



MORONGO BASIN HEALTHCARE DISTRICT

AGENDA

HI-DESERT MEMORIAL HEALTH CARE DISTRICT dba MORONGO BASIN HEALTHCARE DISTRICT **BOARD OF DIRECTORS REGULAR BUSINESS MEETING**

June 4, 2026 at 6:15 p.m.

District Offices | 760.820.9229

6530 La Contenta Road, Suite 400, Yucca Valley, CA 92284

INSTRUCTIONS FOR JOINING THIS MEETING REMOTELY

This public meeting may be accessed through the Microsoft Teams platform. Join the meeting by **(1)** visiting the District website at MBHDistrict.org and **(2)** selecting at the top of the page the purple tab “Board Meeting Agendas” **(3)** Click on the URL link presented under the agenda buttons. Access to the meeting will require the download of the Microsoft Teams application on the device used if not already done so.

CALL TO ORDER

ROLL CALL

OBSERVANCES

- *Mission Statement: To improve the health and wellness of the communities we serve.*
- *Vision: A healthy Morongo Basin.*
- *Core Values: Commitment, Collaboration, Accountability, Dignity, Integrity, Equity.*

PLEDGE OF ALLEGIANCE: please stand as able

PUBLIC COMMENTS

The public comment portion of this agenda provides an opportunity for the public to address the Board of Directors on items not listed on the agenda that *are of interest to the public at large* and are within the subject matter jurisdiction of this Board. The Board of Directors is prohibited by law from taking action on matters discussed that are not on the agenda, and no adverse conclusions should be drawn if the Board does not respond to public comments at this time. In all such instances we will be unable to Comments are to be limited to three minutes per speaker respond publicly because of California Brown Act and/or due to patient confidentiality obligations. In all cases, your concerns will be referred to the Chief Executive Officer for review and a timely response, and shall not exceed a total of 20 minutes. All comments are to be directed to the Board of Directors and should not consist of any personal attacks. Members of the public are expected to maintain a professional, courteous decorum during their comments. Public input may be offered on an agenda item when the item comes up for discussion and/or action. Members of the public who wish to speak should notify the meeting chairperson through the application’s “Chat” option.

APPROVE MEETING AGENDA

- ***Motion 26-35*** to approve the meeting agenda as presented.

APPROVE CONSENT AGENDA----- Tab 1

Minutes of the regular business meeting of the Board of Directors, May 7, 2026.

- ***Motion 26-36*** to approve the consent agenda as presented.

PRESENTATION

RBC WEALTH MANAGEMENT – *Grant Chaney, CFA | Senior Vice President – Financial Advisor*

DESERT CARE NETWORK – *Linda Evans, Chief Strategy Officer*

ACTION ITEM

APPROVE RESOLUTION #26-02 – *Cindy Schmall, CEO* ----- Tab 2

- ***Motion 26-37*** to approve Resolution #26-02 to add Tricia Gehrlein as an authorized signature to District bank and investment accounts.

RATIFY CO-APPLICATION AGREEMENT – *Cindy Schmall, CEO* ----- Tab 3

- **Motion 26-38** to ratify the co-application agreement as presented.

APPROVE REQUEST FOR CAPITAL EXPENSE \$15,639 – *Cindy Schmall, CEO* ----- Tab 4

- **Motion 26-39** to approve capital expense of \$15,639 to purchase two Dexis Sensor kits for dental X-ray equipment.

APPROVE REQUEST FOR CAPITAL EXPENSE \$7,746 – *Cindy Schmall, CEO*----- Tab 5

- **Motion 26-40** to approve the repair of the 2019 Ford Transit vehicle at a cost of \$7,746.

APPROVE REQUEST FOR CAPITAL EXPENSE \$55,000 – *Cindy Schmall, CEO* ----- Tab 6

- **Motion 26-41** to approve capital expense of \$55,000 for the installation of the Split Rock modular building fire system and for unknown electrical expenses as needed.

REPORTS

MONTHLY FINANCIAL REPORT – *Cindy Schmall, CEO*----- Tab 7

- **Motion 26-42** to accept financial report(s)

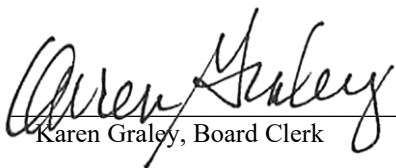
STAFF REPORT – *Cindy Schmall, CEO*----- Tab 8

CALENDAR REVIEW ----- Tab 9

- July 2 regular monthly board meeting

DIRECTOR COMMENTS

ADJOURN MEETING



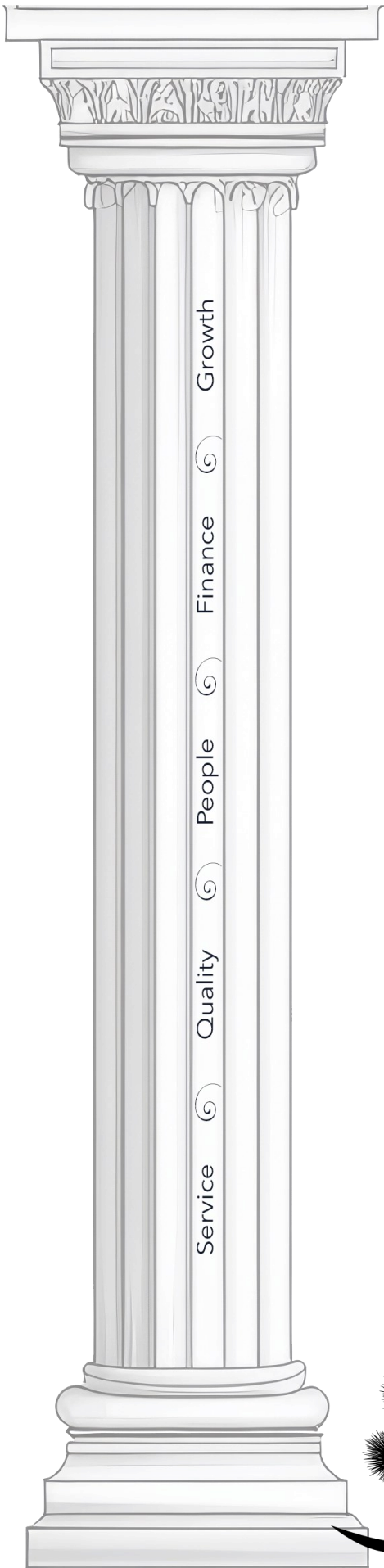
Karen Graley, Board Clerk

Posted: June 1, 2026

I certify that a copy of this Agenda was posted per Section 54954.2 of the California Government Code.

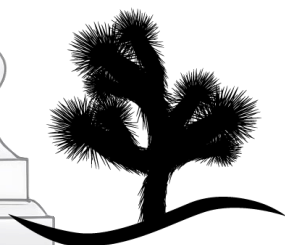
The Morongo Basin Healthcare District Board of Directors’ meeting facility is accessible to people with disabilities. If assistive listening devices or other auxiliary aids or services are needed to participate in the public meeting, requests should be made through the Board Clerk Aide at least three (3) business days prior to the meeting. The Board Clerk’s telephone number is 760.820-9229 extension 1901. The office is located at 6530 La Contenta Road #100, Yucca Valley, CA. California Relay Service is 711.

In conformity with Government Code Section 54957.5, any writing that is a public record, that relates to an item listed on this agenda, and that will be distributed to all or a majority of Morongo Basin Healthcare District Board of Directors less than twenty-four (24) hours prior to the meeting for which this agenda relates, will be available for public inspection at the time the writing is distributed. This inspection may be made during the meeting at the address/meeting room(s) listed above or an electronic copy may be requested in advance of the meeting via email message to kgraley@MBHDistrict.org.



TAB #1 CONSENT AGENDA

MINUTES FOR LAST MONTH'S MEETINGS



**MORONGO BASIN
HEALTHCARE DISTRICT**
MorongoBasinHealth.org

Hi-Desert Memorial Health Care District dba
Morongo Basin Healthcare District
BOARD OF DIRECTORS REGULAR MEETING MINUTES

May 7, 2026 at 6:30 p.m.

Convened on the La Contenta campus; the public was invited to attend the meeting on campus or via Microsoft Teams, an electronic, remote platform.

- **Mission Statement:** *To improve the health and wellness of the communities we serve.*
- **Vision:** *A healthy Morongo Basin.*
- **Core Values:** *Commitment, Collaboration, Accountability, Dignity, Integrity, Equity.*

Board of Directors:

- Director Cooper – not present
- Director Evans
- Director Markle-Greenhouse
- Director Stiemsma
- Jacqueline Todd

Administrative Staff:

- CEO Cindy Schmall
- Tricia Gehrlein, Chief Administrative Officer
- Karen Graley, Board Clerk (*remote*)
- Beverly Krushat, Office Services Manager
- Janeen Duff, Quality Director

Guests

- Linda Evans, Chief Strategy Officer, Desert Care Network (*remote*)
- Julie Brown, Facilitator, Hi-Desert Chapter, Laundry Love Program
- Liz Neff, volunteer, Laundry Love Program
- Marc Greenhouse, CHC board member

CALL TO ORDER

Director Greenhouse called the meeting to order at 6:30 p.m. The meeting was convened on the La Contenta campus and by electronic platform using Microsoft Teams.

ROLL CALL

Karen Graley, Board Clerk, conducted a roll call and declared a quorum.

PUBLIC COMMENT

None presented.

