \$74,247,121 compared to budget of \$72,501,033 or \$1,746,088 above budget.
- ❑ Current month's Gross Inpatient Revenue was \$9,306,031 compared to budget of \$8,828,361 or \$477,670 above budget.
- ❑ Current month's Gross Outpatient Revenue was \$64,941,090 compared to budget of \$63,672,672 or \$1,268,418 above budget.
- ❑ Current month's Gross Revenue Mix was 44.43% Medicare, 15.66% Medi-Cal, .70% Other, and 39.21% Commercial Insurance compared to budget of 43.06% Medicare, 16.86% Medi-Cal, 1.36% Other, and 38.72% Commercial Insurance. Last month's mix was 42.63% Medicare, 16.40% Medi-Cal, 2.59% Other, and 38.39% Commercial Insurance. Year-to-Date Gross Revenue Mix was 44.43% Medicare, 15.66% Medi-Cal, .70% Other, and 39.21% Commercial Insurance compared to budget of 43.06% Medicare, 16.86% Medi-Cal, 1.36% Other, and 38.72% Commercial.
- ❑ Current month's Deductions from Revenue were \$37,153,731 compared to budget of \$40,211,456 or \$3,057,725 below budget. Variance is attributed to the following reasons: 1) Payor mix varied from budget with 1.37% increase in Medicare, a 1.20% decrease to Medi-Cal, a .66% decrease in Other, and Commercial Insurance was above budget .49%, 2) Revenues were above budget 2.4% and 3) Charity Care and Bad Debt were below budget \$986,000.

DESCRIPTION	July 2026 Actual	July 2026 Budget	Variance	BRIEF COMMENTS
Salaries & Wages	13,177,857	13,962,366	784,509	We saw positive variances in RN, LVN, Aides Clerical, Physicians, and Management salaries.
Employee Benefits	5,182,655	4,757,589	(425,066)	Increased use of Paid Leave and Sick Leave and expenses for the annual Company BBQ created a negative variance in Employee Benefits.
Benefits – Workers Compensation	94,623	103,455	8,832	
Benefits – Medical Insurance	5,146,504	3,171,368	(1,975,136)	The District has a self-insured plan and expense is based on actual claims paid.
Medical Professional Fees	648,342	585,616	(62,726)	Anesthesia, Radiology, and Hospitalist Physician fees created a negative variance in Medical Professional Fees.
Other Professional Fees	323,920	613,446	289,526	Budgeted consulting fees for Radiation Oncology, Financial Administration consulting for FP&A, Business Intelligence, and Central Budgeting Office, professional fees for Information Technology for EPIC implementations and support, implementation, and optimization of the Microsoft 365 environment, and Strategic Planning, Transformation work, and Environmental/Market assessment for Administration were under budget, creating a positive variance in Other Professional Fees.
Supplies	5,651,205	5,913,187	261,982	Patient Chargeable supplies and Implant costs were below budget, creating a positive variance in Supplies.
Purchased Services	2,448,386	2,636,462	188,076	Outsourced billing and collection services for the Business Office, Wellness Bank usage and Employee Health screenings, facility-wide maintenance projects and department equipment repairs, interpreter services, EPIC/Five9 integration, and support services for Process Improvement were under budget, creating a positive variance in Purchased Services.
Other Expenses	1,025,173	1,195,014	169,841	Postage, Human Resources Recruitment fees and expenses, Marketing campaigns, Natural Gas/Propane costs, and Insurance were below budget, creating a positive variance in Other Expenses.
Total Expenses	33,698,666	32,938,503	(760,163)	

TAHOE FOREST HOSPITAL DISTRICT
STATEMENT OF NET POSITION
JULY 2026 PRELIMINARY

	Jul-26	Jun-26	Jul-25	
ASSETS				
CURRENT ASSETS				
* CASH	\$ 25,543,185	\$ 38,424,435	\$ 52,712,953	1
PATIENT ACCOUNTS RECEIVABLE - NET	62,147,759	58,869,563	56,861,262	2
OTHER RECEIVABLES	12,073,030	11,791,226	9,203,862	
GO BOND RECEIVABLES	481,005	102,385	652,833	
ASSETS LIMITED OR RESTRICTED	14,246,544	17,055,574	11,637,636	
INVENTORIES	7,848,085	7,848,349	7,344,777	
PREPAID EXPENSES & DEPOSITS	5,158,339	3,545,627	4,831,665	
ESTIMATED SETTLEMENTS, M-CAL & M-CARE	35,321,521	33,832,483	28,819,932	3
TOTAL CURRENT ASSETS	162,819,468	171,469,642	172,064,920	
NON CURRENT ASSETS				
ASSETS LIMITED OR RESTRICTED:				
* CASH RESERVE FUND	74,318,485	74,318,485	74,318,485	1
* CASH INVESTMENT FUND	93,948,916	94,130,528	93,893,057	1
UNREALIZED GAIN/(LOSS) CASH INVESTMENT FUND	9,338,497	9,243,927	6,508,518	4
MUNICIPAL LEASE 2025	2,219,851	2,219,851	4,593,879	
TOTAL BOND TRUSTEE 2017	24,114	24,050	23,209	
TOTAL BOND TRUSTEE 2015	157,038	1,073,170	1,697,820	5
GO BOND TAX REVENUE FUND	971,098	5,441,564	1,092,548	6
GATEWAY WEST ESCROW ACCOUNT	884,874	884,147	-	
DIAGNOSTIC IMAGING FUND	3,700	3,700	3,700	
DONOR RESTRICTED FUND	1,202,656	1,202,656	1,202,649	
WORKERS COMPENSATION FUND	25,142	44,743	17,481	
TOTAL	183,094,371	188,586,821	183,351,346	
LESS CURRENT PORTION	(14,246,544)	(17,055,574)	(11,637,636)	
TOTAL ASSETS LIMITED OR RESTRICTED - NET	168,847,827	171,531,246	171,713,710	
NONCURRENT ASSETS AND INVESTMENTS:				
INVESTMENT IN TSC, LLC	(6,041,338)	(5,938,474)	(5,562,197)	7
PROPERTY HELD FOR FUTURE EXPANSION	1,716,972	1,716,972	1,716,972	
PROPERTY & EQUIPMENT NET	226,024,688	226,440,141	196,992,358	
GO BOND CIP, PROPERTY & EQUIPMENT NET	2,077,509	1,970,619	1,859,618	
TOTAL ASSETS	555,445,125	567,190,146	538,785,381	
DEFERRED OUTFLOW OF RESOURCES:				
DEFERRED LOSS ON DEFEASANCE	151,922	155,155	190,711	
ACCUMULATED DECREASE IN FAIR VALUE OF HEDGING DERIVATIVE	123,994	123,994	200,168	
DEFERRED OUTFLOW OF RESOURCES ON REFUNDING	3,683,731	3,707,436	3,968,188	
GO BOND DEFERRED FINANCING COSTS	358,857	361,177	386,707	
DEFERRED FINANCING COSTS	86,343	87,383	98,826	
INTANGIBLE LEASE ASSET NET OF ACCUM AMORTIZATION	12,860,383	13,055,984	14,506,130	
RIGHT-TO-USE SUBSCRIPTION ASSET NET OF ACCUM AMORTIZATION	20,681,051	21,045,003	23,321,139	8
TOTAL DEFERRED OUTFLOW OF RESOURCES	\$ 37,946,281	\$ 38,536,132	\$ 42,671,868	
LIABILITIES				
CURRENT LIABILITIES				
ACCOUNTS PAYABLE	11,686,757	17,402,767	\$ 13,089,932	9
ACCRUED PAYROLL & RELATED COSTS	26,459,501	30,529,011	43,543,729	10
INTEREST PAYABLE	72,572	312,694	317,115	11
INTEREST PAYABLE GO BOND	0	1,200,388	-	12
SUBSCRIPTION LIABILITY	22,722,773	23,076,456	25,220,229	13
ESTIMATED SETTLEMENTS, M-CAL & M-CARE	3,316,211	3,316,211	3,647,687	
HEALTH INSURANCE PLAN	5,717,445	5,717,445	4,128,800	
WORKERS COMPENSATION PLAN	2,998,513	2,998,513	2,315,069	
COMPREHENSIVE LIABILITY INSURANCE PLAN	3,135,382	3,135,382	2,876,447	
CURRENT MATURITIES OF GO BOND DEBT	3,030,000	3,030,000	2,730,000	
CURRENT MATURITIES OF OTHER LONG TERM DEBT	4,698,330	4,698,330	5,139,974	
TOTAL CURRENT LIABILITIES	83,837,484	95,417,198	103,008,982	
NONCURRENT LIABILITIES				
OTHER LONG TERM DEBT NET OF CURRENT MATURITIES	28,012,012	30,066,321	33,270,841	14
GO BOND DEBT NET OF CURRENT MATURITIES	81,059,919	84,107,875	84,605,386	15
DERIVATIVE INSTRUMENT LIABILITY	123,994	123,994	200,168	
TOTAL LIABILITIES	193,033,409	209,715,388	221,085,377	
NET ASSETS				
NET INVESTMENT IN CAPITAL ASSETS	399,155,341	394,808,234	359,169,223	
RESTRICTED	1,202,656	1,202,656	1,202,649	
TOTAL NET POSITION	\$ 400,357,997	\$ 396,010,890	\$ 360,371,872	

* Amounts included for Days Cash on Hand calculation

TAHOE FOREST HOSPITAL DISTRICT
NOTES TO STATEMENT OF NET POSITION
JULY 2026 PRELIMINARY

1. Working Capital is at 23.4 days (policy is 30 days). Days Cash on Hand (S&P calculation) is 177.3 days. Working Capital cash decreased a net \$12,881,000. Net decrease in Cash is related to: Accounts Payable decreased \$5,716,000 (See Note 9), Accrued Payroll & Related Costs decreased \$4,070,000 (See Note 10), Prepaid Expenses increased \$1,613,000, primarily related to the renewal of the District's annual insurance policies, and Capital Project and Equipment expenditures totaled \$1,280,000. Cash Collections were above target by 4% (See Note 2).
2. Net Patient Accounts Receivable increased a net \$3,278,000. Cash collections were 104% of target. EPIC Days in A/R were 54.1 compared to 52.0 at the close of June.
3. Estimated Settlements, Medi-Cal & Medicare increased a net \$1,489,000. The District recorded its monthly estimated receivables due from the Medi-Cal Rate Range, Hospital Quality Assurance Fee, and Medi-Cal QIP programs and received \$198,712 from the State for participation in the NDPH IGT 2025-26 program.
4. Unrealized Gain/(Loss) Cash Investment Fund increased \$96,000 after recording the unrealized market gains in its funds held with Chandler Investments for the month of June.
5. Total Bond Trustee 2015 decreased a net \$916,000 after remitting the principal and interest payments on the Revenue Bonds.
6. GO Bond Tax Revenue Fund decreased \$4,470,000 after remitting the principal and interest payments on the General Obligation Bonds.
7. Investment in TSC, LLC decreased \$103,000 after recording the estimated loss for July.
8. To comply with GASB No. 96, the District recorded Amortization Expense for July, decreasing its Right-To-Use Subscription asset \$364,000.
9. Accounts Payable decreased \$5,716,000 due to the timing of the final check run in July. There were five check runs in the month of July as compared to the normal four we typically see.
10. Accrued Payroll & Related Costs decreased a net \$4,070,000 due to eleven fewer accrued payroll days in July.
11. Interest Payable decreased \$240,000 after remitting the interest due on the 2015 Revenue Bonds and 2017 Variable Rate Demand Bonds.
12. Interest Payable GO Bonds decreased \$1,200,000 after remitting the interest due on the General Obligation Bonds.
13. To comply with GASB No. 96, the District recorded a decrease in its Right-To-Use Subscription Liability for July, decreasing the liability by \$354,000.
14. Other Long Term Debt Net of Current Maturities decreased \$2,054,000 after remitting the principal payments due on the 2015 Revenue Bonds and 2017 Variable Rate Demand Bonds.
15. GO Bond Debt Net of Current Maturities decreased \$3,048,000 after remitting the principal payments on the General Obligation Bonds.

**Tahoe Forest Hospital District
Cash Investment
July 31, 2026 Preliminary**

WORKING CAPITAL

US Bank	\$ 24,165,582	3.27%	
US Bank/Incline Village Thrift Store	50,613		
US Bank/Truckee Thrift Store	264,302		
US Bank/Payroll Clearing	-		
Umpqua Bank	<u>1,062,688</u>	1.61%	
Total			\$ 25,543,185

BOARD DESIGNATED FUNDS

US Bank Savings	\$ 884,874		
Chandler Cash Portfolio Fund	-	0.00%	
Chandler Investment Fund	<u>93,948,916</u>	VAR	
Total			\$ 94,833,790

Building Fund	\$ -		
Cash Reserve Fund	<u>74,318,485</u>	3.85%	
Local Agency Investment Fund			\$ 74,318,485

Municipal Lease 2018			\$ 2,219,851
Bonds Cash 2017			\$ 24,114
Bonds Cash 2015			\$ 157,038
GO Bonds Cash 2008			\$ 971,098

DX Imaging Education	\$ 3,700		
Workers Comp Fund - B of A	25,142		

Insurance			
Health Insurance LAIF	-		
Comprehensive Liability Insurance LAIF	<u>-</u>		
Total			<u>\$ 28,842</u>

TOTAL FUNDS			\$ 198,096,402
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RESTRICTED FUNDS

Gift Fund			
US Bank Money Market	\$ 8,392	0.09%	
Foundation Restricted Donations	27,309		
Local Agency Investment Fund	<u>1,166,955</u>	3.85%	
TOTAL RESTRICTED FUNDS			<u>\$ 1,202,656</u>

TOTAL ALL FUNDS			<u>\$ 199,299,058</u>
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TAHOE FOREST HOSPITAL DISTRICT
STATEMENT OF REVENUES, EXPENSES, AND CHANGES IN NET POSITION
JULY 2026 PRELIMINARY

CURRENT MONTH				YEAR TO DATE				PRIOR YTD JULY 2025	
ACTUAL	BUDGET	VAR\$	VAR%		ACTUAL	BUDGET	VAR\$	VAR%	
OPERATING REVENUE									
\$ 74,247,121	\$ 72,501,033	\$ 1,746,088	2.4%	Total Gross Revenue	\$ 74,247,121	\$ 72,501,033	\$ 1,746,088	2.4%	1
\$ 4,374,542	\$ 4,046,556	\$ 327,986	8.1%	Gross Revenues - Inpatient	\$ 4,374,542	\$ 4,046,556	\$ 327,986	8.1%	
4,931,489	4,781,805	149,684	3.1%	Daily Hospital Service	4,931,489	4,781,805	149,684	3.1%	
9,306,031	8,828,361	477,670	5.4%	Ancillary Service - Inpatient	9,306,031	8,828,361	477,670	5.4%	1
64,941,090	63,672,672	1,268,418	2.0%	Total Gross Revenue - Inpatient	64,941,090	63,672,672	1,268,418	2.0%	
64,941,090	63,672,672	1,268,418	2.0%	Gross Revenue - Outpatient	64,941,090	63,672,672	1,268,418	2.0%	1
				Total Gross Revenue - Outpatient	64,941,090	63,672,672	1,268,418	2.0%	
				Deductions from Revenue:					
35,580,068	37,651,522	2,071,454	5.5%	Contractual Allowances	35,580,068	37,651,522	2,071,454	5.5%	2
740,871	1,449,242	708,371	48.9%	Charity Care	740,871	1,449,242	708,371	48.9%	2
832,792	1,110,692	277,900	25.0%	Bad Debt	832,792	1,110,692	277,900	25.0%	2
-	-	-	0.0%	Prior Period Settlements	-	-	-	0.0%	2
37,153,731	40,211,456	3,057,725	7.6%	Total Deductions from Revenue	37,153,731	40,211,456	3,057,725	7.6%	
111,945	135,197	23,252	17.2%	Property Tax Revenue- Wellness Neighborhood	111,945	135,197	23,252	17.2%	
1,858,976	1,849,560	9,416	0.5%	Other Operating Revenue	1,858,976	1,849,560	9,416	0.5%	3
39,064,311	34,274,334	4,789,977	14.0%	TOTAL OPERATING REVENUE	39,064,311	34,274,334	4,789,977	14.0%	
OPERATING EXPENSES									
13,177,857	13,962,366	784,509	5.6%	Salaries and Wages	13,177,857	13,962,366	784,509	5.6%	4
5,182,655	4,757,589	(425,066)	-8.9%	Benefits	5,182,655	4,757,589	(425,066)	-8.9%	4
94,623	103,455	8,832	8.5%	Benefits Workers Compensation	94,623	103,455	8,832	8.5%	4
5,146,504	3,171,368	(1,975,136)	-62.3%	Benefits Medical Insurance	5,146,504	3,171,368	(1,975,136)	-62.3%	4
648,342	585,616	(62,726)	-10.7%	Medical Professional Fees	648,342	585,616	(62,726)	-10.7%	5
323,920	613,446	289,526	47.2%	Other Professional Fees	323,920	613,446	289,526	47.2%	5
5,651,205	5,913,187	261,982	4.4%	Supplies	5,651,205	5,913,187	261,982	4.4%	6
2,448,386	2,636,462	188,076	7.1%	Purchased Services	2,448,386	2,636,462	188,076	7.1%	7
1,025,173	1,195,014	169,841	14.2%	Other	1,025,173	1,195,014	169,841	14.2%	8
33,698,666	32,938,503	(760,163)	-2.3%	TOTAL OPERATING EXPENSE	33,698,666	32,938,503	(760,163)	-2.3%	
5,365,645	1,335,831	4,029,814	301.7%	NET OPERATING REVENUE (EXPENSE) EBIDA	5,365,645	1,335,831	4,029,814	301.7%	4,015,785
NON-OPERATING REVENUE/(EXPENSE)									
906,674	883,421	23,253	2.6%	District and County Taxes	906,674	883,421	23,253	2.6%	9
481,005	481,005	(0)	0.0%	District and County Taxes - GO Bond	481,005	481,005	(0)	0.0%	
279,686	335,919	(56,233)	-16.7%	Interest Income	279,686	335,919	(56,233)	-16.7%	10
28,388	128,174	(99,786)	-77.9%	Donations	28,388	128,174	(99,786)	-77.9%	11
(102,864)	(102,864)	0	0.0%	Gain/(Loss) on Joint Investment	(102,864)	(102,864)	0	0.0%	12
(17,309)	270,000	(287,309)	-106.4%	Gain/(Loss) on Market Investments	(17,309)	270,000	(287,309)	-106.4%	13
-	-	-	0.0%	Gain/(Loss) on Investments - TIRHR	-	-	-	0.0%	14
-	-	-	0.0%	Gain/(Loss) on Disposal of Assets	-	-	-	0.0%	14
-	-	-	0.0%	Gain/(Loss) on Sale of Equipment	-	-	-	0.0%	15
-	-	-	100.0%	Gain/(Loss) on Split Dollar Cash Accumulation Values	-	-	-	100.0%	15
(2,149,628)	(2,156,821)	7,193	0.3%	Depreciation	(2,149,628)	(2,156,821)	7,193	0.3%	16
(196,342)	(196,051)	(291)	-0.1%	Interest Expense	(196,342)	(196,051)	(291)	-0.1%	17
(248,148)	(248,148)	0	0.0%	Interest Expense-GO Bond	(248,148)	(248,148)	0	0.0%	
(1,018,538)	(605,365)	(413,173)	-68.3%	TOTAL NON-OPERATING REVENUE/(EXPENSE)	(1,018,538)	(605,365)	(413,173)	-68.3%	
\$ 4,347,107	\$ 730,466	\$ 3,616,641	495.1%	INCREASE (DECREASE) IN NET POSITION	\$ 4,347,107	\$ 730,466	\$ 3,616,641	495.1%	\$ 3,271,980
NET POSITION - BEGINNING OF YEAR					396,010,890				
NET POSITION - AS OF JULY 31, 2026					\$ 400,357,997				
7.2%	1.8%	5.4%	RETURN ON GROSS REVENUE EBIDA		7.2%	1.8%	5.4%	6.1%	

TAHOE FOREST HOSPITAL DISTRICT
NOTES TO STATEMENT OF REVENUE, EXPENSES, AND CHANGES IN NET POSITION
JULY 2026 PRELIMINARY

