



Hi-Desert Memorial Health Care District dba

Morongo Basin Healthcare District

BOARD OF DIRECTORS REGULAR MEETING MINUTES

July 2, 2026 at 6:15 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
- Director Evans (*not present*)
- Director Markle-Greenhouse
- Director Stiemsma
- Jacqueline Todd

Administrative Staff:

- CEO Cindy Schmall (*remote*)
- CFO Debbie Anderson (*remote*)
- Karen Graley, Board Clerk (*remote*)
- Tela Thornett, Operations Manager

Guests

- Marc Greenhouse, CHC board member
- Liz Neff, Laundry Love volunteer

CALL TO ORDER

Director Greenhouse called the meeting to order at 6:15 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.

OBSERVANCE

Director Stiemsma read the mission and vision statements. Director Todd led the assembly in the pledge of allegiance.

PUBLIC COMMENT

None presented.

APPROVAL OF THE MEETING AGENDA

- **Motion 26-43:** Director Stiemsma motioned to approve the meeting agenda as presented; second by Director Todd, motion passed by unanimous vote.

APPROVAL OF THE CONSENT AGENDA

- **Motion 26-36:** Director Stiemsma motioned to approve the minutes of June 4, 2026, regular monthly business meeting, second by Director Todd. Motion passed by unanimous vote.

ACTION ITEMS

AUTHORIZED BANK SIGNATURES – *Cindy Schmall, CEO*

Motion 26-45 Motion by Director Stiemsma, second by Director Todd, to approve Resolution #26-03 to add Tricia Gehrlein and Tina Huff as authorized signatures to District bank accounts. A roll call vote was taken. Motion passed 4:0. Director Evans was absent.

CEO Cindy Schmall presented Resolution #26-03 to add Tricia Gehrlein, Chief Administrative Officer, and Tina Huff, Director of Behavioral Health, as authorized signatures to the District bank account; and remove Janeen Duff from authorized signatures. Resolution #26-03 provides for an



authorized signature onsite. Resolution 26-02 was passed at the June 4, 2026 meeting before staff reduction and the loss of the onsite signature. Ms. Schmall explained that Resolution #26-03 captures all the changes on one document for bank authorization.

APPROVE FIRM FOR ANNUAL FINANCIAL AUDIT – *Debbie Anderson, CFO*

Motion 26-46 Motion by Director Stiemsma, second by Director Todd, to approve DZA Accountants | Advisors to administer the District’s annual financial audit for fiscal year ending June 30, 2026. Motion passed by unanimous vote.

Ms. Anderson referred the Directors to the engagement letter from DZA Accountant | Advisors located in the agenda packet. This is the sixth year this firm has administered the audit. Next year a different auditing firm will be presented for consideration based on the District’s policy. Director Greenhouse commented that DZA has done an exceptional job in the past; Director Todd noted that their presentation was easy to understand.

APPROVE FINANCIAL POLICIES – *Debbie Anderson, CFO*

- **Motion 26-47** Motion by Director Todd, second by Director Stiemsma, to approve financial policies FN-AP-101 Cash Disbursements, and FN-AP-104 Levels of Authorization as presented. Motion passed by unanimous vote.

Ms. Anderson reviewed the policy revisions for the Directors.

AP-FN-100 Cash Disbursements: The policy was edited to reflect the new electronic accounts payable system and to maintain the security of the bank account.

AP-FN-104 Levels of Authorization: This policy was edited to include the use of purchase orders for District purchases.

APPROVE HUMAN RESOURCE POLICIES – *Cindy Schmall, CEO*

- **Motion 26-48** Motion by Director Todd, second by Director Stiemsma, to approve Human Resource policies HR-224 Performance Evaluations, and HR-262 Tuition Reimbursement as presented. Motion passed by unanimous vote.

Ms. Schmall reviewed the policy revisions for the Directors.

HR-224 Performance Evaluations: The policy was edited to reflect how pay rate adjustments are distributed to employees who are at the top of their pay scale. CEO Schmall asked the board to approve the policy as presented and explained the change. As an example, if an employee is at the top of the pay scale at \$25 but is being paid \$25.50, and is qualified for a merit increase of three percent, the base pay rate will not increase by three percent. Instead, the base pay rate would remain static, and the employee would receive a one-time bonus in the amount of three percent.

She continued, “As a public agency, we have an obligation to remain within fair market value for employee wages. If we exceed the fair market wage, that creates a compliance risk. This policy has been edited to retain that fair market value structure and provide employee compensation in the form of a one-time bonus, and not increase the base pay rate.”