APPROVAL OF THE MEETING AGENDA

CEO Cindy Schmall requested to remove approval of policy FN-GA-106 Grants and Compliance Cost Principles as it does not require board approval; it is a procedure, not a policy.

- **Motion 26-28:** Director Evans motioned to approve the amended meeting agenda; second by Director Todd, motion passed by unanimous vote.

APPROVAL OF THE CONSENT AGENDA

- **Motion 26-29:** Director Stiemsma motioned to approve the minutes of April 2, 2026 regular monthly business meeting and April 7, 2026 special ad hoc committee meeting, second by Director Todd. Motion passed by unanimous vote.

PRESENTATION

LAUNDRY LOVE PROGRAM – Julie Brown, Facilitator, Hi-Desert Chapter

Ms. Brown introduced the Laundry Love Program. She spoke about the social pressure people experience that comes with lack of access to laundry services. “Laundry Love brightens the lives of thousands of people every single year through love, through dignity, and through detergent. It's



three ingredients. Love is the reason. Dignity is the hope that every person will be seen and heard as a human being. And detergent is the means. Clean and comfortable feels good on everybody.”

Laundry Love is a nationwide program that began in California in 2023. The national organization now has 4,000 chapters. Once a chapter is established with the national organization, a team of committed, local, trustworthy volunteers, partners with local laundromat owners to provide access to laundry machines. Volunteers orchestrate a schedule for participating families to access resources to do their laundry once a month. Detergent and money for the machines are managed by the program. In the Morongo Basin, Laundry Love is working with local social workers to identify ten families who will be allotted a monthly appointment for one year.

This local chapter is recruiting financial partners to support the program with a minimum one-year pledge of \$400 per month which provides eight loads of laundry per family once a month. The national program requires a minimum one-year pledge. This Hi-Desert Chapter will expand to additional families as funding becomes available. Laundromat costs can be from \$4.00 to \$8.00 a load, depending upon the size of the machine used. 30-minutes of dryer time is about \$2.50 a load. All financial donations are through the national organization, a 501c3 corporation.

She stated, “We are starting with students and senior citizens, targeting the most vulnerable populations.”

Director Greenhouse asked that the HDMHCD Foundation discuss this program at their next meeting.

ACTION ITEMS

APPROVAL OF POLICIES – *Cindy Schmall, CEO and Debbie Anderson, CFO*

CEO Cindy Schmall and CFO Debbie Anderson reviewed the policies and explained why the policies were presented for approval. There were no questions or discussions.

- FN-AP-101 Cash Disbursements and Accounts Payable
- FN-AP-104 Levels of Authorization
- FN-AP-105 Federal Grants Procurement
- FN-AP-106 Purchasing Non-Capital Supplies and Equipment
- FN-AP-107 Contracting for Public Works without Federal Funds
- **Motion 26-30** Motion by Director Evans, second by Director Todd, to approve the above listed policies as presented. Motion passed by unanimous vote.

APPROVAL OF CAPITAL EXPENSE – *Cindy Schmall, CEO*

Ms. Schmall explained the ongoing issues with the Yucca Valley campus south side sewer line. Calcification in the old iron pipes creates burrs. Rather than replacing the old lines, the plumbers recommend coating the pipes with epoxy to create an internal sheath in the pipe. This is the cheapest option for resolving the chronic problem.

- **Motion 26-31** Motion by Director Stiemsma, second by Director Evans, to approve the capital expense of \$13,001.87 to rehabilitate the Yucca Valley health center south side sewer line. Motion passed by unanimous vote.

APPROVAL OF AD HOC COMMITTEE RECOMMENDATION – *Director Greenhouse*

- **Motion 26-32** Motion by Director Evans, second by Director Stiemsma, to approve the recommendation of the annual ad hoc CEO performance committee to award Cindy Schmall, CEO, a 4.25% salary increase, and a \$5,000 one-time bonus as per board policy BD-003, for achieving assigned goals. Motion passed by unanimous vote.



FY26-27 OPERATIONS BUDGET – *Debbie Anderson, CFO*

- **Motion 26-33** Motion by Director Evans, second by Director Stiemsma, to instruct staff to proceed with the final development of the FY26-27 operations budget.

After the presentation, the motion and second were amended to add \$200,000 to the capital budget for a Yucca Valley campus project, and to approve the 2026-27 operating and capital budgets as amended. Motion passed by unanimous vote.

Ms. Anderson presented an overview of the proposed fiscal year 2026-27 operating budget. She reminded the Directors that the budget is an estimate. Budget assumptions, the logic for the assumptions, the budget categories, and specific challenges facing the organization that impact the operating budget were reviewed. Proposed budgets for clinical, district non-clinical, and a consolidated budget were reviewed in detail. She explained how the overhead support departments (HR, IT, finance, etc.) were allocated throughout the budget. A capital budget was included in the overview. There was discussion throughout the presentation.

BUDGET ASSUMPTIONS

- Payer funding mix remains consistent with prior year funding mix.
- Average billing rates & contractuals/write-off rates have been calculated based on historical average rates multiplied by visits
- Capitation fees, 340B revenue, medical records, and interest income have all been projected based on trending amounts tempered by historical information
- Quality is based on latest information from managed care websites
- Cost reconciliation adjustments are based on projected revenue tempered by historical information.
- Grant Funding is estimated based on known amounts currently
- Budgeted FTEs remain filled the entire year and benefits don't cease due to staff turnover
- Physician fee amounts are based on units of service that determine underlying revenue AND assume the payer mix will remain consistent (IE: the mix between contracted and employed).
- Expenses with known contracted amounts are budgeted based on those amounts. Known increases are also factored into the budget.
- Expenses that are variable (physician fees based on units, outside billing service based on collections, etc.) are based on the underlying data.
- QAF income of \$2,500,000 has been estimated and is not guaranteed.

BUDGET CHALLENGES AND CONSIDERATIONS

- It is hard to get replacement providers due to national shortages, aging/retirement of existing providers, & unrealistic salary expectations by new doctors. We are in a rural area which increases the difficulties of getting qualified providers. The conversion to managed care means annual visits are longer because of all the requirements mandated by the managed care providers, so doctors aren't as productive as they were previously.
- HRSA FQHC base grant dollars stay the same at \$1,532,907. This amount has remained static since 2019.
- Health benefits continue to increase year after year (14% increase last year).
- The Directors & Officers/Employment Practices liability policy has a 20% + increase this year & with the new building bought, the property policy will have a significant increase also.
- IT needs are continuously emerging in this age of AI. IT vulnerabilities constantly evolve, and have to be addressed, which forces IT projects and additional costs.
- Software costs continue to rise. Software is predominantly subscription based (including our EHR).
- We have projected significant losses for the clinics for several years now. However, these losses have not come to fruition due to PPS retro payments, COVID grants, increased quality payments, and higher capitation amounts.
- However, each of these unanticipated revenues are not likely to offset future losses. We have no more PPS retro adjustments on the horizon, COVID grants are completed, quality dollars are being reduced from the managed care organizations, and capitation amounts have leveled out.



- Due to new Medi-Cal rules, and higher premiums on the California marketplace, we are anticipating reductions of patients on Medi-Cal and covered CA. Since we have a high concentration in these areas of patients served, this will likely affect frequency of visits by our patients as well as a reduction in PPS payments as patients shift from being insured to uninsured.

In this new budget, patient revenue is less than last year based on visit volume and reduced provider staff. Medi-Cal reconciliation is a variable, but the projection is based on historical patterns. Expenses continue to increase (government mandated increased minimum wage, employee benefits, IT security, insurances, etc.).

Consolidated bottom line project \$2.8 million to the good.

The capital budget was presented. There was discussion about adding \$200,000 for the Yucca Valley campus plumbing issues which had been missed in the proposed budget. Director Evans amended her motion, and Director Stiemsma concurred.

STAFF REPORTS

ANNUAL QUALITY PROGRAM REVIEW – Tricia Gehrlein, CAO

Tricia Gehrlein presented an overview of the UDS report that is submitted annually to HRSA. UDS data is based on patients seen in the health centers. She reported that staff had improved their data collection for the prescribed measures set by HRSA. Many of the goals were exceeded. The Quality Committee increased some target goals to improve the quality outcome.

She presented data for the Press Ganey 2025 patient satisfaction surveys. The survey scores increased by 25% which Tricia credited to the financial services department because of their follow-up with patients. The phone system failure was reflected in the results for Ease of Contacting. Patient Grievances come to us through IEHP. Tricia Gehrlein said she works with staff to improve the patient experience. The data reflects their efforts and success. We hosted a celebration to acknowledge their success.

Director Evans acknowledged the best practices reflected in this success. “I think you're doing great, too, and I appreciate all your work.” Director Greenhouse thanked both Tricia and Cindy Schmall and asked them to thank staff on behalf of the board.

FINANCIAL REPORT - Cindy Schmall, CEO

Debbie Anderson, CFO, presented the monthly financial report. Consolidated financials for the month of March 2026 show income loss of \$(158,634) and year to date income of \$3,006,770. Non-clinic financials for March show income loss of \$(174,837) and a year-to-date income of \$2,388,782. The health center financials for the month of March show income of \$16,203 and year to date income of \$617,988.

Of the \$617,988 income, \$147,026 is attributable to income recognized for a grant, but the corresponding expense isn't included because it was a capital item. Additionally, the 340B service line has only made \$115,934. The drug manufacturer restrictions along with the carve out for Medi-Cal Rx have both cut into the income that this program used to make. Chiropractic, adults and peds all show income whereas the dental and behavioral health show losses.