		Variance from Budget	
		Fav / <Unfav>	
		JULY 2026	YTD 2027
1) <u>Gross Revenues</u>			
Acute Patient Days were above budget 7.82% or 32 days. Swing Bed days were below budget 57.15% or 24 days.	Gross Revenue -- Inpatient	\$ 477,670	\$ 477,670
	Gross Revenue -- Outpatient	1,268,418	1,268,418
	Gross Revenue -- Total	<u>\$ 1,746,088</u>	<u>\$ 1,746,088</u>
Outpatient volumes were 5% or more above in the following departments: Emergency Department visits, Home Health visits, Surgery cases, Laboratory tests, EKG's, Diagnostic Imaging, MRI, Cat Scans, PET CT, Drugs Sold to Patients, Tahoe City Physical and Occupational Therapies, and Outpatient Physical Therapy, Aquatic & Occupational Therapies.			
Outpatient volumes were below budget 5% or more in the following departments: Hospice visits, Lab Send Out tests, Oncology Lab, Blood Units, Mammography, Medical Oncology procedures, Radiation Oncology procedures, Briner Ultrasound, Oncology Drugs Sold to Patients, Respiratory Therapy, and Outpatient Physical Therapy.			
2) <u>Total Deductions from Revenue</u>			
The payor mix for July shows a 1.37% increase to Medicare, a 1.20% decrease to Medi-Cal, .66% decrease to Other, and a .49% increase to Commercial when compared to budget. Revenues were above budget 2.4%.	Contractual Allowances	\$ 2,071,454	\$ 2,071,454
	Charity Care	708,371	708,371
	Bad Debt	277,900	277,900
	Prior Period Settlements	-	-
	Total	<u>\$ 3,057,725</u>	<u>\$ 3,057,725</u>
3) <u>Other Operating Revenue</u>			
Community Pharmacy revenues were above budget 2.75%.	Community Pharmacy	\$ 26,503	\$ 26,503
	Miscellaneous	33,914	33,914
Cafeteria sales and Medicare bonuses created a positive variance in Miscellaneous.	Oncology Drug Replacement	-	-
	Hospice Thrift Stores	(11,820)	(11,820)
Hospice Thrift Store revenues were below budget 8.32%.	Grants	(5,000)	(5,000)
	The Center (non-therapy)	(12,218)	(12,218)
Occupational Health testing and Fitness Center class revenues were below budget, creating a negative variance in The Center (non-therapy).	IVCH ER Physician Guarantee	-	-
	Children's Center	(21,962)	(21,962)
	Total	<u>\$ 9,416</u>	<u>\$ 9,416</u>
Child Care revenues were below budget 10.11%.			
4) <u>Salaries and Wages</u>	Total	<u>\$ 784,509</u>	<u>\$ 784,509</u>
We saw positive variance in RN, LVN, Aides, Clerical, Physicians, and Management salaries. Positive variance was offset, in part, by negative variances in PL/SL.			
<u>Employee Benefits</u>	PL/SL	\$ (477,481)	\$ (477,481)
We saw increased use of Paid Leave and Long-Term Sick, creating a negative variance in PL/SL.	Other	39,519	39,519
	Pension/Deferred Comp	0	0
Positive variance in Other related to Employer Payroll Taxes.	Standby	36,144	36,144
	Nonproductive	(23,248)	(23,248)
Expenses for the annual Company BBQ created a negative variance in Nonproductive.	Total	<u>\$ (425,066)</u>	<u>\$ (425,066)</u>
<u>Employee Benefits - Workers Compensation</u>	Total	<u>\$ 8,832</u>	<u>\$ 8,832</u>
<u>Employee Benefits - Medical Insurance</u>	Total	<u>\$ (1,975,136)</u>	<u>\$ (1,975,136)</u>
The District has a self-insured plan and expense is based on actual claims paid.			
5) <u>Professional Fees</u>			
Anesthesia and Radiology Physician Fees created a negative variance in Miscellaneous.	Miscellaneous	\$ (34,574)	\$ (34,574)
	TFH Locums	(8,914)	(8,914)
Hospitalist Physician fees created a negative variance in TFH Locums.	Human Resources	(6,540)	(6,540)
	Marketing	(4,952)	(4,952)
Quality Assurance and Radiation Oncology Clinical support services were below budget, creating a positive variance in Oncology.	Corporate Compliance	-	-
	Patient Accounting/Admitting	-	-
Consulting services for FP&A, Business Intelligence, and Central Budgeting Office were below budget, creating a positive variance in Financial Administration.	Managed Care	2,500	2,500
	IVCH ER Physicians	2,654	2,654
Budgeted locums coverage for Urgent Care, Primary Care, 2nd Floor Cancer Center Specialties, and Orthopedics were below budget, creating a positive variance in Multi-Specialty Clinics.	Medical Staff Services	3,354	3,354
	Multi-Specialty Clinics Administration	4,598	4,598
	Oncology	13,070	13,070
Professional services provided by Mercy Health and budgeted consulting services for support, implementation, and optimization of the District's Microsoft 365 environment were below budget, creating a positive variance in Information Technology.	Financial Administration	14,167	14,167
	Multi-Specialty Clinics	28,872	28,872
	Information Technology	56,333	56,333
	Administration	156,232	156,232
Strategic Planning, Transformation and Environmental/Market Assessment consulting services were below budget, creating a positive variance in Administration.	Total	<u>\$ 226,799</u>	<u>\$ 226,799</u>

TAHOE FOREST HOSPITAL DISTRICT
NOTES TO STATEMENT OF REVENUE, EXPENSES, AND CHANGES IN NET POSITION
JULY 2026 PRELIMINARY

		Variance from Budget	
		Fav / <Unfav>	
		<u>JULY 2026</u>	<u>YTD 2027</u>
6) <u>Supplies</u>	Pharmacy Supplies	\$ (114,438)	\$ (114,438)
Drugs Sold to Patients revenues were above budget 36.98%, creating a negative variance in Pharmacy Supplies.	Other Non-Medical Supplies	(19,784)	(19,784)
	Food	(3,124)	(3,124)
	Office Supplies	1,411	1,411
Other Non-Medical Supplies were above budget in Nursery, Surgery, Medical Supplies Sold to Patients, and Information Technology, creating a negative variance in this category.	Minor Equipment	2,800	2,800
	Patient & Other Medical Supplies	395,117	395,117
	Total	<u>\$ 261,982</u>	<u>\$ 261,982</u>
Patient Chargeable supplies and Implant costs were below budget, creating a positive variance in Patient & Other Medical Supplies.			
7) <u>Purchased Services</u>	Laboratory	\$ (7,463)	\$ (7,463)
Outsourced Lab and Genetic testing created a negative variance in Laboratory.	Pharmacy IP	(71)	(71)
	Community Development	-	-
Budgeted purchased services for Diagnostic Imaging and Ultrasound were below budget, creating a positive variance in Diagnostic Imaging - All.	Home Health/Hospice	577	577
	The Center	2,001	2,001
Outsourced billing and collections services for the Business Office were below budget, creating a positive variance in Patient Accounting.	Multi-Specialty Clinics	2,368	2,368
	Medical Records	7,917	7,917
	Information Technology	8,825	8,825
Wellness Bank usage and Employee Health screenings were below budget, creating a positive variance in Human Resources.	Diagnostic Imaging Services - All	12,074	12,074
	Patient Accounting	21,129	21,129
	Human Resources	33,289	33,289
We saw a decrease in facility-wide maintenance projects and department equipment repairs, creating a positive variance in Department Repairs.	Department Repairs	38,191	38,191
	Miscellaneous	69,240	69,240
	Total	<u>\$ 188,076</u>	<u>\$ 188,076</u>
Interpreter services, timing of the EPIC/Five9 integration, and support services for Process Improvement were below budget, creating a positive variance in Miscellaneous.			
8) <u>Other Expenses</u>	Equipment Rent	\$ (14,670)	\$ (14,670)
Oxygen tank rentals were above budget, creating a negative variance in Equipment Rent.	Physician Services	-	-
	Dues and Subscriptions	718	718
Postage and Human Resources Recruitment expenses were below budget, creating a positive variance in Miscellaneous.	Multi-Specialty Clinics Equip Rent	896	896
	Multi-Specialty Clinics Bldg. Rent	5,165	5,165
Marketing campaigns came in below budget, creating a positive variance in this category.	Other Building Rent	8,488	8,488
	Miscellaneous	9,019	9,019
Natural Gas/Propane costs were below budget, creating a positive variance in Utilities.	Marketing	10,227	10,227
	Utilities	13,512	13,512
	Human Resources Recruitment	19,482	19,482
Budgeted fees for the recruitment of key management positions were below budget, creating a positive variance in Human Resources Recruitment.	Insurance	21,278	21,278
	Outside Training & Travel	95,727	95,727
	Total	<u>\$ 169,841</u>	<u>\$ 169,841</u>
Insurance renewal quotes for the District's All Risk and Cyber policies came in below budget, creating a positive variance in Insurance.			
9) <u>District and County Taxes</u>	Total	<u>\$ 23,253</u>	<u>\$ 23,253</u>
10) <u>Interest Income</u>	Total	<u>\$ (56,233)</u>	<u>\$ (56,233)</u>
Interest earnings on the funds held with Chandler Investments were below budget, creating a negative variance in Interest Income.			
11) <u>Donations</u>	IVCH	\$ (22,231)	\$ (22,231)
	Operational	(77,555)	(77,555)
	Total	<u>\$ (99,786)</u>	<u>\$ (99,786)</u>
12) <u>Gain/(Loss) on Joint Investment</u>	Total	<u>\$ -</u>	<u>\$ -</u>
13) <u>Gain/(Loss) on Market Investments</u>	Total	<u>\$ (287,309)</u>	<u>\$ (287,309)</u>
Gain on Market Investments was below budget, creating a negative variance in Gain/(Loss) on Market Investments.			
14) <u>Gain/(Loss) on Sale or Disposal of Assets</u>	Total	<u>\$ -</u>	<u>\$ -</u>
15) <u>Gain/(Loss) on Sale or Disposal of Equipment</u>	Total	<u>\$ -</u>	<u>\$ -</u>
16) <u>Depreciation Expense</u>	Total	<u>\$ 7,193</u>	<u>\$ 7,193</u>
17) <u>Interest Expense</u>	Total	<u>\$ (291)</u>	<u>\$ (291)</u>

INCLINE VILLAGE COMMUNITY HOSPITAL
STATEMENT OF REVENUE AND EXPENSE
JULY 2026 PRELIMINARY

CURRENT MONTH				YEAR TO DATE				PRIOR YTD JULY 2025	
ACTUAL	BUDGET	VAR\$	VAR%		ACTUAL	BUDGET	VAR\$	VAR%	
				OPERATING REVENUE					
\$ 5,980,319	\$ 6,042,687	\$ (62,368)	-1.0%	Total Gross Revenue	\$ 5,980,319	\$ 6,042,687	\$ (62,368)	-1.0%	1 \$ 5,430,351
				Gross Revenues - Inpatient					
\$ -	\$ -	\$ -	0.0%	Daily Hospital Service	\$ -	\$ -	\$ -	0.0%	\$ -
-	-	-	0.0%	Ancillary Service - Inpatient	-	-	-	0.0%	-
-	-	-	0.0%	Total Gross Revenue - Inpatient	-	-	-	0.0%	1 -
5,980,319	6,042,687	(62,368)	-1.0%	Gross Revenue - Outpatient	5,980,319	6,042,687	(62,368)	-1.0%	5,430,351
5,980,319	6,042,687	(62,368)	-1.0%	Total Gross Revenue - Outpatient	5,980,319	6,042,687	(62,368)	-1.0%	1 5,430,351
				Deductions from Revenue:					
3,017,396	2,993,449	(23,947)	-0.8%	Contractual Allowances	3,017,396	2,993,449	(23,947)	-0.8%	2 2,606,143
77,596	118,880	41,284	34.7%	Charity Care	77,596	118,880	41,284	34.7%	2 53,393
97,872	89,160	(8,712)	-9.8%	Bad Debt	97,872	89,160	(8,712)	-9.8%	2 106,746
-	-	-	0.0%	Prior Period Settlements	-	-	-	0.0%	2 -
3,192,864	3,201,489	8,625	0.3%	Total Deductions from Revenue	3,192,864	3,201,489	8,625	0.3%	2 2,766,282
63,951	64,459	(509)	-0.8%	Other Operating Revenue	63,951	64,459	(509)	-0.8%	3 74,285
2,851,406	2,905,657	(54,251)	-1.9%	TOTAL OPERATING REVENUE	2,851,406	2,905,657	(54,251)	-1.9%	2,738,354
				OPERATING EXPENSES					
925,469	1,025,996	100,528	9.8%	Salaries and Wages	925,469	1,025,996	100,528	9.8%	4 728,471
334,922	296,707	(38,215)	-12.9%	Benefits	334,922	296,707	(38,215)	-12.9%	4 282,724
6,248	4,736	(1,512)	-31.9%	Benefits Workers Compensation	6,248	4,736	(1,512)	-31.9%	4 4,119
304,021	191,078	(112,943)	-59.1%	Benefits Medical Insurance	304,021	191,078	(112,943)	-59.1%	4 189,118
172,726	175,380	2,654	1.5%	Medical Professional Fees	172,726	175,380	2,654	1.5%	5 179,282
5,167	5,886	719	12.2%	Other Professional Fees	5,167	5,886	719	12.2%	5 2,311
251,286	206,260	(45,026)	-21.8%	Supplies	251,286	206,260	(45,026)	-21.8%	6 168,418
163,867	157,320	(6,547)	-4.2%	Purchased Services	163,867	157,320	(6,547)	-4.2%	7 130,034
126,258	129,817	3,559	2.7%	Other	126,258	129,817	3,559	2.7%	8 130,340
2,289,964	2,193,180	(96,784)	-4.4%	TOTAL OPERATING EXPENSE	2,289,964	2,193,180	(96,784)	-4.4%	1,814,817
561,442	712,477	(151,035)	-21.2%	NET OPERATING REV(EXP) EBIDA	561,442	712,477	(151,035)	-21.2%	923,537
				NON-OPERATING REVENUE/(EXPENSE)					
-	22,231	(22,231)	-100.0%	Donations-IVCH	-	22,231	(22,231)	-100.0%	9 -
-	-	-	0.0%	Gain/ (Loss) on Sale	-	-	-	0.0%	10 -
(190,180)	(190,180)	0	0.0%	Depreciation	(190,180)	(190,180)	0	0.0%	11 (206,191)
(2,929)	(2,929)	-	0.0%	Interest Expense	(2,929)	(2,929)	-	0.0%	12 (3,213)
(193,109)	(170,878)	(22,231)	-13.0%	TOTAL NON-OPERATING REVENUE/(EXP)	(193,109)	(170,878)	(22,231)	-13.0%	(209,404)
\$ 368,333	\$ 541,599	\$ (173,266)	-32.0%	EXCESS REVENUE(EXPENSE)	\$ 368,333	\$ 541,599	\$ (173,266)	-32.0%	\$ 714,133
9.4%	11.8%	-2.4%		RETURN ON GROSS REVENUE EBIDA	9.4%	11.8%	-2.4%		17.0%

**INCLINE VILLAGE COMMUNITY HOSPITAL
NOTES TO STATEMENT OF REVENUE AND EXPENSE
JULY 2026 PRELIMINARY**

		Variance from Budget	
		Fav<Unfav>	
		JULY 2026	YTD 2027
1) <u>Gross Revenues</u>			
Acute Patient Days were at budget at 0 days.	Gross Revenue -- Inpatient	\$ -	\$ -
Outpatient volumes were below budget in the following departments: Emergency Department visits, EKG's, Diagnostic Imaging, Mammography, Ultrasounds, Cat Scans, Physical Therapy, Speech Therapy, and Occupational Therapy.	Gross Revenue -- Outpatient	(62,368)	(62,368)
	Total	<u>\$ (62,368)</u>	<u>\$ (62,368)</u>
Outpatient volumes were above budget in the following departments: Surgery cases, Laboratory tests, Lab Send Out tests, Oncology Drugs Sold to Patients, and Gastroenterology cases.			
2) <u>Total Deductions from Revenue</u>			
We saw a shift in our payor mix with a 3.66% increase in Medicare, a 5.77% decrease in Medicaid, a 3.03% increase in Commercial insurance, and a .91% decrease in Other.	Contractual Allowances	\$ (23,947)	\$ (23,947)
	Charity Care	41,284	41,284
	Bad Debt	(8,712)	(8,712)
	Prior Period Settlement	-	-
	Total	<u>\$ 8,625</u>	<u>\$ 8,625</u>
3) <u>Other Operating Revenue</u>			
Vending Machine commissions were below budget, creating a negative variance in Miscellaneous.	IVCH ER Physician Guarantee	\$ -	\$ -
	Miscellaneous	(509)	(509)
	Total	<u>\$ (509)</u>	<u>\$ (509)</u>
4) <u>Salaries and Wages</u>			
We saw positive variances in Technical, RN and Clerical salaries. Positive variance is offset, in part, by negative variances in PL/SL.	Total	<u>\$ 100,528</u>	<u>\$ 100,528</u>
<u>Employee Benefits</u>			
We saw an increase in Long-Term Sick usage, creating a negative variance in PL/SL.	PL/SL	\$ (40,560)	\$ (40,560)
Physician Productivity bonuses were above budget, creating a negative variance in Nonproductive.	Other	4,640	4,640
	Standby	3,635	3,635
	Pension/Deferred Comp	(0)	(0)
	Nonproductive	(5,930)	(5,930)
	Total	<u>\$ (38,215)</u>	<u>\$ (38,215)</u>
<u>Employee Benefits - Workers Compensation</u>	Total	<u>\$ (1,512)</u>	<u>\$ (1,512)</u>
<u>Employee Benefits - Medical Insurance</u>	Total	<u>\$ (112,943)</u>	<u>\$ (112,943)</u>
The District has a self-insured plan and expense is based on actual claims paid.			
5) <u>Professional Fees</u>			
We saw a decrease in extended patient care hours, creating a positive variance in IVCH ER Physicians.	Foundation	\$ (531)	\$ (531)
	Multi-Specialty Clinics	-	-
	Miscellaneous	-	-
	Administration	1,250	1,250
	IVCH ER Physicians	2,654	2,654
	Total	<u>\$ 3,373</u>	<u>\$ 3,373</u>
6) <u>Supplies</u>			
Oncology Drugs Sold to Patients revenues were above budget 49.90%, creating a negative variance in Pharmacy Supplies.	Pharmacy Supplies	\$ (52,186)	\$ (52,186)
Minor Equipment purchases were below budget in Medical/Surgical, Ophthalmology, and Diagnostic Imaging, creating a positive variance in this category.	Non-Medical Supplies	(3,109)	(3,109)
	Food	155	155
	Office Supplies	814	814
	Patient & Other Medical Supplies	3,238	3,238
	Minor Equipment	6,062	6,062
	Total	<u>\$ (45,026)</u>	<u>\$ (45,026)</u>

**INCLINE VILLAGE COMMUNITY HOSPITAL
NOTES TO STATEMENT OF REVENUE AND EXPENSE
JULY 2026 PRELIMINARY**

		Variance from Budget	
		Fav<Unfav>	
		JULY 2026	YTD 2027
7) <u>Purchased Services</u>			
Stewardship services provided for the annual Kern event created a negative variance in Foundation.	Foundation	\$ (5,686)	\$ (5,686)
	EVS/Laundry	(2,646)	(2,646)
	Diagnostic Imaging Services - All	(1,849)	(1,849)
	Laboratory	(1,341)	(1,341)
	Pharmacy	(304)	(304)
	Multi-Specialty Clinics	171	171
	Miscellaneous	994	994
	Engineering/Plant/Communications	1,347	1,347
	Department Repairs	2,767	2,767
	Total	\$ (6,547)	\$ (6,547)
8) <u>Other Expenses</u>			
Oxygen rentals created a negative variance in Equipment Rent.	Equipment Rent	\$ (1,259)	\$ (1,259)
	Utilities	(1,062)	(1,062)
	Marketing	(791)	(791)
	Other Building Rent	0	0
	Dues and Subscriptions	8	8
	Multi-Specialty Clinics Bldg. Rent	279	279
	Insurance	625	625
	Miscellaneous	1,372	1,372
	Outside Training & Travel	4,387	4,387
	Total	\$ 3,559	\$ 3,559
9) <u>Donations</u>	Total	\$ (22,231)	\$ (22,231)
10) <u>Gain/(Loss) on Sale</u>	Total	\$ -	\$ -
11) <u>Depreciation Expense</u>	Total	\$ -	\$ -
12) <u>Interest Expense</u>	Total	\$ -	\$ -