HR-262 Tuition Reimbursement: The policy was edited to clarify that the policy is now based on the District’s fiscal year (July 1 through June 30) which works best for our budgeting process; and that if you are not in good standing and are on disciplinary status, you are not eligible for tuition benefits until the disciplinary status falls off.



A few years ago, it was determined that the District could not retrieve monies when the contract was unfulfilled, such as when an employee terminates employment before completing the contract. Ms. Schmall stated she spoke to our attorneys, and they have given us new language that will allow us to recapture tuition monies. As an example, if the District funds \$6,000 towards a degree and that employee leaves within six months of receiving that money from the District, the employee is required to repay it on a prorated basis, which in this example would be \$3,000. Essentially, if this tuition benefit is awarded, the expectation is you maintain employment with the District for one year.

STAFF REPORTS

HUMAN RESOURCE QUARTERLY REPORT – Tela Thornett, Operations Manager

Ms. Thornett report data for first and second quarters 2026 (April through June).

January to March 2026	April to June 2026
Terminations: 3 voluntary (2 resigned, 1 per diem no longer available)	Terminations: 6 voluntary (2 resigned, 1 retired, 3 workforce reductions). 3 involuntary
Newly hired:	Newly hired:
• 2 medical assistants • 1 licensed social worker • 2 patient registration clerks • 1 nurse practitioner • 1 driver	• 2 medical assistants • 2 referral coordinators • 1 community health worker • 1 driver

- Phase two of SB-525 implemented ensuring all hourly staff minimum wage raised to \$23 per hour.
- Staff are being trained in new timekeeping and ticketing systems to ensure proper setup and to streamline processes.
- HR / Admin Assistant onboarding to support administration and human resources
- CHC Week begins Monday, August 3. Ms. Thornett presented the celebratory schedule for the employee appreciation week.

FINANCIAL REPORT - Debbie Anderson, CFO

Motion 26-32: Director Todd motioned to accept the financial report as presented, second by Director Stiemsma; motion passed by unanimous vote.

CFO Anderson presented the May financial report. Consolidated financials for the month of May 2026 show income of \$192,495 and year to date income of \$3,615,313. Non-clinic financials for May show income of \$179,428 and a year-to-date income of \$3,033,400. The health center financials for the month of May show loss of income of \$13,067 and year to date income of \$581,913.

The auditors advised a new GASB 103, Financial Reporting Model Improvements issued in May 2024 modernizes the rules for state and local governments. It is effective for fiscal years beginning after June 15, 2025, which means it will be implemented this year. The definitions of operating revenues and expenses and of nonoperating revenues and expenses will replace accounting policies that vary from government to government, thereby improving comparability. Our most significant impact will be that grant revenue will be required to be reported as non-operating revenue vs. operating revenue as it was previously. This will have a negative impact on your operating indicator. However, the hospital lease revenue will continue to be reported as operating, and the interest component of the lease will continue to be reported as non-operating.



The published financial report is attached to these minutes.

CEO STAFF REPORT

CEO Schmall referred the Directors to her written report in the agenda packet.

- Considering the significant \$2.7 million dollar expected budget deficit in the 26/27 Fiscal Year Budget, the administrative team is looking at ways to cut expenses and increase revenue. These include:
 - ❖ In June, we eliminated three positions. This was after a lengthy review of all positions in the District's service. Where we found redundancies, and identified other positions that could absorb the work, we determined that the management positions of Director of Strategic Initiatives, Facilities Manager and Office Services Manager would be removed. These are overhead positions and the duties have been centralized to other areas. This resulted in salary cost-savings of nearly \$300,000 annually.
 - ❖ Tricia Gehrlein, Chief Administrative Officer, has been working with management to identify several grant opportunities and determine if we qualify for new grants. We are also looking at some collaboration opportunities which can increase revenues.
 - ❖ Finally, we have made a change to our Medical Directorship in Behavioral Health which will reduce costs by \$70,000 per year.
 - ❖ We have implemented new purchasing processes with more oversight and restrictions to ensure that we are as cost-effective as possible.
- The Colorado River Basin Regional Water Quality Control Board met in May 2026 and has notified us of the requirement to add two additional monitoring wells at the Hi-Desert Medical Center (HDMC) site. I am working with our attorneys, the Joshua Basin Water District and HDMC leadership, to determine steps for compliance and will have a more complete report to you as soon as we know how we must proceed. This mandate is likely to cost the district about \$150,000. This decision was not made due to any problems with the existing equipment, rather it is a result of new requirements (since the existing well was built) to bring the system into compliance. The recent recertification of our existing well shows that it is performing optimally.