In FY 24-25, we estimated the cost report payback to be about \$1.7 million, and it ended up being closer to about \$2 million. This means as we review the revenue above, it is likely we will need to further adjust the cost payment reconciliation liability by another \$262,500.



The investments for the District showed losses, so this caused the non-clinic financials to show losses for the month. However, year to date, the non-clinic financials continue to do better than budgeted.

She then spoke to the sliding fee program as it relates to dental services with variables related to the cost of the materials and service being provided. After further discussion, Director Evans requested a presentation of the sliding fee data for medical and dental services.

Motion 26-34: Director Stiemsma motioned to accept the financial report as presented, second by Director Todd; motion passed by unanimous vote.

CEO STAFF REPORT

- Ms. Schmall referred the Directors to the ACHD confirmation that the District has been recertified for transparency in governance for another three years.
- Joshua Basin Water District, who manages the Hi-Desert Medical Center wastewater reclamation, has advised that the Colorado Mojave Water Regional Board has requested an additional monitoring station at a significant cost. The District will begin working with JBWD to develop and implement a plan.
- The Registrar of Voter sent the election documents for certification by the District. Directors Evans and Stiemsma are up for election.
- The CHC board is out of HRSA membership compliance. Staff is recruiting to replace the vacant seat.

CALENDAR REVIEW AND COORDINATION

Calendars for May and June were reviewed. Discussion about moving the June meeting but no change was made to the calendar.

DIRECTOR COMMENTS

- DIRECTOR EVANS: “Happy Nurses Week”
- DIRECTOR STIEMSMA: Thanked staff for the presentations and reports.
- DIRECTOR TODD: “Good to see everyone.”
- DIRECTOR GREENHOUSE: She thanked Linda Evans for attending the meeting. “The health fair was great, lots of good comments. Thank you, staff, for another successful event.”

ADJOURN TO CLOSED SESSION

The open session was adjourned to closed session at 8:50 p.m., pursuant to Section 32106 of the Health and Safety Code: report involving trade secret. This is continuance of the February 5, 2026 closed session.

They reconvened to open session at 9:10 p.m. Director Greenhouse reported that the Board of Directors authorized CEO Cindy Schmall to consolidate District services in Yucca Valley to the existing site located at 58295 29 Palms Hwy and to dispose of surplus properties owned by the District:



- APN-0595-192-30-0000
- APN-0595-192-31-0000
- APN-0601-201-36-0000

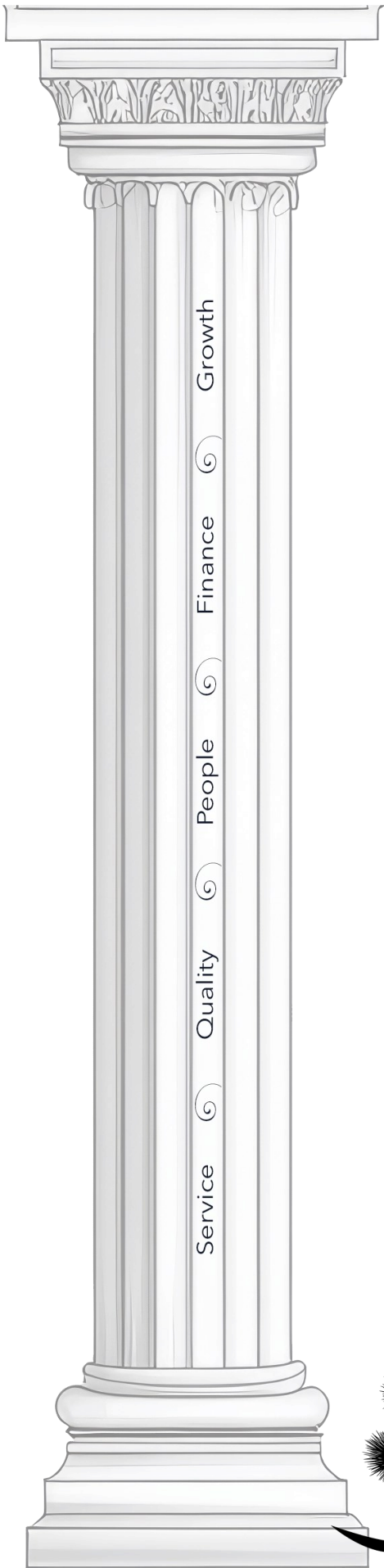
This is full disclosure for closed session meetings on February 5 and May 7, 2026.

ADJOURN MEETING

The meeting was adjourned at 9:10 p.m.

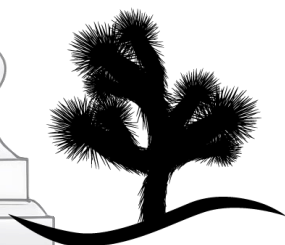
Heidi Stiemsma, Secretary of the Board

Board meeting minutes recorded by K. Graley, Board Clerk.



TAB #2
ACTION ITEM

RESOLUTION #26-02
AUTHORIZED BANK SIGNATURES



MORONGO BASIN
HEALTHCARE DISTRICT
MorongoBasinHealth.org



RESOLUTION NO. 26-02
RESOLUTION OF THE BOARD OF DIRECTORS
HI-DESERT MEMORIAL HEALTHCARE DISTRICT
Morongo Basin Healthcare District

**AUTHORIZED SIGNATURES FOR DISTRICT BANK AND
INVESTMENT ACCOUNTS**

WHEREAS, Hi-Desert Memorial Health Care District, a public agency duly organized and existing under and by virtue of the laws of the State of California, does hereby resolve and establish bank accounts with Pacific Western Bank, and have designated certain individuals to sign those instruments as per Article III, Section 4.f of the District bylaws:

WHEREAS: Additional authorized signatures are needed from time-to-time by District staff;

BE IT RESOLVED: That Tricia Gehrlein, Chief Administrative Officer, is hereby added as an authorized signature for District accounts:

BE IT FURTHER RESOLVED: That the following persons are of this District and are hereby authorized to draw checks on accounts of this healthcare District, signed as provided herein, with duly certified to said bank by the Secretary of this District; and said bank is hereby authorized to honor and pay all checks so signed.

BOARD OF DIRECTORS:

- Patricia Cooper
- Misty Evans-Sharma
- Dianne Markle-Greenhouse
- Heidi Stiemsma

ADMINISTRATIVE STAFF:

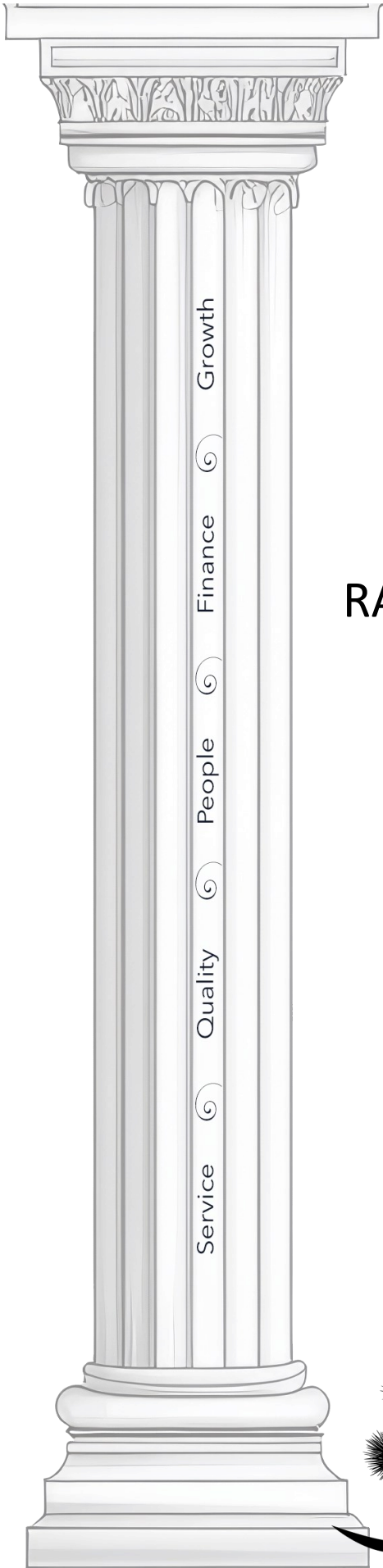
- Cynthia Schmall
- Tricia Gehrlein
- Janeen Duff

CERTIFICATION: This Resolution was passed and adopted at the regular meeting of the Board of Directors of the Hi-Desert Memorial Health Care District on the fourth day of June 2026 by the following roll call vote:

Director Cooper:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Abstain <input type="checkbox"/> Absent
Director Evans:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Abstain <input type="checkbox"/> Absent
Director Markle-Greenhouse:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Abstain <input type="checkbox"/> Absent
Director Stiemsma	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Abstain <input type="checkbox"/> Absent
Director Todd	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Abstain <input type="checkbox"/> Absent