TAHOE FOREST HOSPITAL DISTRICT
STATEMENT OF CASH FLOWS

	PRELIMINARY FYE 2026		**BUDGET** FYE 2027	PROJECTED FYE 2027	ACTUAL JULY 2026	BUDGET JULY 2026	DIFFERENCE	PROJECTED 1ST QTR	BUDGET 2ND QTR	BUDGET 3RD QTR	BUDGET 4TH QTR
Net Operating Rev/(Exp) - EBIDA	42,814,744		13,394,773	17,424,587	\$ 5,365,645	\$ 1,335,831	\$ 4,029,814	9,080,929	1,777,456	3,401,228	3,164,974
Interest Income	4,530,573		3,800,000	3,793,953	768,953	775,000	(6,047)	943,953	950,000	950,000	950,000
Property Tax Revenue	12,114,979		12,225,000	12,211,456	211,456	225,000	(13,544)	636,456	135,000	6,800,000	4,640,000
Donations	1,789,202		8,938,082	9,008,884	198,976	128,174	70,802	455,323	384,521	384,521	7,784,521
Emergency Funds	-		-	-	-	-	-	-	-	-	-
Debt Service Payments	(3,554,952)		(3,380,396)	(3,375,837)	(883,040)	(887,598)	4,558	(1,324,057)	(661,525)	(728,730)	(661,525)
Property Purchase Agreement	(541,285)		-	-	-	-	-	-	-	-	-
Municipal Lease 2025	(1,000,929)		(1,000,932)	(1,000,932)	(83,411)	(83,411)	0	(250,233)	(250,233)	(250,233)	(250,233)
2017 VR Demand Bond	(790,102)		(734,295)	(729,737)	(662,532)	(667,090)	4,558	(662,532)	-	(67,205)	-
2015 Revenue Bond	(1,222,636)		(1,645,169)	(1,645,169)	(137,097)	(137,097)	0	(411,292)	(411,292)	(411,292)	(411,292)
Physician Recruitment	(171,333)		(150,000)	(150,000)	(50,000)	(50,000)	-	(50,000)	(33,334)	(33,333)	(33,333)
Investment in Capital											
Equipment	(6,466,623)		(6,238,750)	(6,238,750)	(837,034)	(717,917)	(119,117)	(2,153,750)	(1,208,200)	(1,512,500)	(1,364,300)
Municipal Lease Reimbursement	2,374,027		2,287,591	2,287,591	-	-	-	-	-	-	2,287,591
IT/EMR/Business Systems	-		(5,659,758)	(5,659,758)	-	(986,493)	986,493	(2,959,478)	(1,053,838)	(1,391,117)	(255,325)
Building Projects/Properties	(38,878,229)		(58,553,840)	(58,553,840)	(443,436)	(5,662,567)	5,219,131	(16,987,700)	(17,739,541)	(12,972,750)	(10,853,849)
Change in Accounts Receivable	6,082,315	N1	(289,055)	3,194,472	(3,278,196)	(1,308,706)	(1,969,490)	1,529,865	3,717,142	(1,808,496)	(244,039)
Change in Settlement Accounts	(6,580,815)	N2	3,242,000	3,664,503	(1,489,038)	(1,687,750)	198,712	(8,340,747)	(1,425,750)	4,816,750	8,614,250
Change in Other Assets	(13,522,126)	N3	(4,000,000)	(4,337,553)	(2,237,553)	(1,900,000)	(337,553)	(3,737,553)	(1,000,000)	(1,900,000)	2,300,000
Change in Other Liabilities	(7,712,961)	N4	(5,220,000)	(10,609,595)	(10,389,595)	2,500,000	(12,889,595)	(2,889,595)	(7,550,000)	(1,755,000)	1,585,000
Change in Cash Balance	(7,181,200)		(39,604,352)	(37,339,888)	(13,062,863)	(8,237,025)	(4,825,837)	(25,796,356)	(23,708,070)	(5,749,427)	17,913,965
Beginning Unrestricted Cash	214,054,647		206,873,448	206,873,448	206,873,448	206,873,448		206,873,448	181,077,092	157,369,022	151,619,595
Ending Unrestricted Cash	206,873,448		167,269,096	169,533,560	193,810,585	198,636,423	(4,825,837)	181,077,092	157,369,022	151,619,595	169,533,560
Operating Cash	206,873,448		167,269,096	169,533,560	193,810,585	198,636,423	(4,825,837)	181,077,092	157,369,022	151,619,595	169,533,560
Expense Per Day	963,426		1,056,151	1,058,234	1,093,387	1,068,857	24,531	1,055,974	1,050,355	1,056,928	1,058,234
Days Cash On Hand	215		158	160	177	186	(9)	171	150	143	160

Footnotes:

Budget - Beginning Unrestricted Cash amount for Budget FYE 2027 has been restated to match the Ending Unrestricted Cash from Preliminary FYE 2026.

N1 - Change in Accounts Receivable reflects the 30 day delay in collections.

N2 - Change in Settlement Accounts reflect cash flows in and out related to prior year and current year Medicare and Medi-Cal settlement accounts.

N3 - Change in Other Assets reflect fluctuations in asset accounts on the Balance Sheet that effect cash. For example, an increase in prepaid expense immediately effects cash but not EBIDA.

N4 - Change in Other Liabilities reflect fluctuations in liability accounts on the Balance Sheet that effect cash. For example, an increase in accounts payable effects EBIDA but not cash.



AGENDA ITEM COVER SHEET

MEETING DATE: August 27, 2026	ITEM: 14.3. Executive Reports August 2026
DEPARTMENT: Administration	TYPE OF AGENDA ITEM: ☐ Action ☒ Consent ☐ Discussion
RESPONSIBLE PARTY: Administration	SUPPORTIVE DOCUMENT ATTACHED ☐ Agreement ☐ Presentation ☐ Resolution ☒ Other Executive Updates
BUDGET: ALLOCATED IN THE BUDGET ☐ Yes ☐ No ☒ N/A IS A BUDGET TRANSFER REQUIRED ☐ Yes ☐ No ☒ N/A	PERSONNEL ADDITIONAL PERSONNEL REQUIRED ☐ Yes ☐ No ☒ N/A
BACKGROUND: Combined monthly Board reports from Executive Leadership.	
SUMMARY/OBJECTIVES: Objective: Executive Report to review key strengths and opportunities across True North areas of priority including: Health Within Reach, Community Guided, and Transformation.	
SUGGESTED DISCUSSION POINTS: Health Within Reach – Lab Affordability Pilot, Mobile Health Plan, North Shore Clinic and Pediatric Behavioral Health intensivist. Community Guided – Youth mental health and substance use screening and Rural Nursing Program partnership. Transformation – True North workstreams and Medical Staff Advisory Committee.	
SUGGESTED MOTION/ALTERNATIVES: Move to approve the consent agenda as presented. (includes all consent items) Alternative: pull item from consent agenda for further discussion under Item 16 on the Board Agenda. After discussion, request a motion to approve the Executive Report as presented.	
LIST OF ATTACHMENTS: Executive Board Reports – August 2026 Individual Board Reports hyperlinked in Appendix	



Executive Board Report

August 2026

By:

Anna M. Roth, RN, MSN, MPH – President & CEO

Executive Summary

August marked continued progress across the True North aims, with workstreams moving further into execution. Teams are working through discovery, building workplans and aligning projects with the established True North measurement process. Other highlights this month include new efforts to improve affordability and access, progress in community health, a new rural nursing partnership and increased physician involvement in strategic planning.

Health Within Reach

Access, choice, lower cost & convenience

Key Updates

- The Lab Affordability Pilot launched August 1, reducing prices by 25% on approximately 70% of lab tests. This is an important early step in addressing affordability and keeping care within reach for our community.
- The Mobile Health Program moved into final design and production planning. The team also met with the UC San Diego Mobile Health Program to learn from its experience and apply best practices as Tahoe Forest prepares for launch.

- The North Shore Clinic at Dollar Point is opening in August, creating dedicated space for Primary Care and allowing Primary Care and Urgent Care to operate separately, increasing capacity on the North Shore.
- A new Pediatric Behavioral Health Intensivist began seeing patients in August, increasing access to pediatric therapy in our community.

Community Guided

Sustain world-class care shaped by community

Key Updates

- The Youth Mental Health and Substance Use Workgroup exceeded its Year 1 goal for pediatric substance use screening. Adolescent substance-use (CRAFFT) screening increased from 9.7% in 2024 to 36.6% of well-child visits between November 2025 and July 2026, exceeding the 20% target.
- Incline Village Community Hospital joined the American Heart Association's Get With The Guidelines®–Stroke program, continuing its work to improve stroke care and expand access to specialized services in our rural community.
- Incline Village Community Hospital has partnered with the University of Nevada, Reno Lake Tahoe campus on its new Rural Nursing Program. Applications opened August 1 and the first cohort will begin in January 2027. IVCH will serve as a clinical education partner, helping train future nurses in our community.

Transformation

Shared decisions, stronger accountability

Key Updates

- True North 2030 workstreams are underway. Teams are in discovery, identifying priority projects and early wins, and building the workplans needed to execute. This work is being aligned with the established True North measurement process so we can track progress and results as projects move forward.
- Tahoe Forest is establishing a Medical Staff Advisory Council to bring physicians more directly into system-level planning and decision-making. The council will begin by focusing on access to care and will provide physician input as solutions are developed and implemented.

Appendix

[CCOF Board Report – August 2026](#)

[CMO Board Report – August 2026](#)

[CNO Board Report – August 2026](#)

[COO Board Report – August 2026](#)



AGENDA ITEM COVER SHEET

MEETING DATE: August 27, 2026	ITEM: TFHD Fiduciary Responsibility Delegation Charter
DEPARTMENT: Administration / Finance	TYPE OF AGENDA ITEM: ☒ Action ☒ Consent ☐ Discussion
RESPONSIBLE PARTY: Crystal Felix, Chief Financial Officer	SUPPORTIVE DOCUMENT ATTACHED ☐ Agreement ☒ Presentation ☐ Resolution ☒ Other TFHD Fiduciary Responsibility Delegation Charter (redline & clean copy)
BUDGET: ALLOCATED IN THE BUDGET ☐ Yes ☐ No ☒ N/A IS A BUDGET TRANSFER REQUIRED ☐ Yes ☐ No ☒ N/A	PERSONNEL ADDITIONAL PERSONNEL REQUIRED ☐ Yes ☐ No ☒ N/A
BACKGROUND: The purpose of the Plan Charter is to guide TFHD in executing its administrative and fiduciary responsibilities with respect to the District's Eligible Deferred Compensation Plan and Money Purchase Pension Plan. The Board has delegated such responsibilities to the TFHD Retirement Plan Committee, "Committee."	
SUMMARY/OBJECTIVES: The District is the Plan Sponsor and is responsible for delegating specific fiduciary duties pursuant the Charter. The Board delegates certain administrative and fiduciary duties to the Committee. Until now an audit of the 401(a) Plan has not been considered.	
SUGGESTED DISCUSSION POINTS: • Key changes from the previous amendment; delegation of Plan audit oversight. • Name of Tahoe Forest Hospital District Board of Directors.	
SUGGESTED MOTION/ALTERNATIVES: Move to approve the amended Fiduciary Responsibility Delegation Charter, which delegates Plan audit oversight to the Committee and updates name of Tahoe Forest Hospital District Board of Directors, included in the consent agenda as presented. (includes all consent items) Alternative: Pull the item from consent agenda for further discussion. After discussion, request a motion to approve Fiduciary Responsibility Delegation Charter	
LIST OF ATTACHMENTS: TFHD Fiduciary Responsibility Delegation Charter (redline) TFHD Fiduciary Responsibility Delegation Charter (clean copy)	

TAHOE FOREST HOSPITAL DISTRICT

FIDUCIARY RESPONSIBILITY DELEGATION CHARTER

I. Purpose and Objectives

The purpose of this Fiduciary Responsibility Delegation Charter ("Charter") is to guide the **Tahoe Forest Hospital District** ("Plan Sponsor") in executing its fiduciary responsibilities with respect to the following plan(s) (the "Plan").

<i>Tahoe Forest Hospital District Eligible Deferred Compensation Plan</i>

<i>Tahoe Forest Hospital District Money Purchase Pension Plan</i>

This Charter defines the fiduciary responsibility of the Plan Sponsor and the delegation of certain rights, powers and duties under the Plan to others as designated by the Plan Sponsor. Fiduciaries who fail to meet the responsibilities delineated herein may be personally liable for breach of fiduciary duty.

However, the Plan Sponsor indemnifies and holds harmless each member of the Retirement Plan Committee (the "Committee") for an alleged breach of fiduciary duty, except in the case of the delegate's gross negligence or willful misconduct.

Plan Sponsor's objectives as they relate to fiduciary responsibility and maintenance and operation of the Plan are to:

- a) Maintain the Plan for the exclusive benefit of participants while avoiding any prohibited transactions and/or conflicts of interest;
- b) Exercise prudence in all respects while executing fiduciary responsibilities;
- c) Diversify designated investment alternatives available to participants under the Plan; and,
- d) Ensure conformity of the Plan's operations to the Plan document provisions and applicable law.

II. Fiduciary Authority and Responsibilities Under the Plan

The Plan Sponsor shall bear responsibility for delegating specific fiduciary duties. Certain fiduciary responsibilities shall be delegated by the Plan Sponsor's Board of Directors (the "Board") to other persons under and pursuant to this Charter. The Board shall retain decision rights regarding any substantive changes to the Plan that may impact annual Plan costs in excess of a de minimus amount, including changes to eligibility for benefits and/or changes in employer contributions.

III. Committee Membership

The Board hereby delegates certain functional fiduciary responsibilities to the Plan Sponsor's Retirement Plan Committee (the "Committee"). The Board shall select Committee members.

- a) The Committee's membership shall include Tahoe Forest Hospital District employees in the following roles, or successor positions as confirmed by the Committee Chair:
 - 1. Chief Human Resources, as Committee Chair, and;
 - 2. Chief Executive Officer, and;
 - 3. Chief Financial Officer, and;
 - 4. Benefits Coordinator, and;
 - 5. Additional Members as appointed by the Committee Chair.
- b) The Committee may name a Secretary, an employee who may, but need not be, a Committee member.
- c) If any individual, who is a member of the Committee, ceases to be an employee, then the removal of the Committee member shall occur automatically and without any requirement for action by the Board or any notice to the individual.
- d) Any employee will automatically be added to the Committee upon filling one of the roles above.

IV. Committee Procedures

The Committee shall ensure the execution of certain administrative responsibilities with respect to Plan operations. Such administrative responsibilities shall include:

- a) Committee Chair. The Chair shall be responsible for the preparation of the meeting agenda, meeting materials, and conducting the meeting.
- b) Majority Decisions. Any action of the Committee may be taken by a simple majority of those members qualified to vote, with or without the concurrence of the minority. In the event of a deadlock, the matter shall be decided by the Plan Sponsor.
- c) Delegation to Act in Behalf of Committee. The Committee may delegate to one or more of its members to act on its behalf, to give notice in writing of any action taken by the Committee, and to contract for legal, recordkeeping, accounting, clerical, and other services to carry out the purposes of the Plans. The Committee may appoint such officers and/or subcommittees (the members of which need not be members of the Committee) with such powers as it shall determine and may authorize to execute or deliver on behalf of the Plans.
- d) Committee Rules. Subject to the limitations of the Plans, the Committee shall from time to time establish rules for the administration of the Committee and the transaction of its business, including the times and places for holding meetings, the notices to be given with respect for such meetings and the number of members who shall constitute a quorum for the transaction of business.
- e) Frequency of Meetings. Except to the extent that the Committee shall otherwise determine, meetings of the Committee shall be held at least once each semi-annual period.

- f) Reports to the Board. Twice per year, within 90 days after the fiscal year end, and calendar year end, the Committee shall present a report to the Board. Such report shall include a summary of the activities of the Committee respecting the status of the administrative and investment activities of the Plans and such other information as the Committee or the Board deems advisable.
- g) There will be public notice to Tahoe Forest Hospital District Employees notifying them when and where the meetings will be held so that employees can attend if they choose.

V. Plan Administrative Responsibilities

The Plan administrative responsibilities of the Committee shall include, but shall not be limited to, the following:

- a) Require any person to furnish information for the proper administration of the Plans as a condition to receiving benefits.
- b) Make and enforce rules and prescribe procedures for efficient Plan administration.
- c) Maintain all records necessary for Plan administration, other than those maintained by the recordkeeper.
- d) Interpret and construe the Plans and their related documents.
- e) Determine guidelines for the amount of benefits payable and claims for benefits under the Plans.
- f) Designate persons to carry out any fiduciary responsibilities of the Plan Administrator for the Plans.
- g) Executing amendments to Plan documents and/or policies as may be required by changes in applicable law and/or regulation.
- h) Executing amendments to Plan documents as may be required by operational decisions resulting from the Plan Sponsor's changed objectives.
- i) Executing amendments to Plan documents and/or policies as may be required by changes in Plan benefit design approved by the Committee.
- j) Communicate the Plan's provisions to participants as required by applicable law and oversee information provided to participants on the nature and characteristics of the investment alternatives available in the Plans to assist participants with making prudent asset allocation decisions.
- k) Determining employee eligibility to participate in the Plan in accordance with applicable Plan document provisions.
- l) Enrolling participants in the Plan in accordance with applicable Plan document provisions.
- m) Ensuring the timely deposit of participant salary deferrals to the participants' separate accounts under the Plan.
- n) Approving and administering participant loans and distributions in accordance with applicable Plan document provisions.
- o) Preparing and reviewing consolidated financial reporting for the Plan, including governmental reporting.

- p) Providing general oversight of the Plan's compliance with applicable laws and/or regulations.
- q) Retaining recordkeepers/administrators, consultants, attorneys, auditors and other advisers to the plan as appropriate to assist with the aforementioned responsibilities.
- r) Monitoring and evaluating the recordkeeper/administrator and other parties hired to perform delegated responsibilities to ensure reasonability of fees and appropriate execution of delegated responsibilities.
- s) Establishing policies and procedures to allocate reasonable expenses incurred by the Plan.
- t) Prepare and review consolidated financial reporting for the Plan, including governmental reporting.
- s)u) Review the Plan's annual independent financial audit report.

VI. Plan Investment Responsibilities

The Board hereby delegates certain investment related responsibilities to the Committee. The Committee's investment related responsibilities shall include, but shall not be limited to, the following:

- a) Investment Policy. Develop investment objectives, guidelines and performance measurement standards consistent with the needs of the investments of the Plans as documented in an Investment Policy Statement.
- b) Selection of Investment Managers. Select investment funds for the Plans, ensuring their proper diversification, and monitoring their performance against appropriate benchmarks.
- c) Selection of Default Investment Alternative. Determine the default investment to be used in the event that a participant does not make an investment election.
- d) Monitoring Investments. Provide on-going monitoring with respect to the investments of the Plans in the context of established standards of performance, and taking whatever corrective action is deemed prudent and appropriate if objectives are not being met or if policies and guidelines are not being followed.
- e) Monitoring Fees and Expenses. Monitoring the reasonableness of investment costs passed to Plan participants.
- f) Investment Adviser. Retain independent advisers and investment consultants as appropriate to assist with the aforementioned responsibilities.
- g) Other Responsibilities. The Committee may take such other and further actions with respect to the investments of the Plans as are consistent with this Charter or as are set forth in the documents of the Plans or their related trusts or contracts, or which the Committee determines in its discretion are in the best interests of the Plans and participants.

VII. Construction

This Charter shall not be interpreted to limit the discretion of the Plan Sponsor. The Plan Sponsor, by its Board, reserves the discretion to make exceptions to this Charter as may be appropriate.

Original Adoption Date: January 25, 2018
Amendment Date: February 27, 2020
Amendment Date: August 27, 2026

As used herein, the term “participants” shall be deemed to include participants and their beneficiaries, as appropriate.

VIII. Charter Review and Amendment

This Charter shall be reviewed periodically by the Board and, if appropriate, shall be amended to reflect any relevant changes in the Plan’s operations, philosophy and/or objectives, as well as any relevant changes to applicable law.

IX. Plan Document Coordination

In the event of any conflict between the provisions of this Charter, or any delegation of authority made pursuant to this Charter, and the provisions of the Plan document, the terms of the Plan document shall govern.

X. Fiduciary Responsibility

The Committee, in the exercise of each and every power or discretion vested in it, shall fulfill their fiduciary responsibilities and discharge their duties, with respect to the plan, solely in the interest of the participants and beneficiaries. The fiduciaries are to perform their duties with the care, skill, prudence, and diligence under the circumstances then prevailing that a prudent person acting in a like capacity and familiar with such matters would use in the conduct of an enterprise of a like character and with like aims.

AS AUTHORIZED BY THE BOARD OF DIRECTORS ON ~~FEBRUARY~~ AUGUST 27, 202~~06~~06, EXECUTED FOR THE COMMITTEE:

BY:

Signature

Date

Michael McGarry~~Alyce Wong~~
Chair, Tahoe Forest Hospital District Board of Directors

Original Adoption Date: January 25, 2018
Amendment Date: February 27, 2020
Amendment Date: August 27, 2026

TAHOE FOREST HOSPITAL DISTRICT

FIDUCIARY RESPONSIBILITY DELEGATION CHARTER

I. Purpose and Objectives

The purpose of this Fiduciary Responsibility Delegation Charter ("Charter") is to guide the **Tahoe Forest Hospital District** ("Plan Sponsor") in executing its fiduciary responsibilities with respect to the following plan(s) (the "Plan").

<i>Tahoe Forest Hospital District Eligible Deferred Compensation Plan</i>

<i>Tahoe Forest Hospital District Money Purchase Pension Plan</i>

This Charter defines the fiduciary responsibility of the Plan Sponsor and the delegation of certain rights, powers and duties under the Plan to others as designated by the Plan Sponsor. Fiduciaries who fail to meet the responsibilities delineated herein may be personally liable for breach of fiduciary duty.

However, the Plan Sponsor indemnifies and holds harmless each member of the Retirement Plan Committee (the "Committee") for an alleged breach of fiduciary duty, except in the case of the delegate's gross negligence or willful misconduct.

Plan Sponsor's objectives as they relate to fiduciary responsibility and maintenance and operation of the Plan are to:

- a) Maintain the Plan for the exclusive benefit of participants while avoiding any prohibited transactions and/or conflicts of interest;
- b) Exercise prudence in all respects while executing fiduciary responsibilities;
- c) Diversify designated investment alternatives available to participants under the Plan; and,
- d) Ensure conformity of the Plan's operations to the Plan document provisions and applicable law.

II. Fiduciary Authority and Responsibilities Under the Plan

The Plan Sponsor shall bear responsibility for delegating specific fiduciary duties. Certain fiduciary responsibilities shall be delegated by the Plan Sponsor's Board of Directors (the "Board") to other persons under and pursuant to this Charter. The Board shall retain decision rights regarding any substantive changes to the Plan that may impact annual Plan costs in excess of a de minimus amount, including changes to eligibility for benefits and/or changes in employer contributions.

Original Adoption Date: January 25, 2018
Amendment Date: February 27, 2020
Amendment Date: August 27, 2026

III. Committee Membership

The Board hereby delegates certain functional fiduciary responsibilities to the Plan Sponsor's Retirement Plan Committee (the "Committee"). The Board shall select Committee members.

- a) The Committee's membership shall include Tahoe Forest Hospital District employees in the following roles, or successor positions as confirmed by the Committee Chair:
 - 1. Chief Human Resources, as Committee Chair, and;
 - 2. Chief Executive Officer, and;
 - 3. Chief Financial Officer, and;
 - 4. Benefits Coordinator, and;
 - 5. Additional Members as appointed by the Committee Chair.
- b) The Committee may name a Secretary, an employee who may, but need not be, a Committee member.
- c) If any individual, who is a member of the Committee, ceases to be an employee, then the removal of the Committee member shall occur automatically and without any requirement for action by the Board or any notice to the individual.
- d) Any employee will automatically be added to the Committee upon filling one of the roles above.

IV. Committee Procedures

The Committee shall ensure the execution of certain administrative responsibilities with respect to Plan operations. Such administrative responsibilities shall include:

- a) Committee Chair. The Chair shall be responsible for the preparation of the meeting agenda, meeting materials, and conducting the meeting.
- b) Majority Decisions. Any action of the Committee may be taken by a simple majority of those members qualified to vote, with or without the concurrence of the minority. In the event of a deadlock, the matter shall be decided by the Plan Sponsor.
- c) Delegation to Act in Behalf of Committee. The Committee may delegate to one or more of its members to act on its behalf, to give notice in writing of any action taken by the Committee, and to contract for legal, recordkeeping, accounting, clerical, and other services to carry out the purposes of the Plans. The Committee may appoint such officers and/or subcommittees (the members of which need not be members of the Committee) with such powers as it shall determine and may authorize to execute or deliver on behalf of the Plans.
- d) Committee Rules. Subject to the limitations of the Plans, the Committee shall from time to time establish rules for the administration of the Committee and the transaction of its business, including the times and places for holding meetings, the notices to be given with respect for such meetings and the number of members who shall constitute a quorum for the transaction of business.
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Original Adoption Date: January 25, 2018
Amendment Date: February 27, 2020
Amendment Date: August 27, 2026

- p) Providing general oversight of the Plan's compliance with applicable laws and/or regulations.
- q) Retaining recordkeepers/administrators, consultants, attorneys, auditors and other advisers to the plan as appropriate to assist with the aforementioned responsibilities.
- r) Monitoring and evaluating the recordkeeper/administrator and other parties hired to perform delegated responsibilities to ensure reasonability of fees and appropriate execution of delegated responsibilities.
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- d) Monitoring Investments. Provide on-going monitoring with respect to the investments of the Plans in the context of established standards of performance, and taking whatever corrective action is deemed prudent and appropriate if objectives are not being met or if policies and guidelines are not being followed.
- e) Monitoring Fees and Expenses. Monitoring the reasonableness of investment costs passed to Plan participants.
- f) Investment Adviser. Retain independent advisers and investment consultants as appropriate to assist with the aforementioned responsibilities.
- g) Other Responsibilities. The Committee may take such other and further actions with respect to the investments of the Plans as are consistent with this Charter or as are set forth in the documents of the Plans or their related trusts or contracts, or which the Committee determines in its discretion are in the best interests of the Plans and participants.

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AS AUTHORIZED BY THE BOARD OF DIRECTORS ON AUGUST 27, 2026, EXECUTED FOR THE COMMITTEE:

BY:

Signature

Date

Michael McGarry
Chair, Tahoe Forest Hospital District Board of Directors



AGENDA ITEM COVER SHEET

MEETING DATE: August 27, 2026	ITEM: 14.5. ACMP Policy/Procedure
DEPARTMENT: Compliance	TYPE OF AGENDA ITEM: ☐ Action ☒ Consent ☐ Discussion
RESPONSIBLE PARTY: Gary Harper, Compliance Auditor & Analyst Scott Kraft, Compliance Officer	SUPPORTIVE DOCUMENT ATTACHED ☐ Agreement ☐ Presentation ☐ Resolution ☒ Other Policies & Procedures
BUDGET: ALLOCATED IN THE BUDGET ☐ Yes ☐ No ☒ N/A IS A BUDGET TRANSFER REQUIRED ☐ Yes ☐ No ☒ N/A	PERSONNEL ADDITIONAL PERSONNEL REQUIRED ☐ Yes ☐ No ☒ N/A
BACKGROUND: Administrative and departmental operating policies and procedures must be reviewed <i>at least once every three years</i> , more often as necessary. ACMP policies and procedures denote Compliance P&Ps. They describe the enforcement of healthcare rules and regulations, primarily related to fraud and abuse, privacy and billing practices.	
SUMMARY/OBJECTIVES: <u>Policies/Procedures – New P&P</u> • Compassionate Communications to Patients – ACMP-2601 This new policy is applicable to all staff and providers within the District. The goal is to allow those who desire to send messages of compassion (i.e. sympathy cards) to patients or their families do so in appropriate ways.	
SUGGESTED DISCUSSION POINTS: N/A	
SUGGESTED MOTION/ALTERNATIVES: Move to approve the ACMP policy listed on the consent agenda as presented. (includes all consent items) Alternative: Pull individual policy from consent for further discussion under section 17.	
LIST OF ATTACHMENTS: • Compassionate Communications to Patients – ACMP-2601(new policy)	



TAHOE
FOREST
HEALTH
SYSTEM

Origination Date06/2026
Last Approved06/2026
Effective06/2026
Last Revised06/2026
Next Review05/2029

DepartmentCompliance - ACMP
ApplicabilitiesSystem

Compassionate Communication to Patients, ACMP-2601

RISK:

- A. Failure to implement a standardized compassionate communication process may unintentionally result in violations of patient privacy regulations including HIPAA, emotional distress to families, and increased legal and reputation risk to the organization.
- B. Additionally, failure to allow compassionate communication may result in failure to provide compassionate care to the patients of Tahoe Forest Health District.

POLICY:

- A. Tahoe Forest Hospital District (TFHD) shall maintain a standardized approach for communication and management of patient electronic medical records (EMR) to support compassionate engagement with patients and their families while maintaining compliance with applicable federal and state privacy laws, including HIPAA.
- B. TFHD shall permit limited, role-based access to patient records for healthcare operations, administrative functions, and regulatory compliance in accordance with the minimum necessary standard.
- C. All workforce members must comply with this policy when accessing, documenting, or communicating information related to major life events for patients.

PROCEDURE:

- A. Notification of event
 - 1. Communication may be permitted for qualifying major life events, addressed to the patient, or, in the instance of bereavement, to their next of kin, personal representative, or documented family contact. Qualifying life events include, but are

not limited to:

- a. Patient's birthday
 - b. New parent
 - c. Bereavement related to the patient or family member
2. Communication shall be drafted and sent or communicated within 3 weeks following notification of the event.

B. Accessing a patient's chart

1. Staff may access patient records only for permitted purposes including:
 - a. Health care operations (e.g., quality review, compassionate communication coordination)
 - b. Administrative functions (e.g., account resolution, record completion, training and education)
 - c. Legal and regulatory requirements
2. All access must comply with the HIPAA minimum necessary standard
3. Access for non-operational, personal, or unauthorized purposes is strictly prohibited
4. Audit logs shall be maintained and monitored for inappropriate access.

C. Content of communication

1. Communication for any life event shall not include any Protected Health Information (PHI).
 - a. Communication shall be limited to general expressions of sympathy or congratulations and abide by the minimum necessary standard.
 - b. Communication shall not acknowledge other patient-provider relationships.
 - c. Communication shall not acknowledge any current or past patient conditions or any subjects that may cause duress.
 - d. The tone of the communication shall be professional in nature.

D. Verification of appropriate contact

1. The author of the communication shall confirm it is appropriate to contact the intended recipient. Common situations where it may not be appropriate to make contact include, but are not limited to:
 - a. In the event of deceased patients, estranged spouse or child(ren) whom patient did not have a relationship with
 - b. The patient, due to personal reasons, has said they do not acknowledge

the event subject to writing (e.g., religious reasons, traumatic history)

c. The Patient has otherwise documented a “no contact” order

2. The author of the communication shall be responsible to verify there is a consent on file that allows the contact.

E. Documentation of communication

1. To avoid duplicative efforts, the author of the communication shall document in the patient’s chart confirming they have sent communication

F. Privacy and HIPAA Compliance

1. Protected health information of all patients, including deceased patients, shall remain protected under HIPAA.
2. In the instance of patient death, disclosures to family members or individuals involved in the patient’s care or payment prior to death may be permitted in accordance with applicable regulations, unless otherwise restricted.
3. Staff shall not disclose PHI in any communications or other non-permitted contexts.

G. Training and Compliance

1. Workforce members shall receive education on:
 - a. Bereavement communication standards
 - b. Appropriate access to deceased patient records
 - c. HIPAA requirements related to deceased individuals
2. Compliance with this policy shall be monitored through audits and quality improvement processes.

All Revision Dates

06/2026

Approval Signatures

Step Description

Approver

Date

Matt Mushet: Inhouse Counsel

06/2026

Gary Harper: Compliance
Analyst & Auditor

05/2026



AGENDA ITEM COVER SHEET

MEETING DATE: August 27, 2026	ITEM: 15.1. Primary Care Access Update
DEPARTMENT: Primary Care	TYPE OF AGENDA ITEM: ☐ Action ☐ Consent ☒ Discussion
RESPONSIBLE PARTY: Dylan Crosby, Chief of Clinic Operations and Facilities: Dr. Aaron Ulland, Medical Director Primary Care	SUPPORTIVE DOCUMENT ATTACHED ☐ Agreement ☒ Presentation ☐ Resolution ☐ Other
BUDGET: ALLOCATED IN THE BUDGET ☐ Yes ☐ No ☒ N/A IS A BUDGET TRANSFER REQUIRED ☐ Yes ☐ No ☒ N/A	PERSONNEL ADDITIONAL PERSONNEL REQUIRED ☐ Yes ☐ No ☒ N/A
BACKGROUND: As we have heard from the community and prioritized, access to primary care is crucial. The redesign team focused on this effort has planned recruitment efforts, test and planned change being published/implemented in the coming months. The intent of this presentation/discussion is to update the Board on current state, next steps and how this support our Health System goals.	
SUMMARY/OBJECTIVES: Presentation will focus on the current state, next steps and how current efforts align with the Health System goal of creating access.	
SUGGESTED DISCUSSION POINTS: Impact on access. Expanded patient care options. Care continuity Measurement	
SUGGESTED MOTION/ALTERNATIVES: NA	
LIST OF ATTACHMENTS: "Presentation"	

Primary Care Access Update

Dr. Ulland
Dylan Crosby

August 2026



Primary Care Access: From Community Priority to Action

What our community told us

Primary care access is one of the clearest priorities identified through 5,000 Voices.

Patients want:

Timely access to care

Strong relationships with providers who know them

Easier navigation and care options

Our response:

Increase primary care capacity while redesigning how patients access and move through care.

Building a More Accessible Primary Care System

PROVIDERS

5 additional providers starting this fall

Recruiting across locations to fill organizational needs

SPACES

North Shore Clinic separates Primary Care from Urgent Care, creating additional Primary Care capacity.

Gateway Center transition will allow Primary Care to better utilize available exam rooms.

CHOICES

Mobile clinic

Telehealth

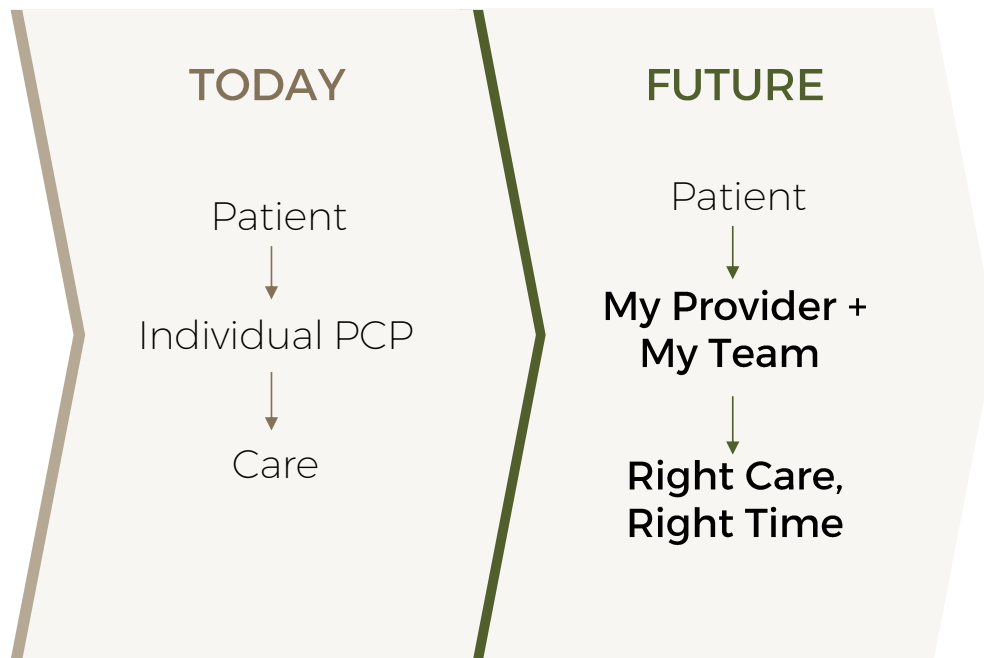
Weekend care

After-hours care

We are expanding the supply of Primary Care, not simply redistributing existing appointments.

Evolving How Patients Access Primary Care

Increasing capacity is only part of the solution



What this means

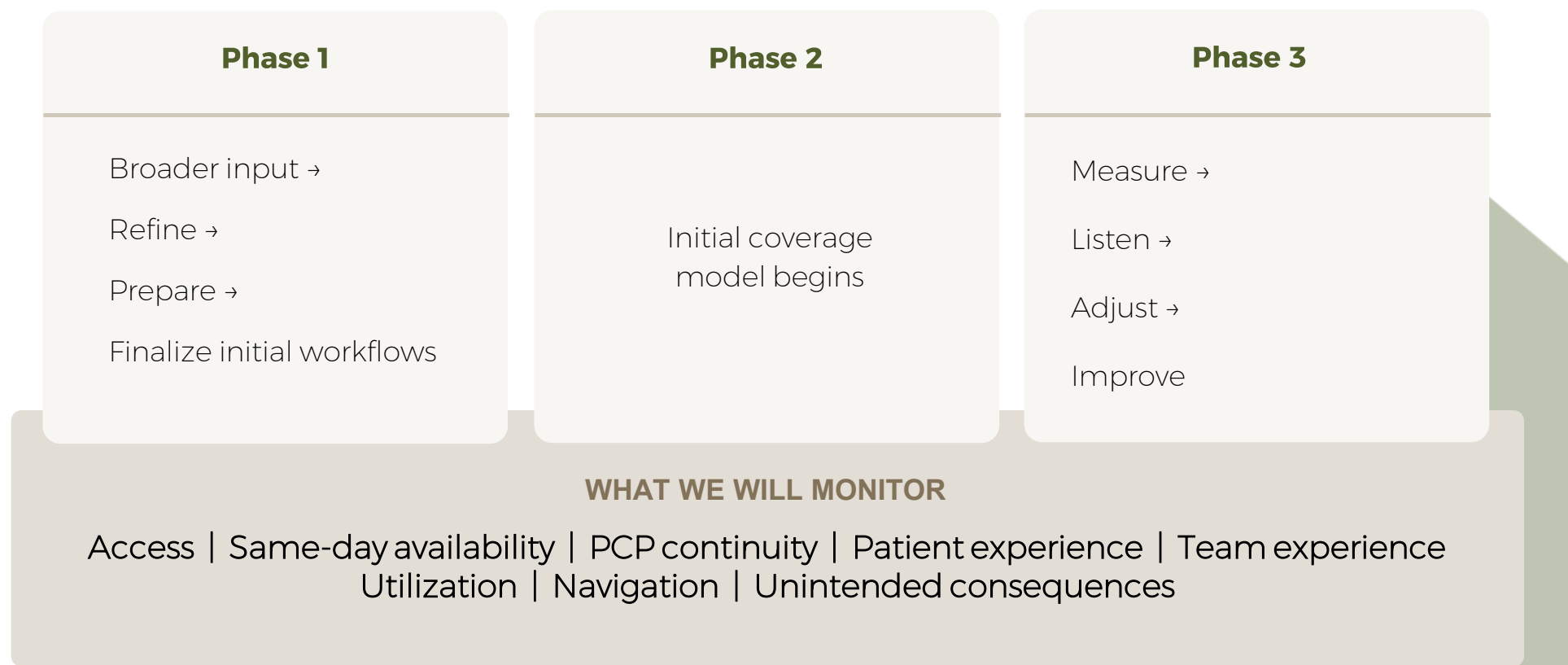
Preserve the relationship between patients and their primary care provider

Expand access through a consistent care team

Match patient needs with the appropriate clinical resource

Maintain quality, continuity and patient choice

Coming This Fall: Implement, Learn and Improve



Next Step: Engaging Our Teams & Community

PRIMARY CARE COVERAGE MODEL

Proposed direction

Preserve the patient-PCP relationship

Expand access through a consistent care team

Match needs to the right clinical resource

Maintain quality, continuity & patient choice

Starting now: Broader engagement

Medical Staff + Primary Care Teams + Community





AGENDA ITEM COVER SHEET

MEETING DATE: August 27, 2026	ITEM: Semi Annual Retirement Plan Update
DEPARTMENT: ADMINISTRATION	TYPE OF AGENDA ITEM: ☐ Action ☐ Consent ☒ Discussion
RESPONSIBLE PARTY: Crystal Felix, Chief Financial Officer Brian Montanez, CIMA®, AIF, CPC®, TGPC, NQPC™	SUPPORTIVE DOCUMENT ATTACHED ☐ Agreement ☒ Presentation ☐ Resolution ☐ Other
BUDGET: ALLOCATED IN THE BUDGET ☐ Yes ☐ No ☒ N/A IS A BUDGET TRANSFER REQUIRED ☐ Yes ☐ No ☒ N/A	PERSONNEL ADDITIONAL PERSONNEL REQUIRED ☐ Yes ☐ No ☒ N/A
BACKGROUND: Provide a board overview of the performance of the retirement plan, plan assets, and any fiduciary education provided at the quarterly retirement plan committee meetings.	
SUMMARY/OBJECTIVES: Review Q1 & Q2 2026 plan activities.	
SUGGESTED DISCUSSION POINTS:	
SUGGESTED MOTION/ALTERNATIVES: Discussion item	
LIST OF ATTACHMENTS: 2026 Q3 Retirement Plan Presentation	



MULTNOMAH GROUP

**Retirement Plans Oversight Presentation
Tahoe Forest Hospital District Board of Directors
Period Q1 & Q2, 2026**

August 27, 2025

Breakdown of Plans

401(1) Employer Contribution Plan	457(b) Employee Contribution Plan
Plan Assets increased from • \$110.1 M as of December 31, 2025, to • \$121.6 M as of June 30, 2026 • + \$11.5 M (10.4%) As of June 30, 2026, reporting: ➤ All investments are rated Satisfactory by Multnomah Group's Investment Committee and score in the top half of the Multnomah Group's Quantitative Score ranking.	Plan Assets increased from • \$142.4 M as of December 31, 2025, to • \$156.2 M as of June 30, 2026 • + \$13.8 (9.7%) • Investments: Same For the period December 31, 2025, to June 30, 2026: ➤ Participation Rate remained the same: 88.3% ➤ Ave. Deferral Rate decreased from: 10.2% to 10.1% ➤ Total Savings Rate (EE & ER) increased from: 14.1% to 14.3% <i>* Auto-enrollment is set at 6%</i>

Q1, 2026 Activities

Reviewed Performance of the Plan investments

- ✓ Multnomah Group's Investment Committee kept Conestoga Small Cap Growth on Watch List for continued evaluation
- ✓ All remaining funds were rated **Satisfactory** by Multnomah Group's Investment Committee.