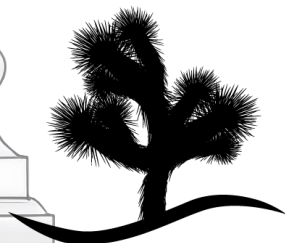
Misty Evans, President

Heidi Stiemsma, Secretary



TAB #3
ACTION ITEM

RATIFY CO-APPLICATION AGREEMENT



MORONGO BASIN
HEALTHCARE DISTRICT
MorongoBasinHealth.org

SIXTH ~~FIFTH~~ AMENDED AND RESTATED, ~~RE-RATIFIED 2023~~
CO-APPLICANT AGREEMENT BETWEEN
HI-DESERT MEMORIAL HEALTH CARE DISTRICT AND
HI-DESERT MEMORIAL HEALTH CARE DISTRICT COMMUNITY HEALTH CENTER

THIS AGREEMENT, entered into this ~~FOURTH DAY OF JUNE, 2026~~~~SEVENTEENTH DAY OF AUGUST, 2023~~, by and between **Hi-Desert Memorial Health Care District Board of Directors**, a publicly elected board for a public agency formed under the California Health & Safety Code Section 32000 *et seq.* (“District Board”) and **Morongo Basin Community Health Center Board**, a Co-Applicant Board required as a recipient of the United States Department of Health and Human Services Administration (HRSA) Section 330 grant (“CHC Board”)

WITNESSETH:

WHEREAS, on November 1, 2013, a Co-Applicant Agreement was entered by the Hi-Desert Memorial Health Care District (“District”), dba Hi-Desert Medical Center (“Hospital”) and Morongo Basin Community Health Center (“CHC”), memorializing and reiterating the nature of the relationship between the District and the CHC and establishing the District as the Public Center and the CHC as the Co-Applicant as applied to HRSA Regulations and Authorities pertaining to the operation of a Federally Qualified Health Center, and

WHEREAS, The First Amended and restated Co-Applicant Agreement of May 2015 referenced sections of the CHC bylaws that have since been revised; and

WHEREAS, The Second Amended and restarted Co-Application Agreement was signed on November 30, 2016.

WHEREAS, The Third Amended and restarted Co-Application Agreement was signed on April 11, 2017.

WHEREAS, the District has applied for and received grants from HRSA pursuant to Sections 330 of the Public Health Service Act to support the planning for and delivery of services to medically underserved populations; and

WHEREAS, the District has created the Morongo Basin Community Health Center (CHC) to support the delivery of services to medically underserved populations, based on funds received for the Section 330 grant; and

WHEREAS, as a condition of the receipt of the HRSA Section 330 grant funds, the CHC must have a governance structure that complies with HRSA requirements, including establishment of a co-Applicant board with certain powers relating to the program; and

WHEREAS, for the mutual benefit of the District Board and CHC Board (“Parties”) agree to enter an agreement reaffirming powers and obligations of both boards, consistent with HRSA requirements; and

NOW, THEREFORE, IT IS HEREBY AGREED BY THE PARTIES HERETO AS FOLLOWS:

SECTION 1. Establishment of Co-Applicant Board.

The District Board establishes the CHC Board as the Co-Applicant Board. The Co-Applicant Board will serve as the governance structure for the CHC, will do so in accordance with its bylaws, in conjunction with District Board, and shall exercise the governance powers as set forth in this Agreement.

SECTION 2. Co-Applicant Board Membership and Meetings.

A. Membership: The Co-Applicant Board Membership will comply with the HRSA Compliance Manual. The Co-Applicant Board shall consist of at Least nine (9) and a maximum of twenty-five (25) members. The majority (51%) of the members of the Co-Applicant Board shall be individuals who are served by the CHC (the “Patient Members”) The remaining members of the Co-Applicant Board (the “Non-patient Members”) shall include two District board members and other community members that have a commitment to the populations that utilize the CHC and they shall possess expertise in community affairs, local government, finance and banking, legal affairs, trade unions, community service agencies, and/or other commercial or industrial concerns. No more than one half (50%) of these Non-patient members may derive more than ten percent (10%) of their income from the health care industry.

All members of the Co-Applicant Board shall be residents of the District. No member of the Co-Applicant Board shall be an employee of the center, or immediate family member of employee, including spouse or child, parent, brother or sister by blood, adoption, or marriage of such employee. No member shall have a personal financial interest which would constitute a conflict of Interest.

The Chief Executive Officer of the CHC shall be a District employee and shall be a non-voting ex officio member of the Co-Applicant Board.

B. Meetings: The Co-Applicant Board shall meet monthly at a location provided for or arranged by the District. Minutes of each meeting shall include board’s attendance, key actions, and decisions and be available on the Morongo Basin website (MBHDistrict.org).

C. Quorum: A quorum is necessary to conduct business and make recommendations. A quorum shall be constituted by the presence of a majority of the members of the Co-Applicant Board then in existence. A majority vote of those Co-Applicant Board members present is required to take any action. Each member shall be entitled to one vote.

SECTION 3: Co-Applicant Board Roles and Responsibilities

The Co-Applicant Board has specific responsibility for the oversight of the CHC including:

- A. Assuring that CHC is operated in compliance with applicable Federal, State and local laws and regulations;
- B. Establishing the fee schedule for services rendered, determine the policy for Discount Sliding Fee Program, and establishing billing and collection policies for the CHC;

- C. Adopting policies for quality-of care audit procedures.
- D. Evaluating Program activities, including services utilization patterns, productivity of the Program, patient satisfaction, achievement of project objectives, and the process of resolving patient grievances;
- E. Reviewing and setting the scope and availability of services to be delivered by, and the location and hours of operation of the CHC;
- F. Approving the annual CHC budget;
- G. Approving grant applications and other documents necessary to establish and maintain the CHC;
- H. Filling board vacancies, selecting board members by majority vote, and removing board members.

SECTION 4. Grantee’s Role and Responsibilities

The District Board shall provide certain governance responsibilities and authorities with respect to the CHC. The District shall maintain the sole authority to set general policy on fiscal and personnel matters pertaining to all District facilities, programs, and CHC, including but not limited to policies relating to financial management practices, non- Program charging and rate setting, labor relations, and conditions of employment.

Specific responsibilities of the District Board shall include:

- A. Developing, adopting and periodically updating policies for financial management practices including policies and procedures to ensure sound financial management and procurement policies and standards;
- B. Providing for an annual financial audit;
- C. Preparing monthly financial and operational reports for the CHC and any other reports reasonably requested by the Co-Applicant Board to enable the Co-Applicant Board to fulfill its responsibilities for the CHC;
- D. Approval of an annual budget that includes the approved CHC budget;
- E. Establishing and periodically updating personnel policies and procedures applicable to all District employees assigned to the CHC. All CHC personnel shall be employees of the District and shall be subject to all District policies and procedures, including personnel policies and procedures. The District Board shall ensure the payment of wages, fringe benefits, workers’ compensation and unemployment compensation for CHC personnel;
- F. Disbursing Section 330 Grant funds in accordance with the federally approved budget. The parties understand and agree that the Section 330 funds shall be used solely for the purpose allowed by the Grant. Any Section 330 Grant funds remaining after the end of the fiscal year shall be disbursed at the direction of the granting authority.

SECTION 5: Shared Responsibilities

The District Board and the Co-Applicant Board (Parties) will collaborate as needed to ensure successful implementation and operation of the CHC.

The District Board President, the Chairperson of Co-Applicant Board, and the CEO shall coordinate the Parties' efforts to meet their respective obligations under this agreement and shall cooperate to communicate and resolve any issues between the Parties. Each of the aforementioned individuals will be reasonably accessible and available for consultation regarding operations of the CHC.

Shared responsibilities include:

- A. Selecting, evaluating and dismissing the CHC Chief Executive Officer (CEO):
 - A.1 Selection / Hiring: The CEO of the District shall be the CEO of the CHC. The CEO will be selected in accordance with District policies and procedures. All candidates will be initially screened by the District Human Resources Department for conformance with the minimum criteria specified in the job announcement. The District Board will select the top two candidates for CEO functions. A Selection Committee of equal members from both boards will interview the top two candidates and select the best candidate for both the CEO of the District and CHC. The best candidate will be offered the CEO position, pending approval by the Co-Applicant Board.
 - A.2 Annual Evaluation: The CEO evaluation will be given annually based on the date of the employment agreement. The CEO evaluation will be comprised of evaluations from both boards. It shall be the Co-Applicant's responsibility to evaluate and provide feedback to the CEO on his/her performance relating to the CHC. It shall be the District's responsibility to evaluate and provide feedback to the CEO relating to his/her performance relating to District criteria.
 - A.3 Removal / Dismissal: The Co-Applicant Board has authority to remove the CEO from his/her CHC responsibilities but has no authority to terminate District employment. The Co-Applicant Board will establish objective criteria for guiding determination, with assistance from Human Resource Department, to dismiss the CEO. Any recommendation to dismiss the CEO, whether emanating from the Co-Applicant Board or the District, will require a document determination by the Co-Applicant Board based on the established criteria, and acceptance by the District Board.
- B. Developing a strategic plan that is applicable to both parties.
- C. Conducting or reviewing the Community Needs Assessment at least every three years.
- D. Developing the CHC annual operating and capital budgets. All CHC budgets will be approved by the Co-Applicant Board and forwarded to the District Board for approval. The District Board may not unilaterally revise the budgets approved by the Co-Applicant Board without approval by the Co-Applicant Board.
- E. Assuring that the CHC is operating pursuant to all applicable program requirements and grant conditions, related federal statutes, rules and regulations, and other Federal, State and local laws and regulations.

SECTION 6. Modification or Termination of the Co-Applicant Agreement.