Reviewed the Plan Assets

- ✓ No issues identified.

Plan Design Discussion

- ✓ Discussed new legislation: SECURE Act Age-50 Roth Catch-Up Contributions
- ✓ Removed the 6-month suspension of deferrals if someone takes an unforeseen emergency distribution.
- ✓ Removed the requirement of spousal approval of a distribution from the 457(b).
 - ✓ Is legally required on 401(a) MPP

Fidelity Plan Review

- ✓ Received Fidelity's Retirement Plan trends for 2025.
- ✓ Discussed participant activities over prior year.

401(a) Plan Audit

- ✓ CFO reported that we have not yet received the audit report from Baker Tilly.

Fiduciary Education

- ✓ Fiduciary Training Program: "Plan Audit."

Q2, 2026 Activities

Reviewed Performance of the Plan investments

- ✓ Committee replacement of Conestoga Small Cap Growth fund with Harbor Small Cap Growth fund for performance reasons.
- ✓ Committee approved replacement of Harding Loevner International Growth Fund recommended for removal, with American Funds EUPAC fund for participant reporting reasons.
- ✓ All remaining funds were rated **Satisfactory** by Multnomah Group's Investment Committee.

Reviewed the Plan Assets

- ✓ No issues identified.

Annual Fee Benchmarking

- ✓ Committee received Multnomah Group's annual fee benchmarking report.
- ✓ Currently, the Plans pay \$74.47 per unique participant with an account balance. Multnomah Group has projected that competitive bids for similar services would range between \$60 to \$90 per participant.
- ✓ Committee considers these fees reasonable for services received.

Q2, 2026 Activities

Auditor's Report to Those Charged with Governance

- Mr. Conner of Baker Tilly presented the results of the first-year audit of the 401(a) Plan as of June 30, 2025. There were several observations that have been successfully addressed by the Committee with practices implemented to prevent recurrence.
 - See “Communications with those Charged with Governance” report for details.
- The Committee is recommending that the Board amend the Fiduciary Responsibility Delegation Charter to add audit oversight responsibilities to the charter, and therefore the Committee.
 - See Fiduciary Responsibility Delegation Charter (Redline)

Questions

Disclosures

Multnomah Group is a registered investment adviser, registered with the Securities and Exchange Commission. Any information contained herein or on Multnomah Group's website is provided for educational purposes only and does not intend to make an offer or solicitation for the sale or purchase of any specific securities, investments, or investment strategies. Investments involve risk and, unless otherwise stated, are not guaranteed. Multnomah Group does not provide legal or tax advice.



AGENDA ITEM COVER SHEET

MEETING DATE: August 28, 2025	ITEM: 15.3 Annual Investment Report
DEPARTMENT: Finance	TYPE OF AGENDA ITEM: ☐ Action ☐ Consent ☒ Discussion
RESPONSIBLE PARTY: Crystal Felix, Chief Financial Officer & Alayne Marie Sampson, Chandler Asset Management	SUPPORTIVE DOCUMENT ATTACHED ☐ Agreement ☒ Presentation ☐ Resolution ☐ Other
BUDGET: ALLOCATED IN THE BUDGET ☐ Yes ☐ No ☒ N/A IS A BUDGET TRANSFER REQUIRED ☐ Yes ☐ No ☒ N/A	PERSONNEL ADDITIONAL PERSONNEL REQUIRED ☐ Yes ☐ No ☒ N/A
BACKGROUND: Chandler Asset Management provides an annual update of our investment portfolio to the Board of Directors. The reports allows the full Board to be informed about current market conditions and the effects of recent volatility driven by actions from the Federal Government, as well as allows the Board to ask any questions they may have.	
SUMMARY/OBJECTIVES: To provide the Board information about the District's investment portfolio and any potential risks to the portfolio due to actions from the Federal Government that are impacting current and future market conditions.	
SUGGESTED DISCUSSION POINTS: Opportunity to ask any questions or raise any concerns you may have about our existing investment portfolio, future investments, or about our investment policy.	
SUGGESTED MOTION/ALTERNATIVES: No motions are requested.	
LIST OF ATTACHMENTS: 15.2. Chandler Investment Annual Investment Board Reports (2)	

INVESTMENT REPORT

Tahoe Forest Hospital District | Board Report | As of June 30, 2026

CHANDLER ASSET MANAGEMENT | chandlerasset.com

Chandler Team:

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■ Labor Markets

Nonfarm payrolls unexpectedly declined by 23,000 in July, challenging the view that the labor market was continuing to expand at a modest pace. Revisions to the prior two months further weakened the picture: May payroll growth was revised down to 63,000 from 129,000, erasing 66,000 jobs, while June was revised down to 20,000 from 57,000, a 37,000-job reduction. Together, the revisions reduced employment growth in May and June by 103,000 positions. By industry, local government education led July's declines, shedding 50,000 jobs, followed by leisure and hospitality (-40,000) and retail trade (-19,000). Health care partially offset those losses, adding 22,000 jobs. Meanwhile, the unemployment rate edged down to 4.1%, due in part to a modest decline in labor force participation.

■ Inflation

Inflation decelerated sharply in June, with the Consumer Price Index (CPI) falling 0.4% on the month—its largest decline since the onset of the pandemic in 2020—and bringing the annual rate down to 3.5% from 4.2% in May. Core CPI (excluding food and energy) was flat on the month and rose 2.6% year over year, both coming in softer than expected after energy-driven pressures pushed inflation to a three-year high earlier in the quarter. The CPI report suggests at least a near-term reprieve in inflation. The Personal Consumption Expenditures Index (PCE), the Fed's preferred gauge, told a similar story: headline PCE fell 0.1% and decelerated to 3.7% annually, while core PCE rose 0.1% and cooled to 3.3% from a year earlier. Both measures remain well above the central bank's longstanding target, and officials have signaled they are unwilling to declare victory given how quickly the disinflationary trend could reverse if oil prices resume climbing.

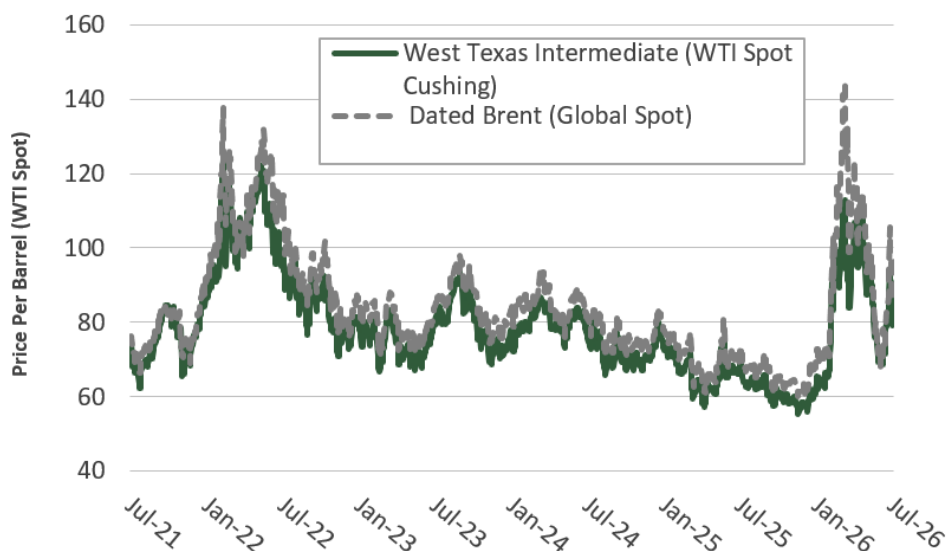
■ Federal Reserve

The Federal Reserve held its benchmark rate at 3.50% to 3.75% following the July 28 to 29 meeting of the Federal Open Market Committee, with minutes from the prior June gathering revealing officials had grown increasingly split over how much weight to place on tariff driven costs versus signs of labor market softening. Chair Kevin Warsh, sworn in earlier this year, has continued winding down forward guidance from post meeting communications, arguing markets should focus on incoming data rather than anticipated rhetoric. The balance sheet continued its gradual runoff without any announced change to the pace of reduction. Minutes also noted that the conflict in the Middle East has complicated officials' read on how persistent current inflation will prove.

■ Gross Domestic Product (GDP)

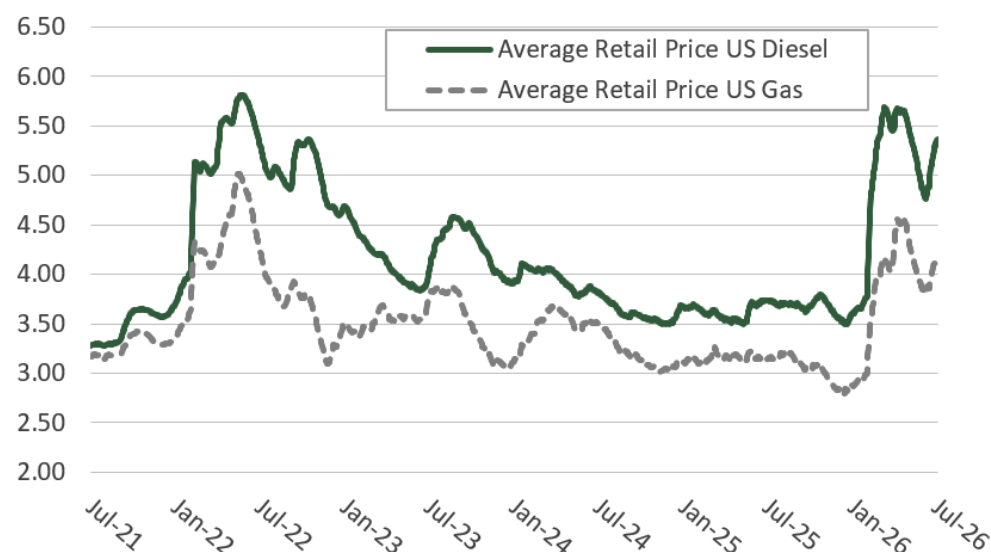
Growth downshifted in the second quarter, with the U.S. economy expanding at a 1.5% annualized rate, decelerating from the first quarter's 2.1% pace and short of the 2.1% economists had anticipated, according to the Bureau of Economic Analysis's advance estimate. Consumer spending and business investment contributed positively, while a pullback in government outlays and rising imports, which subtract from growth, weighed on the result. The deceleration reflects lingering tariff related cost pressures and the energy disruptions tied to the conflict in the Middle East. As this is the advance estimate, the Bureau of Economic Analysis will publish two additional revisions as more complete data arrives.

Oil Prices



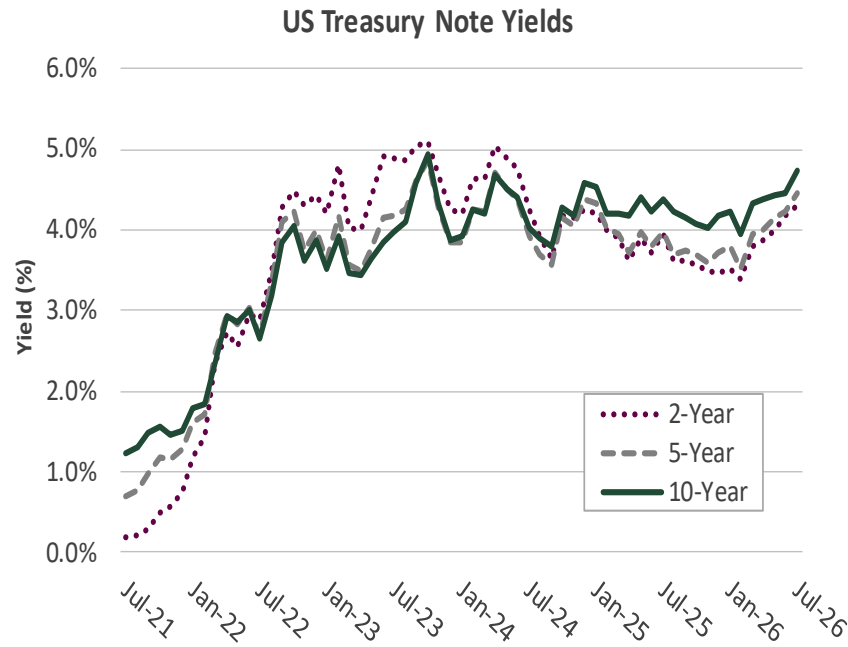
Source: Bloomberg Indices

US Fuel Prices

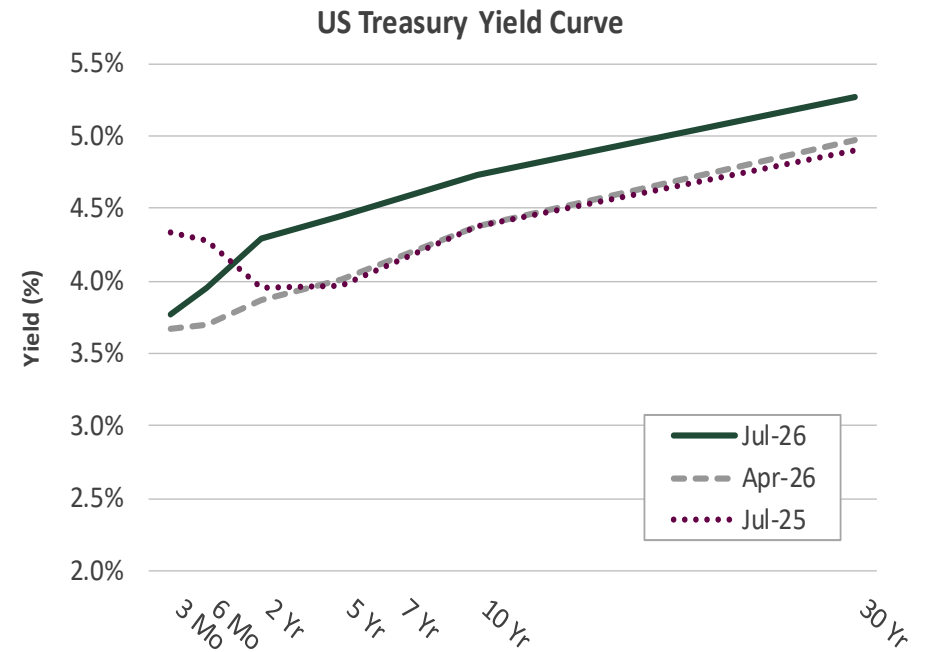


Source: Bloomberg Indices

West Texas Intermediate (WTI) crude settled at \$84.67 a barrel at the end of July, while Brent finished at \$90.12, with both benchmarks posting their strongest monthly gains since March: WTI rose 21% and Brent rose 24%. The advance reflected renewed hostilities between the United States and Iran, which intermittently disrupted tanker traffic through the Strait of Hormuz, a corridor that historically traffics roughly a fifth of global crude and natural gas supply. Prices retreated from their intramonth highs late in July as diplomatic overtures raised hopes for a durable ceasefire, though the stop-and-start nature of the conflict left a persistent risk premium embedded in oil markets. AAA's national average for regular gasoline held at \$4.09 a gallon to end July.



Source: Bloomberg



Source: Bloomberg

A positively sloped Treasury curve persisted across its full range through the end of July, with the three-month bill yielding roughly 3.76%, the two-year note 4.29%, the five-year 4.45%, and the ten-year note 4.74%. The gap between the three-month bill and the ten-year note widened to 97 basis points, while the more closely watched two-year-to-ten-year spread widened to 45 basis points after a 24 basis points intramonth low in June. That divergence suggests recent yield increases have been concentrated in the shorter and intermediate maturities rather than lifting the entire curve uniformly. The overall shape continues to imply that markets see a near-term recession as unlikely, even as uncertainty about the Federal Reserve's next move has increased since the July meeting.

PORTFOLIO SUMMARY

Tahoe Forest Hospital District | Account #10841 | As of June 30, 2026

Portfolio Characteristics

Average Modified Duration	2.55
Average Coupon	3.74%
Average Purchase YTM	4.12%
Average Market YTM	4.30%
Average Credit Quality*	AA
Average Final Maturity	2.97
Average Life	2.80

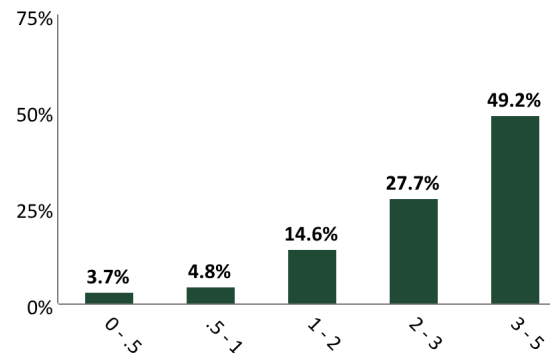
Sector Allocation

US Treasury	49.64%
Corporate	24.73%
Agency CMBS	9.81%
Agency	6.65%
ABS	6.37%
Supras	2.45%
Money Mkt Fd	0.34%
Cash	0.00%

Account Summary

	End Values as of 03/31/2026	End Values as of 06/30/2026
Market Value	102,043,394.44	102,553,175.79
Accrued Interest	749,816.61	821,278.87
Total Market Value	102,793,211.05	103,374,454.66
Income Earned	1,003,227.00	1,037,496.04
Cont/WD	676,971.77	251,385.29
Par	102,643,703.21	104,093,891.21
Book Value	101,785,365.23	102,978,855.15
Cost Value	101,246,270.49	102,458,982.31

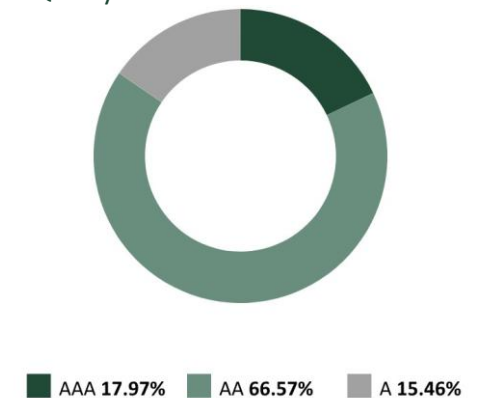
Maturity Distribution



Top Issuers

USA	49.64%
Federal Home Loan Mortgage Corp	9.81%
Federal Home Loan Banks	5.18%
Farm Credit System	1.47%
Bank of America Corporation	1.46%
JPMorgan Chase & Co.	1.45%
Toyota Motor Corporation	1.32%
Salesforce, Inc.	1.20%

Credit Quality*



Performance Review

Total Rate of Return**	1M	3M	YTD	1YR	2YRS	3YRS	5YRS	10YRS	Since Inception (11/01/21)
Tahoe Forest Hospital District	0.09%	0.34%	0.59%	2.99%	4.65%	4.64%	--	--	2.19%
Benchmark Return	0.06%	0.24%	0.43%	2.71%	4.37%	4.30%	--	--	1.73%

*The average credit quality is a weighted average calculation of the highest of S&P, Moody's and Fitch.

**Periods over 1 year are annualized.

Benchmark: ICE BofA 1-5 Year Unsubordinated US Treasury & Agency Index

TRANSACTION LEDGER



Tahoe Forest Hospital District | Account #10841 | 04/01/2026 Through 06/30/2026 |

Transaction Type	Settlement Date	CUSIP	Quantity	Security Description	Price	Acq/Disp Yield	Amount	Interest Pur/Sold	Total Amount	Gain/Loss
ACQUISITIONS										
Purchase	04/21/2026	89240QAD7	375,000.00	TAOT 2026-B A3 4.13 12/16/2030	99.979	0.00%	(374,920.91)	0.00	(374,920.91)	0.00
Purchase	04/22/2026	91282CJQ5	1,100,000.00	UNITED STATES TREASURY 3.75 12/31/2030	99.301	0.00%	(1,092,308.59)	(12,762.43)	(1,105,071.02)	0.00
Purchase	04/22/2026	91282CQG9	1,100,000.00	UNITED STATES TREASURY 3.875 03/31/2031	99.840	0.00%	(1,098,238.28)	(2,562.16)	(1,100,800.44)	0.00
Purchase	04/27/2026	3137F8ZV8	1,250,000.00	FHMS K-123 A2 1.621 12/25/2030	89.621	0.00%	(1,120,263.67)	(1,463.40)	(1,121,727.07)	0.00
Purchase	05/06/2026	756109AX2	1,250,000.00	REALTY INCOME CORP 3.25 01/15/2031	94.066	0.00%	(1,175,825.00)	(12,526.04)	(1,188,351.04)	0.00
Purchase	05/13/2026	43814YAD3	760,000.00	HAROT 2026-2 A3 4.3 11/15/2030	99.997	4.34%	(759,978.04)	0.00	(759,978.04)	0.00
Purchase	05/14/2026	36275AAD1	335,000.00	GMALT 2026-2 A3 4.3 03/20/2029	99.989	0.00%	(334,963.75)	0.00	(334,963.75)	0.00
Purchase	05/14/2026	89236TQB4	765,000.00	TOYOTA MOTOR CREDIT CORP 4.55 05/14/2031	99.797	0.00%	(763,447.05)	0.00	(763,447.05)	0.00
Purchase	05/20/2026	58769MAD2	740,000.00	MBART 261 A3 4.36 10/15/2030	99.978	0.00%	(739,838.83)	0.00	(739,838.83)	0.00
Purchase	06/08/2026	3137FX3Q9	1,250,000.00	FHMS K-117 A2 1.406 08/25/2030	88.582	0.00%	(1,107,275.39)	(341.74)	(1,107,617.13)	0.00
Purchase	06/10/2026	95000U2L6	1,100,000.00	WELLS FARGO & CO 4.478 04/04/2031	98.763	0.00%	(1,086,393.00)	(9,030.63)	(1,095,423.63)	0.00
Purchase	06/17/2026	44935KAD5	580,000.00	HART 26B A3 4.51 02/18/2031	99.988	0.00%	(579,929.99)	0.00	(579,929.99)	0.00
Purchase	06/18/2026	67066GAR5	525,000.00	NVIDIA CORP 4.5 06/15/2031	99.810	0.00%	(524,002.50)	0.00	(524,002.50)	0.00
Total Purchase			11,130,000.00				(10,757,385.00)	(38,686.40)	(10,796,071.40)	0.00
TOTAL ACQUISITIONS			11,130,000.00				(10,757,385.00)	(38,686.40)	(10,796,071.40)	0.00

DISPOSITIONS

TRANSACTION LEDGER



Tahoe Forest Hospital District | Account #10841 | 04/01/2026 Through 06/30/2026 |

Transaction Type	Settlement Date	CUSIP	Quantity	Security Description	Price	Acq/Disp Yield	Amount	Interest Pur/Sold	Total Amount	Gain/Loss
Maturity	04/20/2026	4581X0DV7	(1,500,000.00)	INTER-AMERICAN DEVELOPMENT BANK 0.875 04/20/2026	100.000	0.00%	1,500,000.00	0.00	1,500,000.00	0.00
Maturity	05/15/2026	02582JJZ4	(380,000.00)	AMXCA 2023-1 A 4.87 05/15/2026	100.000	4.92%	0.00	0.00	0.00	0.00
Total Maturity			(1,880,000.00)				1,500,000.00	0.00	1,500,000.00	0.00
Sale	04/24/2026	665859AW4	(345,000.00)	NORTHERN TRUST CORP 4.0 05/10/2027	99.960	0.00%	344,862.00	6,286.67	351,148.67	(21.38)
Sale	04/24/2026	91282CFM8	(950,000.00)	UNITED STATES TREASURY 4.125 09/30/2027	100.449	0.00%	954,267.58	2,569.67	956,837.25	799.98
Sale	05/06/2026	756109BG8	(1,250,000.00)	REALTY INCOME CORP 3.95 08/15/2027	99.565	0.00%	1,244,562.50	11,109.38	1,255,671.88	12,533.09
Sale	05/08/2026	89114TZN5	(1,000,000.00)	TORONTO-DOMINION BANK 1.95 01/12/2027	98.588	0.00%	985,880.00	6,283.33	992,163.33	(13,060.66)
Sale	05/13/2026	91282CCZ2	(500,000.00)	UNITED STATES TREASURY 0.875 09/30/2026	98.922	0.00%	494,609.38	514.00	495,123.38	(4,881.38)
Sale	05/14/2026	91282CGC9	(475,000.00)	UNITED STATES TREASURY 3.875 12/31/2027	99.840	0.00%	474,239.26	6,813.36	481,052.62	(2,567.98)
Sale	06/05/2026	91282CGH8	(1,500,000.00)	UNITED STATES TREASURY 3.5 01/31/2028	99.148	0.00%	1,487,226.56	18,128.45	1,505,355.01	6,863.22
Sale	06/11/2026	14913R3A3	(600,000.00)	CATERPILLAR FINANCIAL SERVICES CORP 3.6 08/12/2027	99.351	0.00%	596,106.00	7,140.00	603,246.00	(2,542.38)
Sale	06/17/2026	931142EX7	(500,000.00)	WALMART INC 3.95 09/09/2027	99.882	0.00%	499,410.00	5,376.39	504,786.39	(455.62)
Total Sale			(7,120,000.00)				7,081,163.28	64,221.25	7,145,384.53	(3,333.12)
TOTAL DISPOSITIONS			(9,000,000.00)				8,581,163.28	64,221.25	8,645,384.53	(3,333.12)

IMPORTANT DISCLOSURES



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Information contained herein is confidential. Prices are provided by ICE Data Services Inc (“IDS”), an independent pricing source. In the event IDS does not provide a price or if the price provided is not reflective of fair market value, Chandler will obtain pricing from an alternative approved third party pricing source in accordance with our written valuation policy and procedures. Our valuation procedures are also disclosed in Item 5 of our Form ADV Part 2A.

Performance results are presented gross-of-advisory fees and represent the client’s Total Return. The deduction of advisory fees lowers performance results. These results include the reinvestment of dividends and other earnings. Past performance may not be indicative of future results. Therefore, clients should not assume that future performance of any specific investment or investment strategy will be profitable or equal to past performance levels. All investment strategies have the potential for profit or loss. Economic factors, market conditions or changes in investment strategies, contributions or withdrawals may materially alter the performance and results of your portfolio.

Index returns assume reinvestment of all distributions. Historical performance results for investment indexes generally do not reflect the deduction of transaction and/or custodial charges or the deduction of an investment management fee, the incurrence of which would have the effect of decreasing historical performance results. It is not possible to invest directly in an index.

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Fixed income investments are subject to interest, credit and market risk. Interest rate risk: the value of fixed income investments will decline as interest rates rise. Credit risk: the possibility that the borrower may not be able to repay interest and principal. Low rated bonds generally have to pay higher interest rates to attract investors willing to take on greater risk. Market risk: the bond market in general could decline due to economic conditions, especially during periods of rising interest rates.

Ratings information have been provided by Moody’s, S&P and Fitch through data feeds we believe to be reliable as of the date of this statement, however we cannot guarantee its accuracy.

Security level ratings for U.S. Agency issued mortgage-backed securities (“MBS”) reflect the issuer rating because the securities themselves are not rated. The issuing U.S. Agency guarantees the full and timely payment of both principal and interest.

LGIP Yields: Reported yields for local government investment pools may be presented as either the 30-day yield or the monthly distribution yield, as applicable. For certain funds, the 30-day yield is calculated using reported daily yield data. Yield calculations are subject to change and may not be directly comparable across funds.

LAIF Yields: Additional Disclosure for CA Clients - As a result of a reporting lag from the Local Agency Investment Fund (LAIF), reported LAIF yields represent the most recently available Daily Effective Yield and may reflect data from approximately 7–10 days prior to month-end.

Benchmark	Disclosure
ICE BofA 1-5 Yr Unsubordinated US Treasury & Agency Index	The ICE BofA 1-5 Year Unsubordinated US Treasury & Agency Index tracks the performance of US dollar denominated US Treasury and nonsubordinated US agency debt issued in the US domestic market. Qualifying securities must have an investment grade rating (based on an average of Moody's, S&P and Fitch). Qualifying securities must have at least one year remaining term to final maturity and less than five years remaining term to final maturity, at least 18 months to maturity at time of issuance, a fixed coupon schedule, and a minimum amount outstanding of \$1 billion for sovereigns and \$250 million for agencies.

INVESTMENT REPORT

Tahoe Forest Hospital District | As of June 30, 2026

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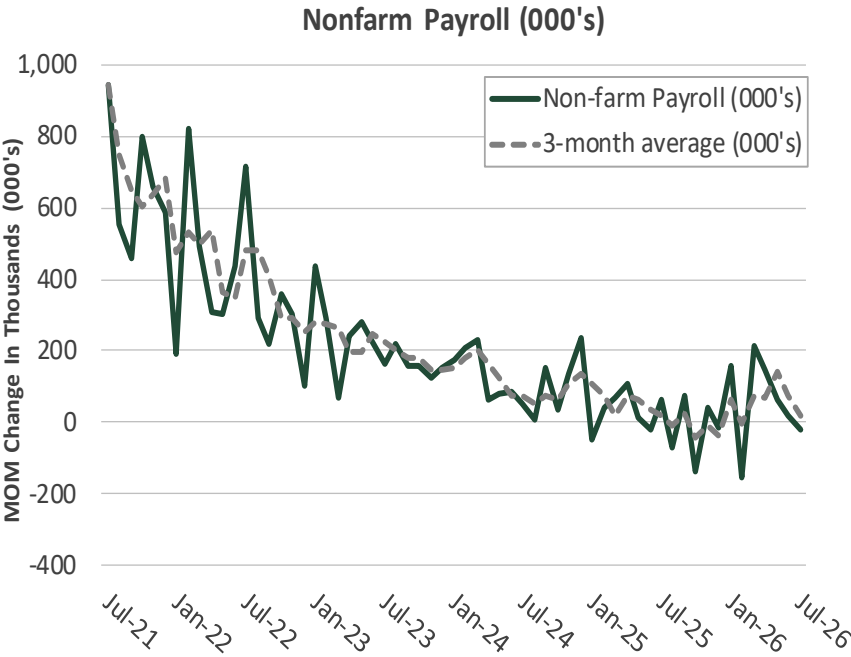
[TRANSACTIONS](#)

ECONOMIC UPDATE

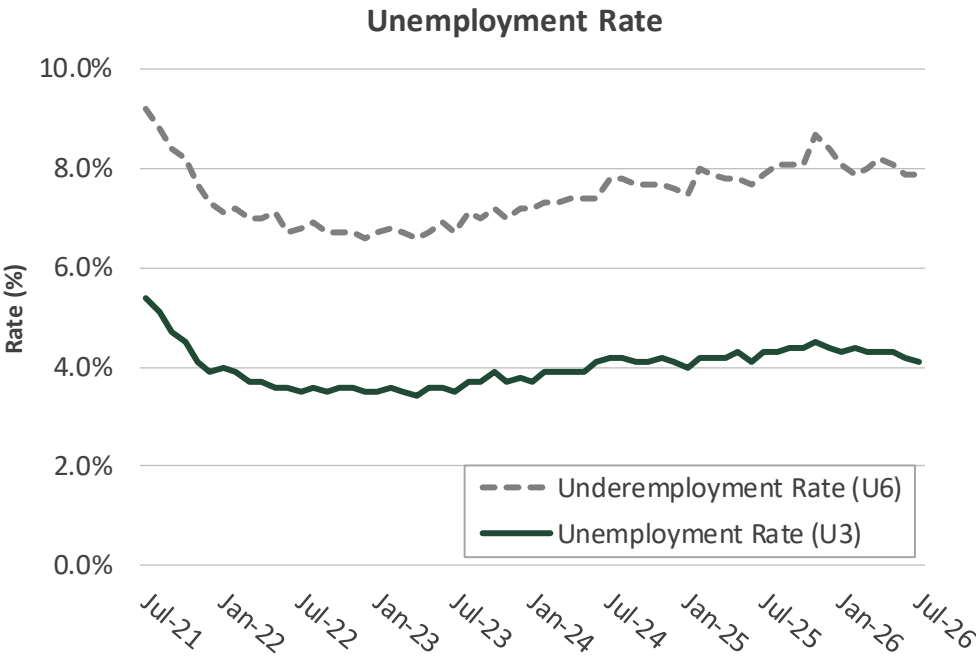
- Renewed hostilities between the United States and Iran unsettled energy markets in July, even as domestic data painted a more encouraging picture of the economy. Crude prices retreated from their near-term peak after diplomatic overtures eased fears of a prolonged closure of the Strait of Hormuz, though the conflict continues to fuel market volatility. Inflation cooled meaningfully in June after the recent run-up tied to tariffs and conflict-related uncertainty. Growth slowed from the first quarter's pace, while hiring continued at a moderated clip. The Chandler team continues to expect the Federal Reserve to hold the federal funds rate steady through the remainder of 2026, provided actual and market-based measures of inflation remain contained.

- The Federal Open Market Committee held the federal funds rate at 3.50% to 3.75% during its July 28 to 29 meeting, extending its policy pause into a fifth consecutive gathering. Three regional Reserve Bank presidents, Cleveland's Beth Hammack, Minneapolis's Neel Kashkari, and Dallas's Lorie Logan, dissented in favor of raising rates by a quarter point, citing inflation that has stayed above target for more than five years. Chair Kevin Warsh, in his second meeting leading the Committee, again declined to offer explicit forward guidance, preferring instead to let incoming data dictate the timing of any future move. The balance sheet runoff continued without modification. Officials next convene September 15 to 16.

- Treasury yields advanced across the curve in July, with the two-year note ending the month at 4.29%, the five-year at 4.45%, and the ten-year at 4.74%. The two-year to ten-year spread narrowed to 45 basis points from 69 basis points at year end, while the three-month bill to ten-year spread widened to roughly 97 basis points. Because the two-year yield rose more than the ten-year yield over the year to date, the curve has flattened rather than steepened, a shift driven by growing expectations that the Federal Reserve may need to raise rates rather than cut before year end. The two-year to ten-year spread has averaged near 95 basis points since 2005, underscoring how compressed the relationship between short and long maturities remains relative to that longer run norm.

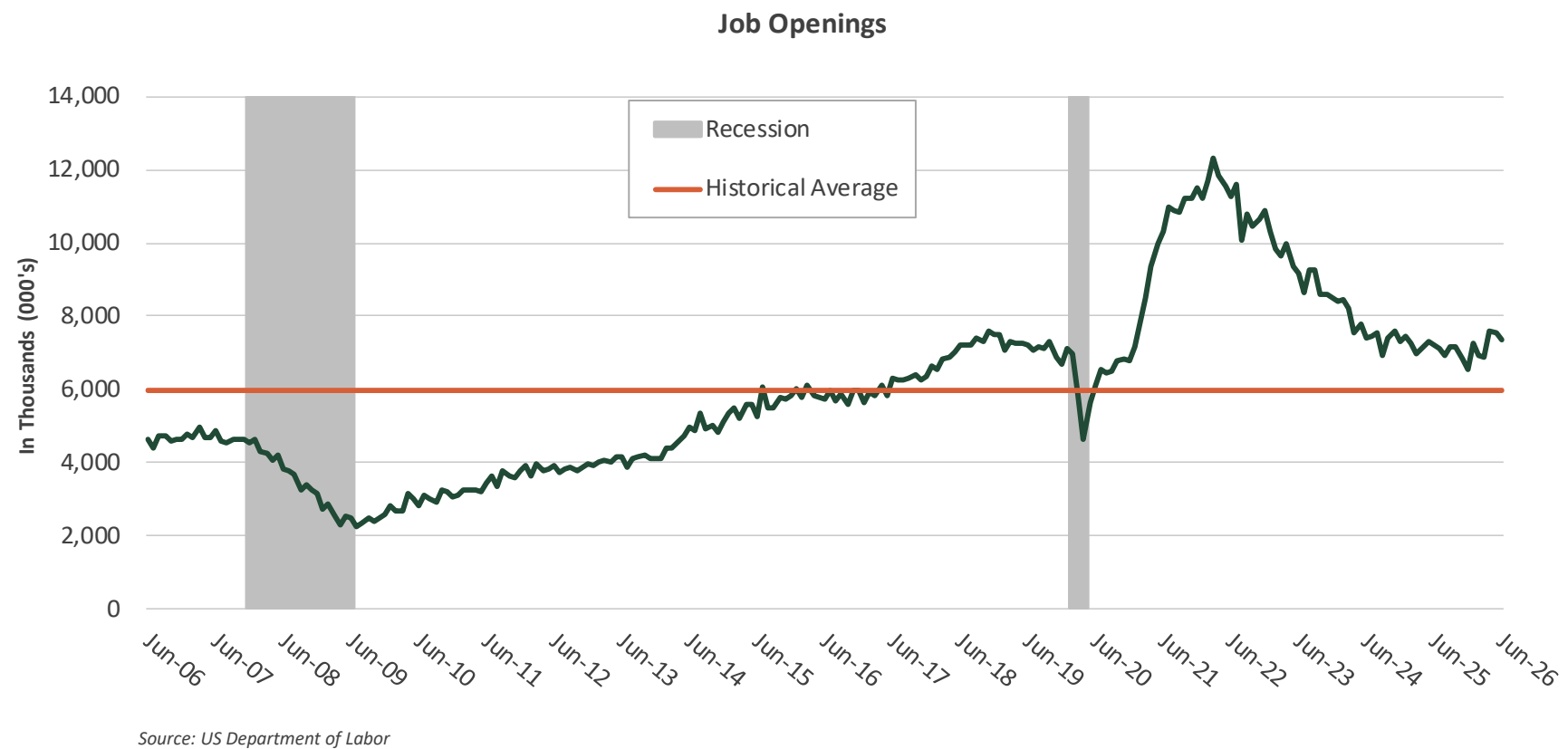


Source: US Department of Labor



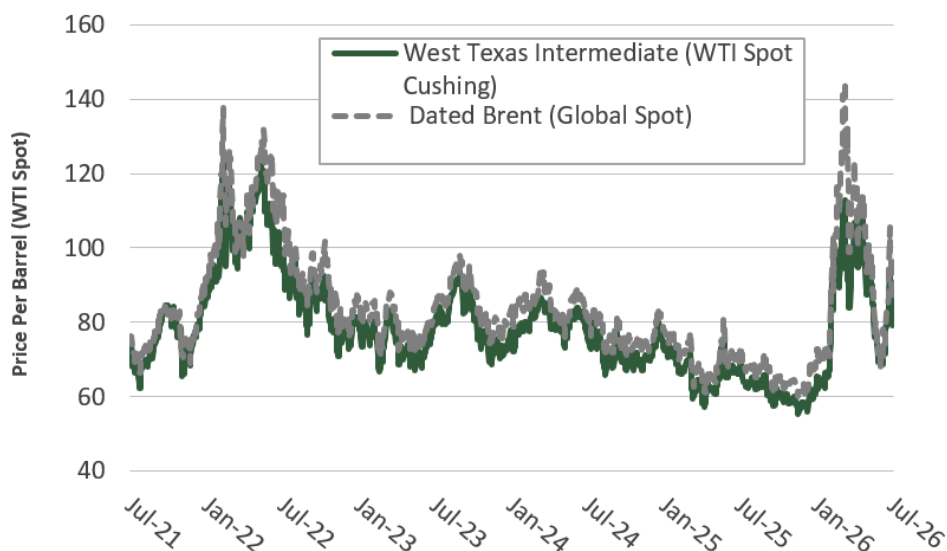
Source: US Department of Labor

Nonfarm payrolls unexpectedly declined by 23,000 in July, challenging the view that the labor market was continuing to expand at a modest pace. Revisions to the prior two months further weakened the picture: May payroll growth was revised down to 63,000 from 129,000, erasing 66,000 jobs, while June was revised down to 20,000 from 57,000, a 37,000-job reduction. Together, the revisions reduced employment growth in May and June by 103,000 positions. By industry, local government education led July's declines, shedding 50,000 jobs, followed by leisure and hospitality (-40,000) and retail trade (-19,000). Health care partially offset those losses, adding 22,000 jobs. Meanwhile, the unemployment rate edged down to 4.1%, due in part to a modest decline in labor force participation.