Notwithstanding any other provision of this Agreement to the contrary, if the CHC no longer receives funding under Section 330 of the Public Health Services Act or any successor to the substitute Act(s), this Agreement shall terminate.

Modifications, amendments or waivers of any provision of this agreement may be made only by written mutual consent of the parties, signed by their duly authorized representatives.

Any party may terminate this Agreement upon sixty (60) days written notice to the other parties. A copy of any notice of termination shall be provided to the Health Resources and Service Administration (HRSA) as the granting authority.

SECTION 7. Bylaws.

The bylaws attached as Exhibit 1 shall constitute the Bylaws of the Co-Applicant Board, which may be modified thereafter pursuant to the terms of the Bylaws.

SECTION 8. Dispute and Conflict Resolution.

The District Board and the CHC Board will use their best efforts to carry out the terms of this agreement in the spirit of cooperation and will resolve by negotiation any disputes or conflicts occurring hereunder.

IN WITNESS WHEREOF, the authorized representatives of the parties hereto have fully signed this agreement on the fourth day of June, 2026. ~~seventeenth day of August 2023.~~

HI-DESERT MEMORIAL HEALTHCARE DISTRICT

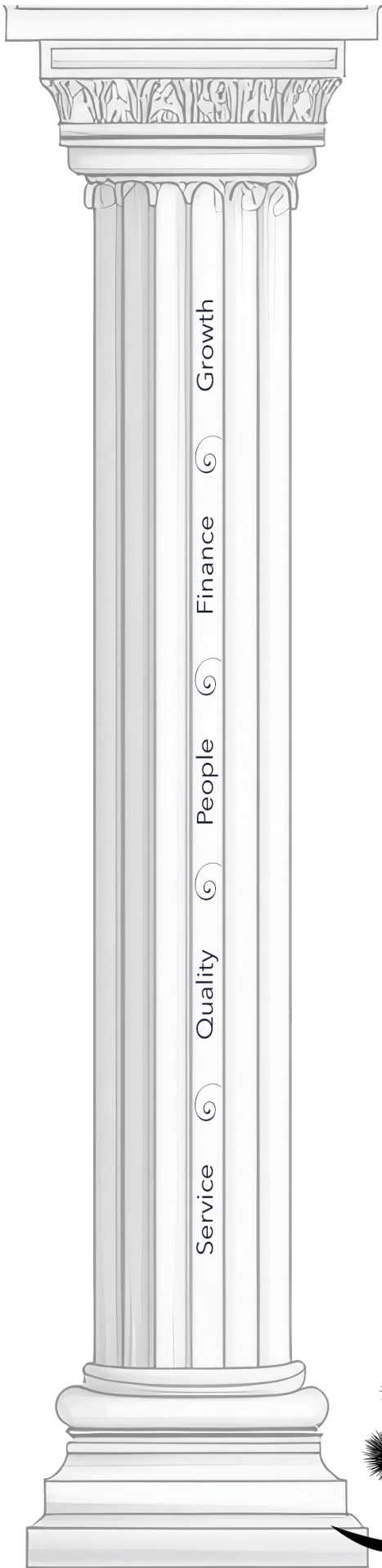
BY: _____
Dianne Markle-Greenhouse, President, Board of Directors

Date: _____

MORONGO BASIN COMMUNITY HEALTH CENTER GOVERNING
BOARD

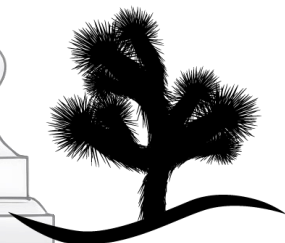
By: _____
Sean Loomis~~Nicola Keller~~, Board Chairperson

Date: _____



TAB #4
ACTION ITEM

APPROVE CAPITAL EXPENSE
DENTAL X-RAY SENSORS



MORONGO BASIN
HEALTHCARE DISTRICT
MorongoBasinHealth.org



Morongo Basin Healthcare District Board of Directors
Staff Report/Recommendation
June 4, 2026

SUBJECT:

Replacement of dental X-ray sensors.

INTRODUCTION:

Staff are requesting the board approve an unanticipated capital expenditure of \$15,639.36 to replace the sensor kits.

FACTS BEARING ON THE ACTION:

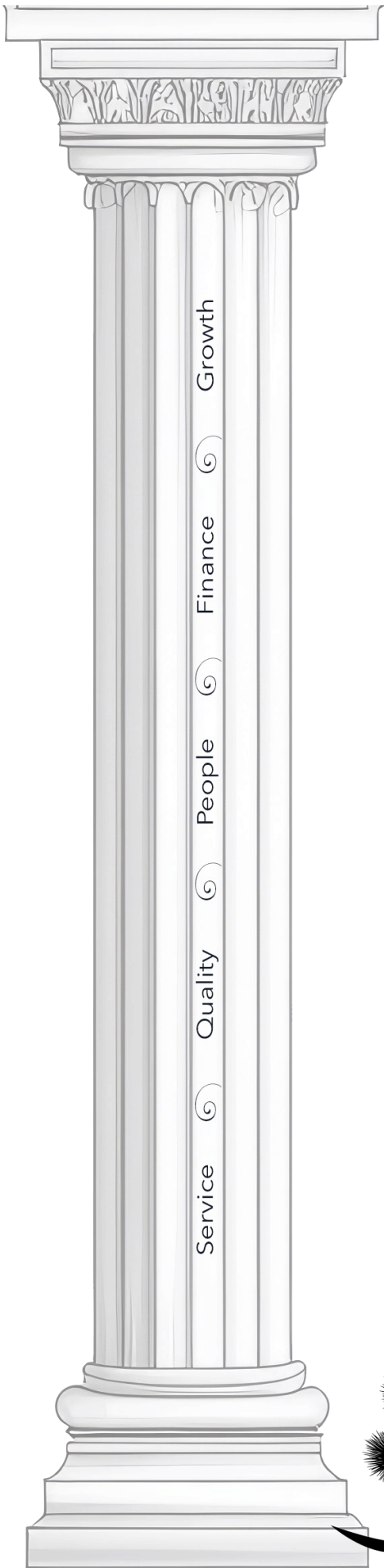
- Two dental X-ray sensors essential to patient care have failed.
- Currently, each location has sensors for patient X-rays. Due to these two failed sensors, staff have pulled sensors from other areas which impedes productivity and slows down patient care. Additionally, the existing sensors are all older and due to be replaced although they are continuing to work without any issues at this time.

CONCLUSION:

The existing sensors were purchased several years ago and have a useful life of five years. While many of them are currently working without issue, two of the sensors have completely failed and need to be replaced. By replacing these two sensors, the district can begin the process of equipment replacement as the sensors fail. This will also prevent productivity and patient care issues.

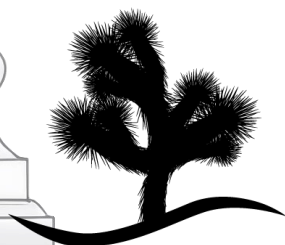
ACTION RECOMMENDED:

Recommendation to approve the purchase of two Dexis Sensor kits at a cost of \$15,639.36.



TAB #5
ACTION ITEM

APPROVE CAPITAL EXPENSE
REPAIR REPAIR



MORONGO BASIN
HEALTHCARE DISTRICT
MorongoBasinHealth.org



Morongo Basin Healthcare District Board of Directors
Staff Report/Recommendation
June 4, 2026

SUBJECT:

Vehicle transmission repair.

INTRODUCTION:

Staff are requesting the board approve an unanticipated capital expenditure of \$7,746.62 to repair the 2019 Ford Transit.

FACTS BEARING ON THE ACTION:

Transportation staff frequently complained that the Ford Transit van was not good for going up and down the Morongo Grade because of the transmission. The vehicle has 131,625 miles on it but still has useful life.

Current community programs staff use their personal vehicles to transport items to health fairs and other events throughout the year. This often puts pressure on the facilities team to assist them.

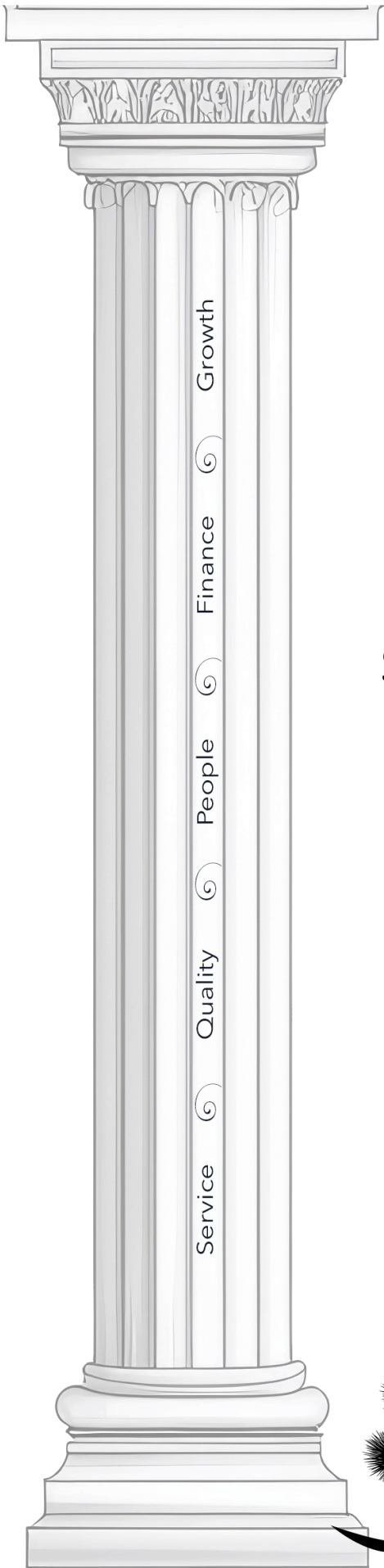
The District owns seven vehicles, five are associated with Wellness Wheels Transportation and two are older vehicles that are used by the facilities department. The Ford Transit vehicle has been out of working order due to the need for a new transmission. We were going to dispose of it through sale, however, if we repair the transmission, it can be transferred from the transportation department to the community programs department. This would resolve community programs staff using their personal vehicles to transport District items, or “borrowing” one of the other vans to transport items. It would also make a vehicle available for District use, such as when we have tours or other events.

CONCLUSION:

Transferring the vehicle out of the transportation department will reduce expenses in the transportation department. Repairing the vehicle and using it in the community programs department will reduce the need for use of personal vehicles and the impact on facilities team.

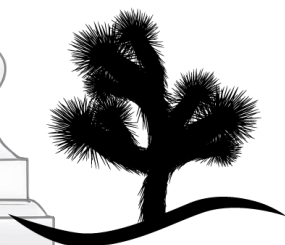
ACTION RECOMMENDED:

Staff recommend approving the repair of the 2019 Ford Transit vehicle at a cost of \$7,746.62.



TAB #6
ACTION ITEM

**APPROVE CAPITAL EXPENDITURE
SPLIT ROCK PROJECT FIRE SYSTEM**



**MORONGO BASIN
HEALTHCARE DISTRICT**
MorongoBasinHealth.org



MORONGO BASIN HEALTHCARE DISTRICT

Morongo Basin Healthcare District Board of Directors Staff Report/Recommendation June 4, 2026

SUBJECT:

Installation of the fire alarm system in the Split Rock modular building.

INTRODUCTION:

Staff are requesting the board approve an unanticipated capital expenditure of \$40,000 for the fire system and an additional cushion for electrical needs of \$15,000 to ensure that funds are available and prevent further delays to the project. If the funds are not needed, they will not be used.

FACTS BEARING ON THE ACTION:

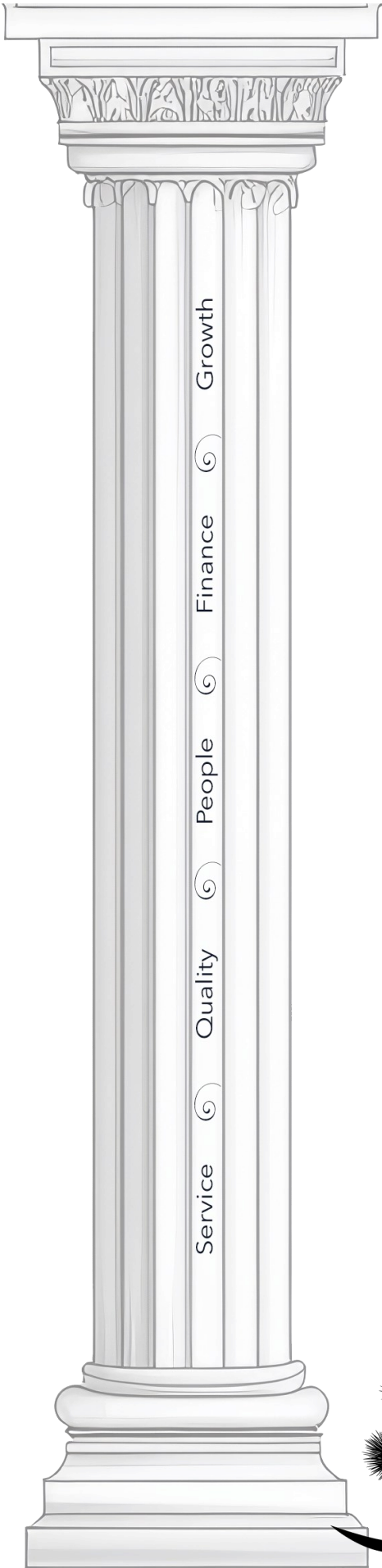
- The modular building is required to have a fire alarm system for safety.
- Staff were recently informed that the current electrical vendor on the project cannot perform all of the installation and will be subcontracting the work.
- This installation is the final step in completing the modular building for final inspection and permitting use of the new space.
- We do not anticipate any further changes but want to ensure resources are approved in advance for any electrical items that may come up.

CONCLUSION:

Installation of the fire system and completion of the electrical installation will allow us to open the building once permitted.

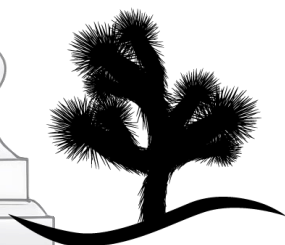
ACTION RECOMMENDED:

Recommendation to approve the installation costs of the fire system and unknown electrical expenses for a total of \$55,000.



TAB #7 REPORT

MONTHLY FINANCIAL REPORT



**MORONGO BASIN
HEALTHCARE DISTRICT**

MorongoBasinHealth.org



MORONGO BASIN HEALTHCARE DISTRICT

6530 La Contenta Road, Suite 100, Yucca Valley California 92284 | 760.820.9229

May 27, 2026

To: MBHD Board of Directors

From: Deborah Anderson, CFO

Re: CFO's Report for April 2026

OVERVIEW

The consolidated financials for the month of April shows income of \$416,048 and year to date shows income of \$3,422,818. (See Tables 1 & 2)

The non-clinic financials for the month of April shows income of \$465,191 and year to date shows income of \$2,853,973. (See Table 3 & 4)

The clinic financials for the month of April shows losses of \$(49,142) and year to date shows income of \$568,846. (See Table 5 & 6)

Clinics had a net loss for this month. As previously discussed, we are anticipating that the clinics will once again start showing losses due to grants ending that helped offset expenses and the 340B program not being able to contribute as much income to the change in net position.

CONSOLIDATED CHANGE IN NET POSITION

Table 1 Consolidated April 2026

Consolidated	Actual Mth	Budget Mth	Over/(Under)	% of Budget
Income	1,280,698	1,088,186	192,512	17.69%
Expense	(1,279,533)	(1,237,113)	(42,420)	-3.43%
Operating Income/(Loss) before Allocation	1,165	(148,927)	150,092	100.78%
Non-Operating	414,789	404,244	10,544	2.61%
Discontinued Operations	94	-	94	100.00%
Change in Net Position	416,048	255,318	160,731	62.95%

Table 2 Consolidated Year to Date

Consolidated	Actual YTD	Budget YTD	Over/(Under)	% of Budget
Income	12,951,238	10,640,321	2,310,917	21.72%
Expense	(11,985,863)	(12,111,521)	125,658	1.04%
Operating Income/(Loss) before Allocation	965,374	(1,471,200)	2,436,574	165.62%
Non-Operating	2,456,563	1,675,046	781,517	46.66%
Discontinued Operations	881	-	881	100.00%
Change in Net Position	3,422,818	203,846	3,218,972	1579.12%

NON-CLINICS CHANGE IN NET POSITION

Table 3 Non-Clinics April 2026

Non Clinic	Actual Mth	Budget Mth	Over/(Under)	% of Budget
GRANT REVENUE	22,606	3,125	19,481	623.39%
TENET LEASE -Amort of \$2M lease	197,321	197,321	-	0.00%
INTEREST INCOME	146	640	(494)	-77.23%
OTHER OPERATING REVENUE	71	125	(54)	-43.07%
	220,144	201,212	18,933	9.41%
Salaries	163,039	143,559	(19,480)	-13.57%
Fringe	56,804	43,799	(13,005)	-29.69%
Purchased Services	10,618	11,840	1,222	10.32%
IT, Network & Phones	17,074	20,425	3,351	16.41%
Supplies	1,991	3,991	2,000	50.11%
R&M	4,022	4,749	727	15.31%
Leases/Rentals	(0)	42	42	100.02%
Utilities	2,794	4,700	1,905	40.54%
Insurance	31,011	33,429	2,417	7.23%
Other	22,687	20,033	(2,654)	-13.25%
Depreciation	58,855	59,525	670	1.13%
	368,896	346,092	(22,804)	-6.59%
Operating Income/(Loss) before Allocation	(148,752)	(144,880)	(3,871)	-2.67%
Allocation of Overhead for Health Centers	199,059	185,907	13,152	7.07%
Operating Income/(Loss) after Allocation	50,308	41,027	9,281	22.62%
Non-Operating Tax Revenue	350,831	357,316	(6,485)	-1.81%
Non-Operating Investment Income	56,810	40,206	16,604	41.30%
Non-Operating Rental Income	7,148	6,723	425	6.32%
Discontinued Operations	94	-	94	100.00%
	414,883	404,244	10,639	2.63%
Change in Net Position	465,191	445,271	19,920	4.47%

Table 4 (continued)

Non Clinic	Actual Mth	Budget Mth	Over/(Under)	% of Budget
Non-Operating Tax Revenue	350,831	357,316	(6,485)	-1.81%
Non-Operating Investment Income	56,810	40,206	16,604	41.30%
Non-Operating Rental Income	7,148	6,723	425	6.32%
Discontinued Operations	94	-	94	100.00%
	414,883	404,244	10,639	2.63%
Change in Net Position	465,191	445,271	19,920	4.47%