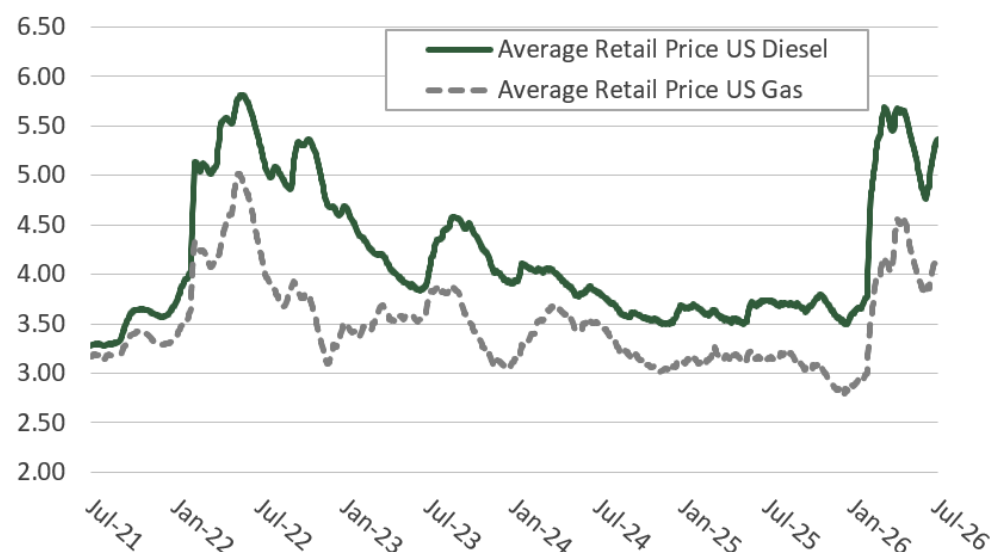
Job openings totaled 7.359 million in June, according to the Labor Department’s Job Openings and Labor Turnover Survey (JOLTS), while May’s figure was revised down to 7.537 million. Transportation, warehousing, and utilities posted the largest increase in openings (+97,000), followed by the federal government (+39,000). In contrast, openings declined in wholesale trade (-74,000) and nondurable-goods manufacturing (-55,000). The broadly stable levels of hiring, quits, and layoffs point to a labor market that is cooling gradually rather than deteriorating sharply, even as the July payroll report signaled unexpected weakness.

Oil Prices



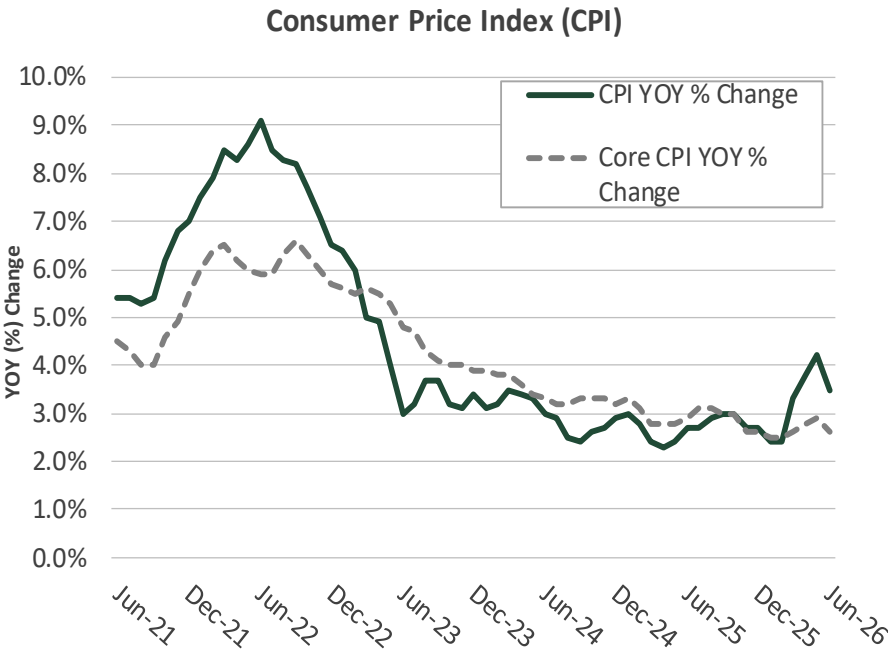
Source: Bloomberg Indices

US Fuel Prices

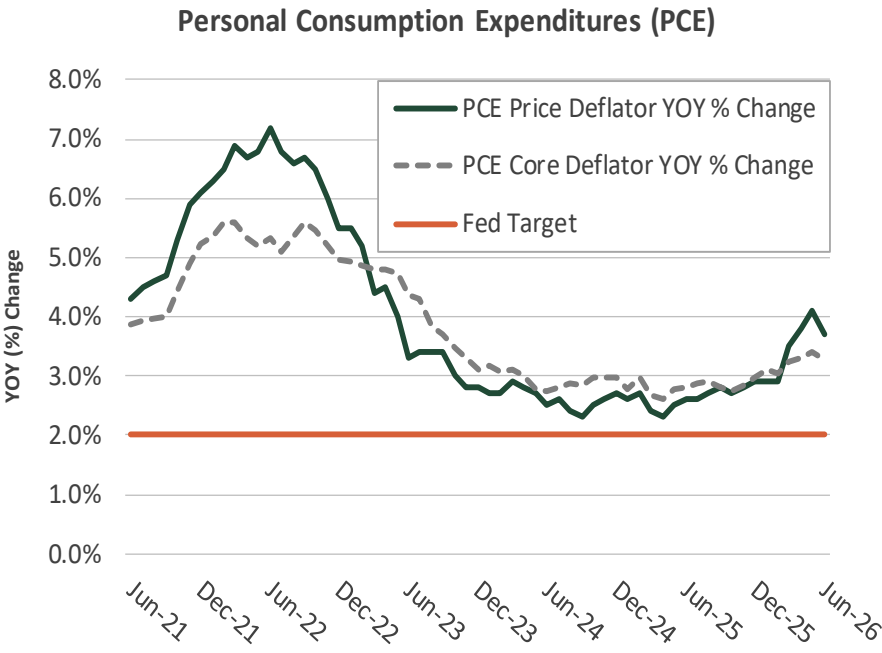


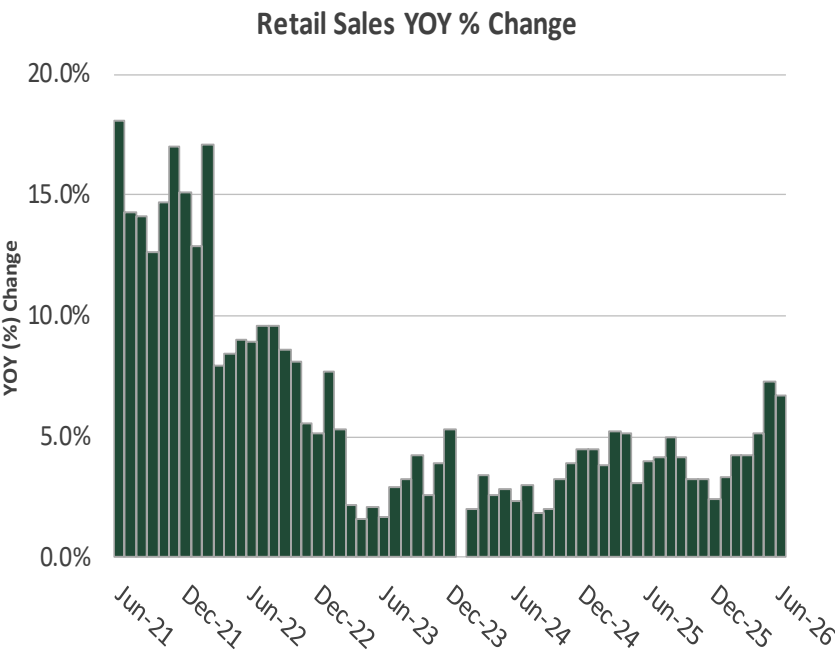
Source: Bloomberg Indices

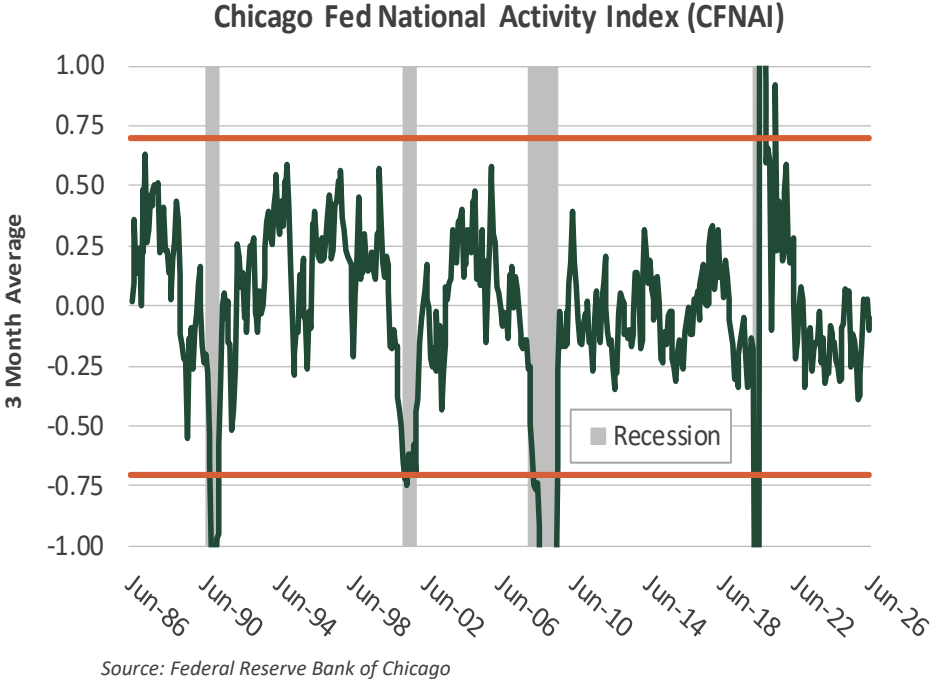
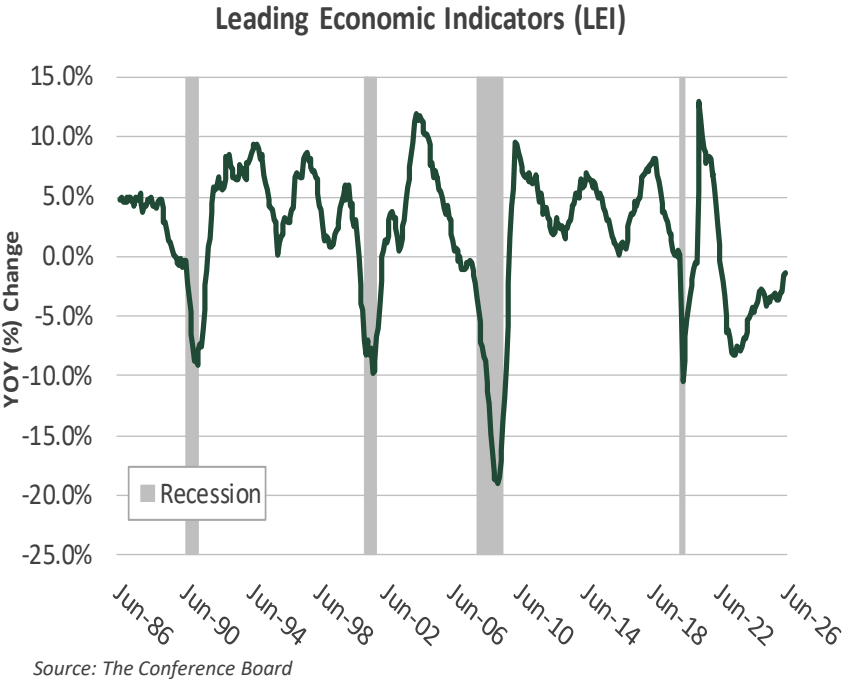
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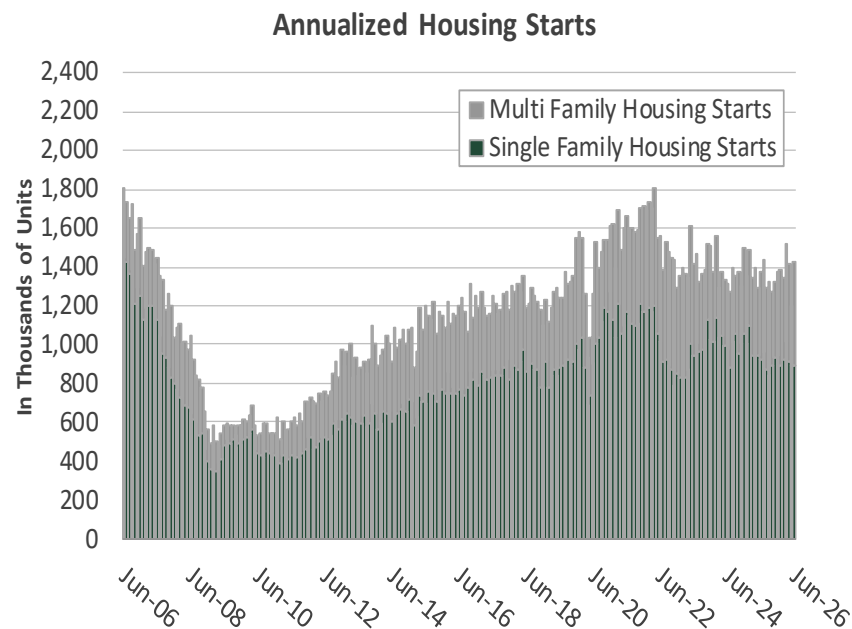
Source: US Department of Labor



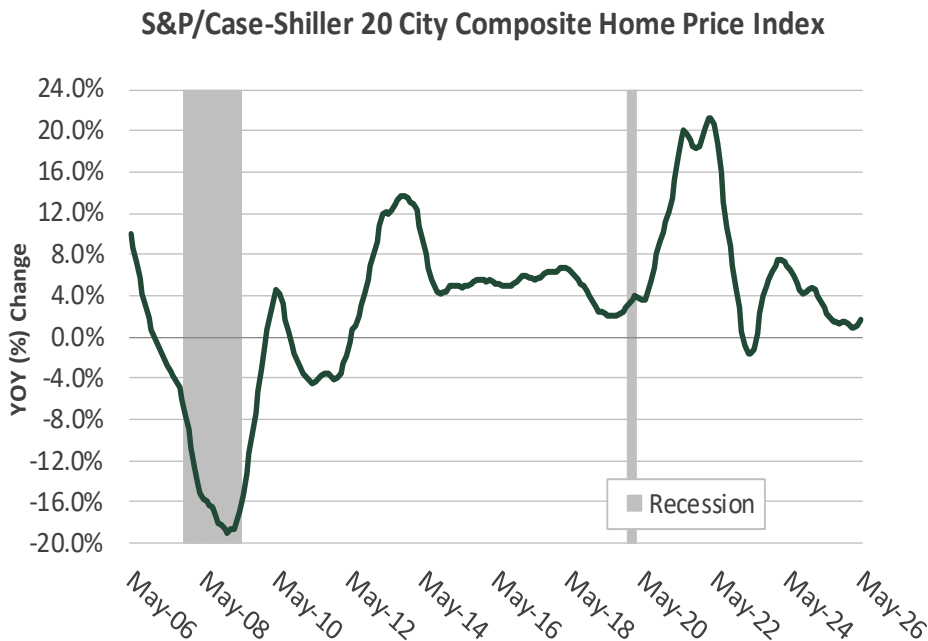




Data from the Federal Reserve Bank of Chicago showed the National Activity Index (CFNAI) improving to -0.02 in June from -0.19 in May, while its smoother three-month moving average rose to -0.05. Both measures remain well above the -0.70 level that has historically preceded recessions, indicating the economy is still expanding, albeit below trend, rather than contracting. The Conference Board's Leading Economic Index (LEI) painted a more cautious picture, falling 0.2% in June and erasing some of the gains seen earlier in the spring. Weak consumer expectations and a decline in building permits were the main drags, partly offset by the yield spread's contribution.

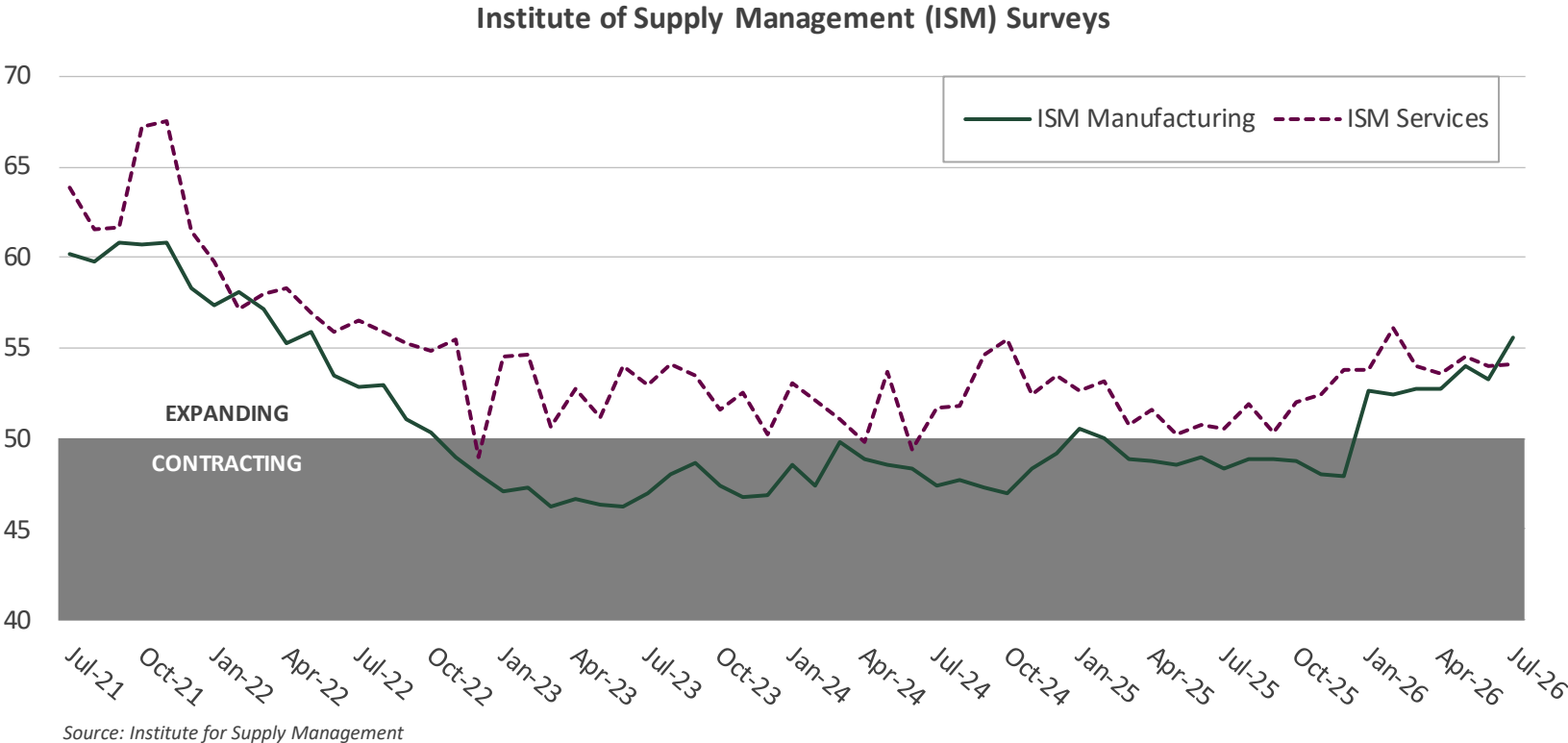


Source: US Department of Commerce



Source: S&P

Home price growth showed further signs of firming, as the S&P CoreLogic Case-Shiller 20-City Composite rose 1.6% year over year in May, marking its second consecutive month of acceleration after an upwardly revised 1.2% increase in April. Housing starts also rebounded in June, rising to a seasonally adjusted annual rate of 1.427 million, a 19% increase from an upwardly revised 1.199 million in May. The gain was driven primarily by multifamily construction, with starts surging more than 76% month over month to 532,000 units, while single-family starts edged down slightly to 895,000. Freddie Mac’s average 30-year fixed mortgage rate rose to 6.49% in late June from 6.44% in May, continuing to weigh on affordability for prospective buyers.