Table 4 Non-Clinics Year to Date

Non Clinic	Actual YTD	Budget YTD	Over/(Under)	% of Budget
GRANT REVENUE	43,838	31,250	12,588	40.28%
TENET LEASE -Amort of \$2M lease	1,992,179	1,992,180	(1)	-0.00%
INTEREST INCOME	4,178	4,574	(397)	-8.67%
OTHER OPERATING REVENUE	13,505	1,250	12,255	980.36%
	2,053,699	2,029,254	24,444	1.20%
Salaries	1,424,094	1,422,541	(1,553)	-0.11%
Fringe	321,606	342,575	20,969	6.12%
Purchased Services	95,181	119,067	23,886	20.06%
IT, Network & Phones	171,281	204,255	32,973	16.14%
Supplies	26,652	38,275	11,623	30.37%
R&M	39,704	46,920	7,216	15.38%
Leases/Rentals	826	417	(409)	-98.27%
Utilities	43,583	54,927	11,343	20.65%
Insurance	331,103	334,285	3,182	0.95%
Other	171,004	195,322	24,318	12.45%
Depreciation	595,456	595,254	(202)	-0.03%
	3,220,490	3,353,837	133,347	3.98%
Operating Income/(Loss) before Allocation	(1,166,791)	(1,324,583)	157,791	11.91%
Allocation of Overhead for Health Centers	1,563,889	1,783,016	(219,127)	-12.29%
Operating Income/(Loss) after Allocation	397,097	458,433	(61,336)	-13.38%
Non-Operating Tax Revenue	1,176,693	1,065,585	111,108	10.43%
Non-Operating Donations	20,000	-	20,000	100.00%
Non-Operating Investment Income	1,188,659	542,228	646,432	119%
Non-Operating Rental Income	67,838	67,233	604	0.90%
Gain/Loss Sale of Assets	2,805	-	2,805	100.00%
Discontinued Operations	881	-	881	100.00%
	2,456,876	1,675,046	781,829	46.68%
Change in Net Position	2,853,973	2,133,479	720,493	33.77%

Gant revenue variance is due to receipt of MBTA award. Other operating revenue variance is due to donations received from various sources to offset expenses of the health fairs. Purchased services variance is due to savings on legal fees. IT, Network & Phones variance is due to anticipated IT license renewals that have not been invoiced yet. Other variance is due to savings on vehicle & community relations expenses. Since we've had savings on expenses, there is not as much movement of costs between the District and the Clinics. Investment income variance is due to market factors including interest / dividend rates and realized/unrealized losses on investments. The non-operating donation is from the Foundation towards the purchase of a vehicle for the Wellness Wheels Program.

CLINIC CHANGE IN NET POSITION

Table 5 Clinics April 2026

Clinics	Actual Mth	Budget Mth	Over/(Under)	% of Budget
Patient services (net)	833,407	664,687	168,720	25.38%
Grant Revenue	136,925	127,742	9,183	7.19%
340B Revenue	36,931	29,879	7,052	23.60%
Capitation Fees	184,267	180,832	3,435	1.90%
Records & Interest	325	153	172	112.32%
Cost Report Adjustments	(137,361)	(137,360)	(0)	-0.00%
Quality & TRI/Prop 56, Misc	6,059	21,042	(14,983)	-71.20%
	1,060,553	886,974	173,579	19.57%
Salaries - Clinic	513,160	511,976	(1,184)	-0.23%
Fringe - Clinic	139,383	122,375	(17,008)	-13.90%
Phys Fees - Clinic	86,030	73,087	(12,943)	-17.71%
Purchases Services - Clinic	56,295	61,708	5,413	8.77%
IT, Network & Phones - Clinic	23,012	24,459	1,447	5.92%
Supplies - Clinic	17,178	33,020	15,843	47.98%
Supplies - 340B	32,004	24,999	(7,005)	-28.02%
R&M - Clinic	13,099	6,507	(6,592)	-101.31%
Leases/Rentals - Clinic	35	142	107	75.53%
Utilities - Clinic	6,186	5,769	(417)	-7.23%
Ins - Clinic	287	302	14	4.75%
Other - Clinic	7,018	7,886	868	11.01%
Depreciation	16,950	18,792	1,842	9.80%
	910,637	891,021	(19,616)	-2.20%
Operating Income/(Loss) before Allocation	149,917	(4,047)	153,963	3804.64%
Allocation of Overhead for Health Centers	(199,059)	(185,907)	(13,152)	-7.07%
Change in Net Position	(49,142)	(189,954)	140,811	74.13%

Table 6 Clinics Year to Date

Clinics	Actual YTD	Budget YTD	Over/(Under)	% of Budget
Patient services (net)	7,322,523	6,374,950	947,573	14.86%
Grant Revenue	1,940,265	1,302,950	637,316	48.91%
340B Revenue	425,025	286,569	138,456	48.32%
Capitation Fees	1,837,529	1,808,318	29,210	1.62%
Records & Interest	2,211	1,469	742	50.52%
Cost Report Adjustments	(1,373,189)	(1,373,605)	416	0.03%
Quality & TRI/Prop 56, Misc	743,176	210,417	532,759	253.19%
	10,897,539	8,611,066	2,286,472	26.55%

Table 7 (continued)

Clinics	Actual YTD	Budget YTD	Over/(Under)	% of Budget
Salaries - Clinic	4,771,676	5,073,212	301,535	5.94%
Fringe - Clinic	1,130,845	1,160,451	29,606	2.55%
Phys Fees - Clinic	867,355	700,970	(166,385)	-23.74%
Purchases Services - Clinic	611,803	616,123	4,320	0.70%
IT, Network & Phones - Clinic	223,865	244,595	20,730	8.48%
Supplies - Clinic	403,707	316,695	(87,011)	-27.47%
Supplies - 340B	303,965	242,393	(61,572)	-25.40%
R&M - Clinic	113,478	64,144	(49,335)	-76.91%
Leases/Rentals - Clinic	1,306	1,417	110	7.78%
Utilities - Clinic	75,243	69,980	(5,263)	-7.52%
Ins - Clinic	2,873	3,017	143	4.75%
Other - Clinic	84,724	76,773	(7,952)	-10.36%
Depreciation	174,532	187,915	13,383	7.12%
	8,765,373	8,757,683	(7,690)	-0.09%
Operating Income/(Loss) before Allocation	2,132,166	(146,617)	2,278,783	1554.24%
Allocation of Overhead for Health Centers	(1,563,889)	(1,783,016)	219,127	12.29%
Operating Income/(Loss) after Allocation	568,277	(1,929,633)	2,497,910	129.45%
Non-Operating	568	-	568	-100.00%
	568	-	568	-100.00%
Change in Net Position	568,846	(1,929,633)	2,498,479	129.48%

Patient services variance is due to higher visits. Grant revenue variance is due to spending for the ARP capital and HIV grant that was not budgeted (the supplies – clinic line is also higher because some of the expenses for this grant spending is in this line). Quality revenue is higher because we anticipated cuts to quality; however, the cuts will take another year before they are realized. Physician fees are higher due to increased services being done by all providers. 340B supplies expense is higher due to drug manufacturer restrictions. R&M is higher than budgeted due to clinics replacing some windows at the various buildings, which individually don't meet the criteria for capitalization. Since the District had savings on expenses, there is not as much movement of costs between the District and the Clinics, which shows as a positive variance above.

Statement of Net Position

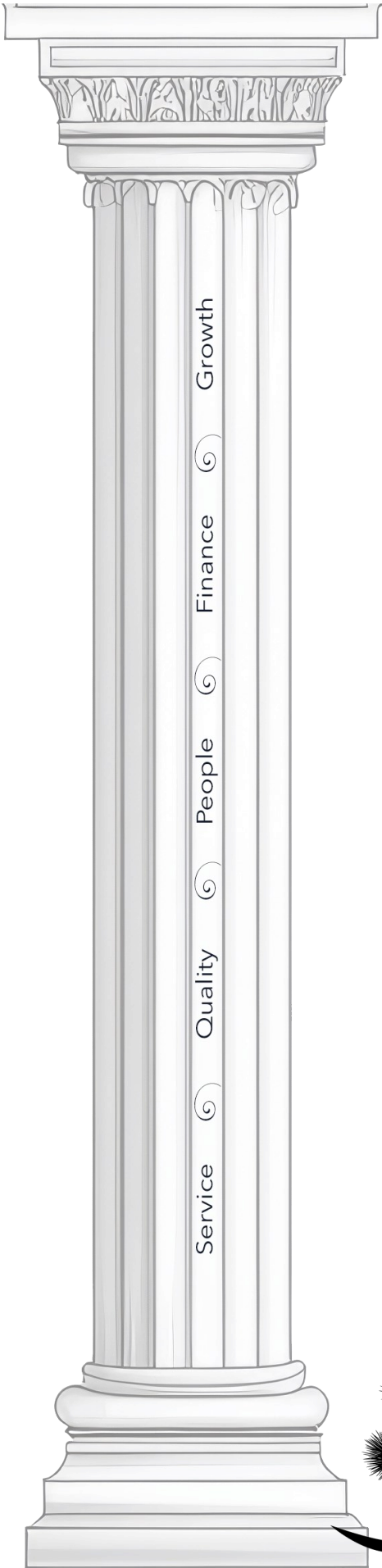
Assets and Deferred Outflow of Resources	June 30, 2025 (Audited)	Apr 30, 2026 (Unaudited)	Difference
Current Assets			
Cash and cash equivalents	5,863,721	3,733,516	(2,130,205)
Investments	39,305,358	46,344,018	7,038,659
Receivables			-
Patients	1,108,512	663,472	(445,040)
Estimated third-party payer settlements	-	-	-
Accrued Interest	563,165	362,800	(200,365)
Lease	873,671	911,600	37,929
Rentals	75,663	6,737	(68,926)
Grants	15,148	154,162	139,014
Other	303,839	207,086	(96,753)
Receivables Sub-Total	2,939,997	2,305,857	(634,140)
Prepaid expenses	172,408	91,454	(80,954)
Total current assets	48,281,485	52,474,845	4,193,360
Noncurrent Assets			
Lease receivable	25,070,557	24,219,848	(850,708)
Capital assets, net	9,616,009	10,098,773	482,764
Total Noncurrent Assets	34,686,566	34,318,621	(367,945)
Deferred Outflow of Resources			
Prepaid water capacity fee	149,221	74,610	(74,610)
Total Assets and Deferred Outflow of Resources	83,117,271	86,868,076	3,750,805
Liabilities, Deferred Inflow of Resources, and Net Position			
Current Liabilities			
Accounts payable	330,394	1,527,601	1,197,207
Accrued payroll and related liabilities	378,220	356,040	(22,179)
Accrued paid time off	375,723	416,030	40,308
Estimated 3rd party payor settlements	2,994,520	3,226,755	232,235
Current portion of long term debt	184,179	83,118	(101,061)
Deferred Revenue	-	42,857	42,857
Total Current Liabilities	4,263,035	5,652,401	1,389,366
Noncurrent Liabilities			
Long-term debt, net of current portion	103,011	106,454	3,443
Total Liabilities	4,366,046	5,758,855	1,392,809
Deferred inflow of resources			
Deferred lease revenue for hospital and equipment	25,655,272	24,590,450	(1,064,822)
Total Deferred Inflow of Resources	25,655,272	24,590,450	(1,064,822)
Net position			
Net investment in capital assets	9,616,009	10,098,773	482,764
Restricted by donors for specific operating purposes	-	-	-
Unrestricted	43,479,944	46,419,999	2,940,055
Total net position	53,095,953	56,518,772	3,422,818
Total Liabilities, Deferred Inflow of Resources, and Net Position	83,117,271	86,868,076	3,750,805

MORONGO BASIN HEALTHCARE DISTRICT
Schedule of Investments
Apr 30, 2026

Description	Institution	3/31/2026	4/30/2026	Variance
Public Interest Acct	PWB	3,392,515.14	3,766,108.72	373,593.58
Less O/S checks	PWB	(118,877.87)	(37,792.72)	81,085.15
		3,273,637.27	3,728,316.00	454,678.73
M & O Acct	PWB	1,000.00	1,000.00	-
Revenue Acct	PWB	1,000.00	1,000.00	-
Payroll Acct	PWB	1,000.00	1,000.00	-
FSA Acc't	PWB	1,000.00	1,000.00	-
Sub-Total		3,277,637.27	3,732,316.00	454,678.73
Investment Access**	RBC	43,865,099.47	43,853,696.53	(11,402.94)
Money Market	RBC	2,036,395.10	2,041,220.84	4,825.74
Total Value of Accts		45,901,494.57	45,894,917.37	(6,577.20)
Est Accured Bond Int.		385,713.51	449,100.26	63,386.75
Total Portfolio Value		46,287,208.08	46,344,017.63	56,809.55
Total Cash		49,179,131.84	49,627,233.37	448,101.53
Total Market Value		49,564,845.35	50,076,333.63	511,488.28

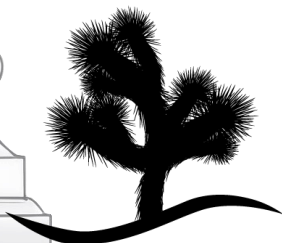
Chart A – Visits History Chart

Month	FY 18-19	FY 19-20	FY 20-21	FY 21-22	FY 22-23	FY 23-24	FY 24-25	FY 25-26
Jul	2,942	3,283	3,091	2,877	2,670	2,758	3,030	3,467
Aug	3,766	3,587	3,015	3,425	3,315	3,195	2,975	3,099
Sep	3,043	3,501	3,065	3,134	3,256	2,593	3,041	3,346
Oct	3,551	3,892	3,264	3,282	3,071	3,027	3,697	3,296
Nov	3,229	3,353	2,627	3,116	2,936	2,928	2,952	2,595
Dec	2,858	3,304	2,976	2,705	2,881	2,556	3,027	3,000
Jan	3,698	4,010	2,921	2,925	3,001	3,226	3,316	3,210
Feb	3,198	3,763	3,190	3,068	2,882	2,980	3,303	2,903
Mar	3,515	2,927	3,516	3,332	3,331	3,032	3,338	3,415
Apr	3,660	2,066	3,460	3,094	2,896	3,016	3,648	3,431
May	3,662	2,200	3,043	3,239	3,247	3,143	3,564	-
Jun	3,344	2,786	3,082	3,218	2,939	2,652	3,275	-
Total	40,466	38,672	37,250	37,415	36,425	35,106	39,166	31,762
Total YTD	33,460	33,686	31,125	30,958	30,239	29,311	32,327	31,762



TAB #8 REPORT

CEO STAFF REPORT



MORONGO BASIN
HEALTHCARE DISTRICT

MorongoBasinHealth.org



MORONGO BASIN HEALTHCARE DISTRICT

6530 La Contenta Road, Suite 100, Yucca Valley California 92284 | 760.820.9229

June 4, 2026

To: Board of Directors
From: Cindy Schmall, CEO
Re: CEO Board Report

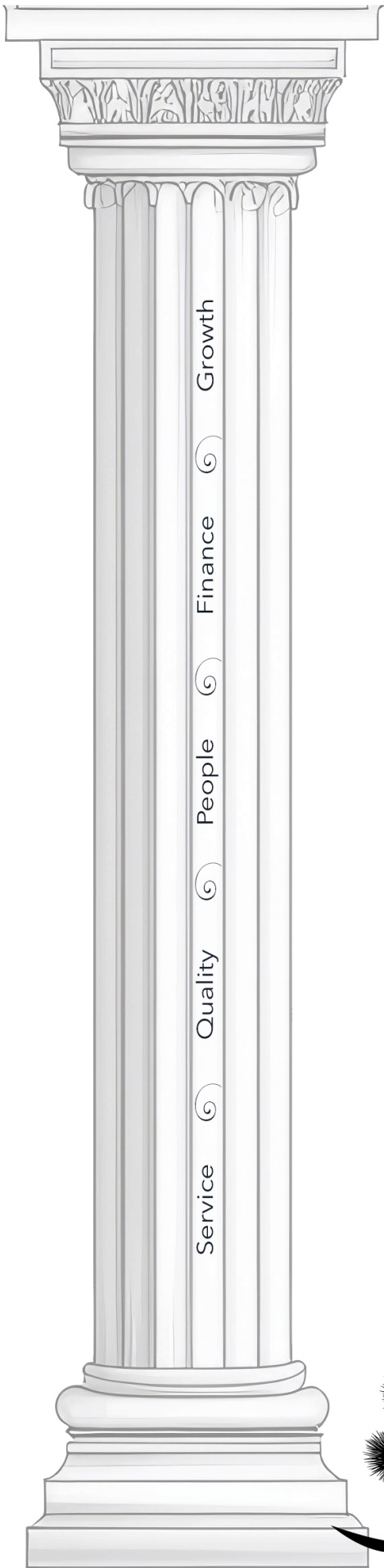
DISTRICT

- Last week, we attended the Copper Mountain College RN and LVN graduation. These students spend time with us at the health fairs and do clinical hours in our clinics. It is a wonderful partnership that we value very much.
- The District has selected monthly health topics that we want to have providers, staff and patients in the clinics support. These are national recognition months that will be our focus for each month. Clinic leadership also approved these topics and the District will use them to do community education.

January	Cervical Health	
February	Children's Dental Health	American Heart Association
March	Colorectal Health	
April	STI Awareness	
May	Mental Health Awareness	
June	Men's Health	
July	UV Awareness (skin CA)	Healthy Skin
Aug	National Immunization Awareness	
Sept	Childhood Obesity	Flu Vax Awareness
October	Breast Cancer	National Dental Hygiene
Nov	Diabetes	
Dec	Seniors Health	

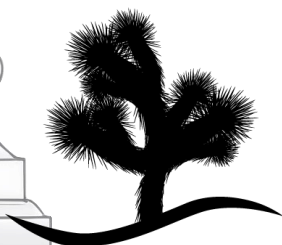
HEALTH CENTER

- We are currently working with one nurse practitioner and one physician for recruitment purposes. Initial interviews have been held and interviews with other providers will take place. If all goes well, we will have the providers on site for a tour.
- Electrical at Split Rock was in process but hit a snag due to a broken bolt on the panel. We are awaiting an update from SCE on when the replacement part can be placed into service.



TAB #9
CALENDAR REVIEW

BOARD MEETING
MONTHLY CALENDARS



MORONGO BASIN
HEALTHCARE DISTRICT
MorongoBasinHealth.org

BOARD CALENDAR

July 2026						
Sun	Mon	Tue	Wed	Thu	Fri	Sat
			1	2 4:45p CHC Board 6:00p District Board	3	4 
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	31	