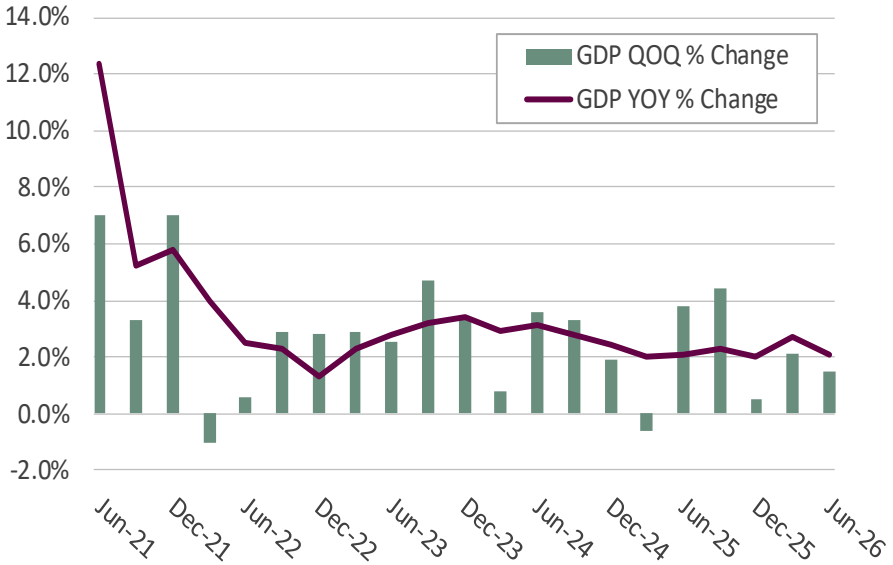


The Institute for Supply Management’s Manufacturing PMI rose to 55.6 in July, while the Services PMI registered 54.1, marking the seventh consecutive month in which both surveys signaled expansion. Readings above 50 indicate expansion, while those below 50 indicate contraction, leaving both headline indexes firmly in expansionary territory. However, elevated prices-paid components in both surveys indicate that input-cost pressures remain persistent, despite broader cooling in headline inflation measures.

Components of GDP	9/25	12/25	3/26	6/26
Personal Consumption Expenditures	2.3%	1.3%	0.4%	2.1%
Gross Private Domestic Investment	0.0%	0.4%	1.4%	0.5%
Net Exports and Imports	1.6%	-0.2%	-0.4%	-1.0%
Federal Government Expenditures	0.2%	-1.2%	0.6%	-0.3%
State and Local (Consumption and Gross Investment)	0.2%	0.2%	0.2%	0.1%
Total	4.4%	0.5%	2.1%	1.5%

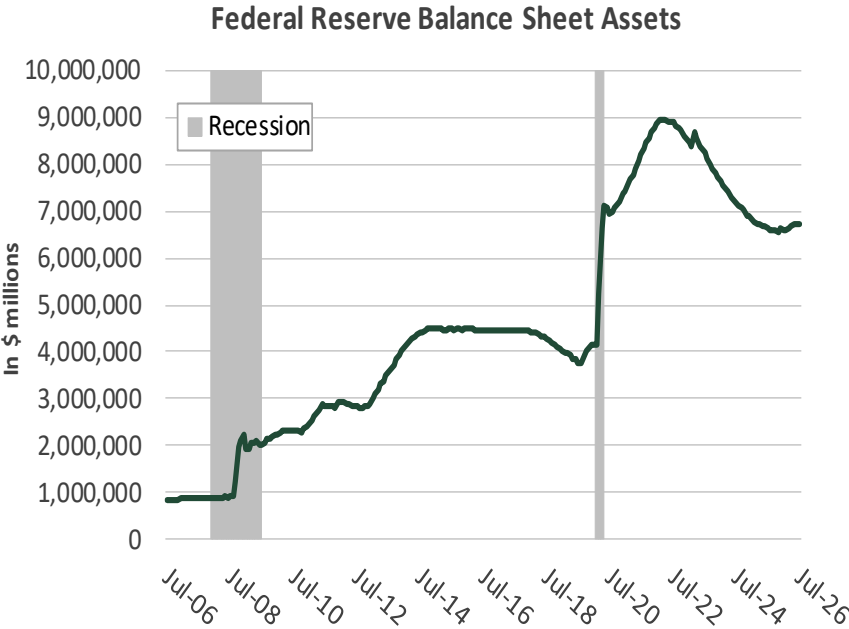
Source: US Department of Commerce

Gross Domestic Product (GDP)

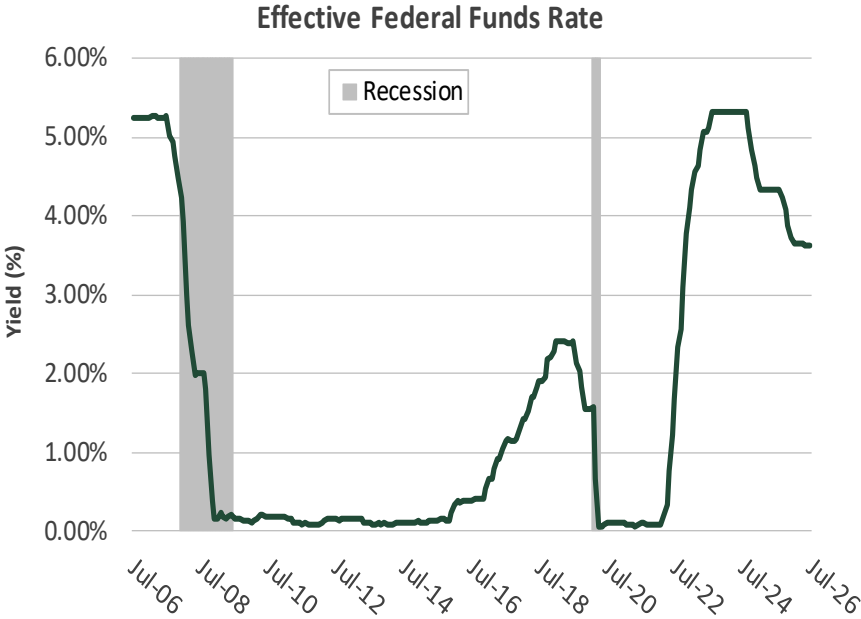


Source: US Department of Commerce

Growth downshifted in the second quarter, with the U.S. economy expanding at a 1.5% annualized rate, decelerating from the first quarter's 2.1% pace and short of the 2.1% economists had anticipated, according to the Bureau of Economic Analysis's advance estimate. Consumer spending and business investment contributed positively, while a pullback in government outlays and rising imports, which subtract from growth, weighed on the result. The deceleration reflects lingering tariff related cost pressures and the energy disruptions tied to the conflict in the Middle East. As this is the advance estimate, the Bureau of Economic Analysis will publish

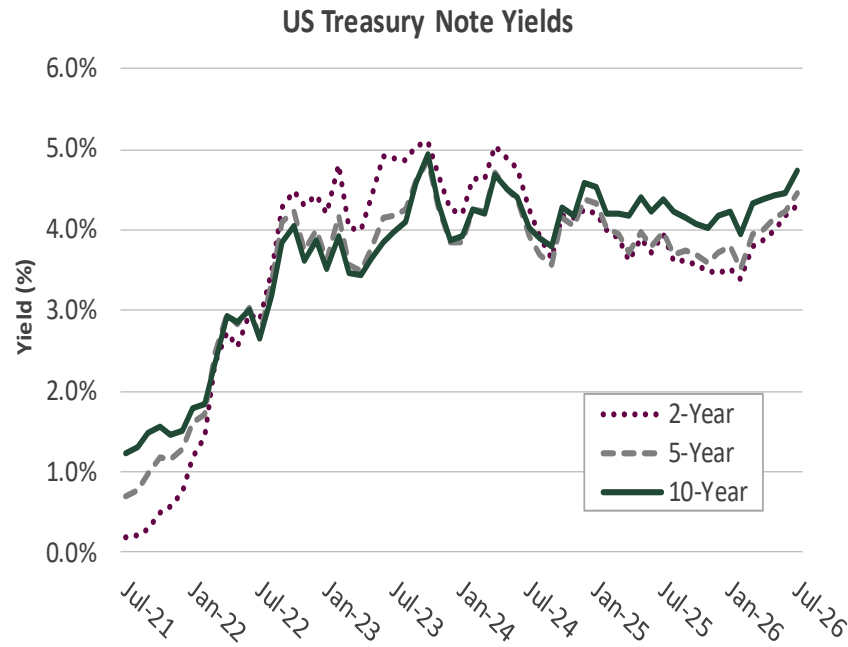


Source: Federal Reserve

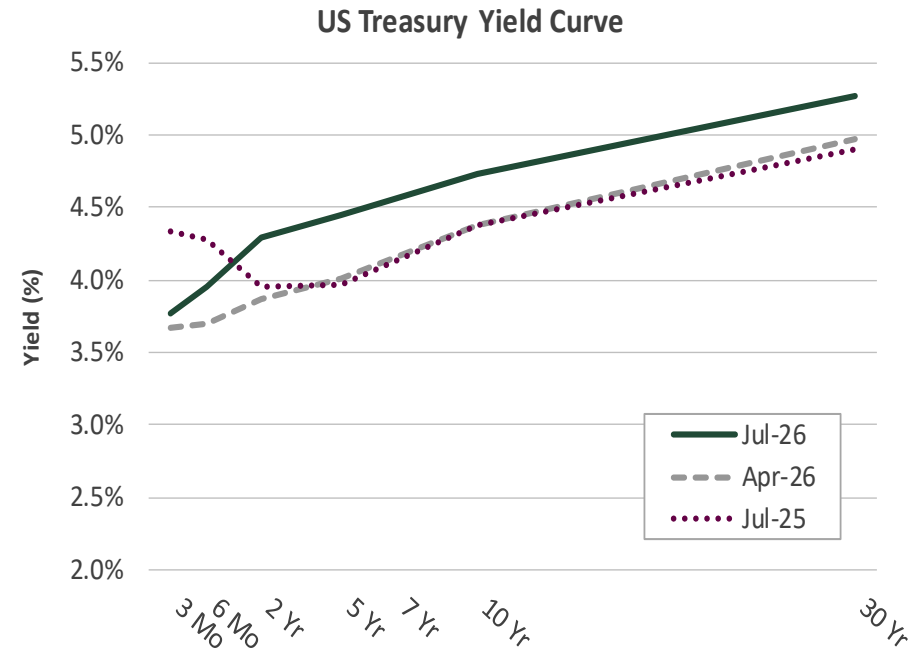


Source: Bloomberg

The Federal Reserve held its benchmark rate at 3.50% to 3.75% following the July 28 to 29 meeting of the Federal Open Market Committee, with minutes from



Source: Bloomberg



Source: Bloomberg

A positively sloped Treasury curve persisted across its full range through the end of July, with the three-month bill yielding roughly 3.76%, the two-year note 4.29%, the five-year 4.45%, and the ten-year note 4.74%. The gap between the three-month bill and the ten-year note widened to 97 basis points, while the more closely watched two-year-to-ten-year spread widened to 45 basis points after a 24 basis points intramonth low in June. That divergence suggests recent yield increases have been concentrated in the shorter and intermediate maturities rather than lifting the entire curve uniformly. The overall shape continues to imply that markets see a near-term recession as unlikely, even as uncertainty about the Federal Reserve's next move has increased since the July meeting.

ACCOUNT PROFILE

Investment Objectives

Safety of principal is the foremost objective of the investment program. The investment portfolio shall remain sufficiently liquid to meet all requirements that may be reasonably anticipated. The investment portfolio shall be designed with the objective of attaining a market rate of return throughout budgetary and economic cycles, taking into account the investment risk constraints and liquidity needs.

Chandler Asset Management Performance Objective

The performance objective for the District is to achieve an annual rate of return on its portfolio that exceeds the return on a market index selected by District management.

Strategy

In order to achieve this objective, the portfolio invests in high-quality fixed income securities that comply with the investment policy and all regulations governing the funds.

STATEMENT OF COMPLIANCE

Tahoe Forest Hospital District | Account #10841 | As of June 30, 2026

Rules Name	Limit	Actual	Compliance Status	Notes
AGENCY MORTGAGE SECURITIES				
Max % (MV; ABS, CMO & MBS)	20.0	16.1	Compliant	
Max Maturity (Years)	5.0	4.6	Compliant	
ASSET-BACKED SECURITIES (ABS)				
Max % (MV; ABS, CMO & MBS)	20.0	16.1	Compliant	
Max % Issuer (MV)	5.0	1.2	Compliant	
Max Maturity (Years)	5	4	Compliant	
Min Rating (AA- by 1)	0.0	0.0</		

STATEMENT OF COMPLIANCE



Tahoe Forest Hospital District | Account #10841 | As of June 30, 2026

Rules Name	Limit	Actual	Compliance Status	Notes
Max % (MV)	100.0	0.0	Compliant	
MONEY MARKET MUTUAL FUNDS				
Max % (MV)	20.0	0.3	Compliant	
Max % Issuer (MV)	20.0	0.3	Compliant	
Min Rating (AAA by 2)	0.0	0.0	Compliant	
MORTGAGE-BACKED SECURITIES (NON-AGENCY)				
Max % (MV; ABS, CMO & MBS)	20.0	16.1	Compliant	
Max % Issuer (MV)	5.0	0.0	Compliant	
Max Maturity (Years)	5.0	0		

STATEMENT OF COMPLIANCE



Tahoe Forest Hospital District | Account #10841 | As of June 30, 2026

Rules Name	Limit	Actual	Compliance Status	Notes
Max % Issuer (MV)	10.0	1.0	Compliant	
Max Maturity (Years)	5	2	Compliant	
Min Rating (AA- by 1)	0.0	0.0	Compliant	
U.S. TREASURIES				
Max % (MV)	100.0	49.6	Compliant	
Max Maturity (Years)	5	4	Compliant	

The Statement of Compliance reflects Chandler's assessment of compliance with the applicable investment policy for the assets Chandler directly manages. The report may also present assets reported to Chandler by clients, custodians, or other third parties. Chandler includes those assets in the assessment but has no discretionary authority over them, does not independently verify the information provided, and assumes no responsibility for the accuracy or completeness of that information. Questions regarding this report should be directed to the designated investment professional.

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PORTFOLIO CHARACTERISTICS



Tahoe Forest Hospital District | Account #10841 | As of June 30, 2026

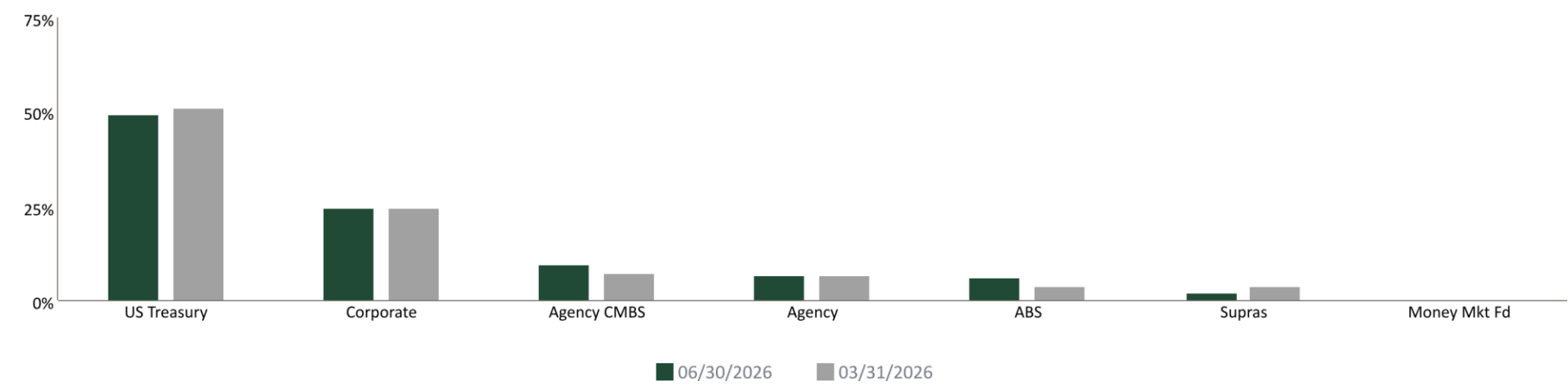
	Benchmark*	6/30/2026 Portfolio	3/31/2026 Portfolio
Average Maturity (yrs)	2.64	2.97	2.85
Average Modified Duration	2.46	2.55	2.50
Average Purchase Yield		4.12%	4.02%
Average Market Yield	4.16%	4.30%	4.01%
Average Quality**	AA+	AA	AA
Total Market Value		103,374,455	102,793,211

*Benchmark: ICE BofA 1-5 Year Unsubordinated US Treasury & Agency Index
**The credit quality is a weighted average calculation of the highest of S&P, Moody's and Fitch.

SECTOR DISTRIBUTION



Tahoe Forest Hospital District | Account #10841 | As of June 30, 2026



ISSUERS

Tahoe Forest Hospital District | Account #10841 | As of June 30, 2026

Issuer	Investment Type	% Portfolio
USA	US Treasury	49.64%
Federal Home Loan Mortgage Corp	Agency CMBS	9.81%
Federal Home Loan Banks	Agency	5.18%
Farm Credit System	Agency	1.47%
Bank of America Corporation	Corporate	1.46%
JPMorgan Chase & Co.	Corporate	1.45%
Toyota Motor Corporation	Corporate	1.32%
Salesforce, Inc.	Corporate	1.20%
BNY Mellon Corp	Corporate	1.20%
PACCAR Inc	Corporate	1.20%
U.S. Bancorp	Corporate	1.19%
State Street Corporation	Corporate	1.18%
Morgan Stanley	Corporate	1.18%
Deere & Company	Corporate	1.

Benchmark	Disclosure
ICE BofA 1-5 Yr Unsubordinated US Treasury & Agency Index	The ICE BofA 1-5 Year Unsubordinated US Treasury & Agency Index tracks the performance of US dollar denominated US Treasury and nonsubordinated US agency debt issued in the US domestic market. Qualifying securities must have an investment grade rating (based on an average of Moody's, S&P and Fitch). Qualifying securities must have at least one year remaining term to final maturity and less than five years remaining term to final maturity, at least 18 months to maturity at time of issuance, a fixed coupon schedule, and a minimum amount outstanding of \$1 billion for sovereigns and \$250 million for agencies.