CEO Schmall stated that she spoke to the water expert at Best Best and Krieger who said this is happening across the state. It's not just us. It's happening everywhere. The water board is enforcing these requirements and making a lot of people install these monitoring wells. We will be looking at the lease with Tenet to determine if there is opportunity for us to charge back the costs of that installation. We have twelve months to develop a plan. The engineering company that monitors our existing well is already working on a plan. They designed it and made sure that it's in good working order. Joshua Basin Water District went directly to them and asked them to formulate a plan. We've already received some documentation; things are well underway.

- The Split Rock Building has power; however, we are still awaiting the installation of the fire alarm system. The fencing around the property is in progress and is expected to be done soon. Repeated calls to the state regarding the permit for the removal of a single limb of the Joshua Tree have been fruitless. We will continue to follow up with these items and hope to have the project up and running by the end of August.



- At the Yucca Valley campus the Behavioral Health waiting room and reception area are complete, and staff are working to remove old carpet, replace lighting, paint, and provide more sound proofing of the offices for privacy. This will allow us to bring the referrals and case management teams onto the Yucca Valley campus creating a single site campus for all services except dental. Plans are still in process for moving dental services to our Ancillary Services building. The Town advised the fence needs to be moved back from the highway. The fencing facing the highway will be replaced with wrought iron fencing and relocated next to the building; the remainder of the fencing surrounding the campus will remain chain link. She noted that since it was installed there has been no vandalism or theft.
- We have hired a part-time nurse-practitioner with a strong emergency background. He will be starting in July. Our search for a provider continues and we are currently in negotiation with a strong potential candidate.
- IEHP Quality requirements have continued to change, and our quality reimbursement monies have decreased. Tricia Gehrlein, Chief Administrative Officer, will present a report to you next month on some of these changes.

CALENDAR REVIEW AND COORDINATION

The July and August calendars were reviewed. CEO Schmall highlighted CHC Week on the August calendar, inviting the Directors to join staff for lunch at 11:30 a.m. to celebrate.

DIRECTOR COMMENTS

DIRECTOR COOPER: "Thank you for all the information. And Karen, thank you for calling me to remind of tonight's meetings."

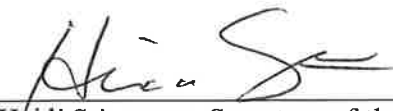
DIRECTOR STIEMSMA: "I'm very glad to hear that we've got some help for Tela, and I think it was a good organizational change."

DIRECTOR TODD: "A lot of information today and interesting."

DIRECTOR GREENHOUSE: "I'd like to thank our incredible staff, Debbie Anderson, Karen Graley, our CEO, Tela is here with us. Thank you for a very productive evening."

ADJOURN MEETING

The meeting was adjourned at 7:06 p.m.


Heidi Stiemsma, Secretary of the Board

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



ATTACHMENT: FINANCIAL REPORT for May, 2026



MORONGO BASIN HEALTHCARE DISTRICT

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

June 25, 2026

To: MBHD Board of Directors

From: Deborah Anderson, CFO

Re: CFO's Report for May 2026

OVERVIEW

The consolidated financials for the month of May shows income of \$192,495 and year to date shows income of \$3,615,313. (See Tables 1 & 2)

The non-clinic financials for the month of May shows income of \$179,428 and year to date shows income of \$3,033,400. (See Table 3 & 4)

The clinic financials for the month of May shows income of \$13,067 and year to date shows income of \$581,913. (See Table 5 & 6)

GASB 103, Financial Reporting Model Improvements issued in May 2024 modernizes the rules for state and local governments. It is effective for fiscal years beginning after June 15, 2025, which means it will be implemented this year. The definitions of operating revenues and expenses and of nonoperating revenues and expenses will replace accounting policies that vary from government to government, thereby improving comparability. Our most significant impact will be that grant revenue will be required to be reported as nonoperating revenue vs. operating revenue like it has been previously. This will have a negative impact on your operating indicator. However, the hospital lease revenue will continue to be reported as operating and the interest component of the lease will continue to be reported as nonoperating.

CONSOLIDATED CHANGE IN NET POSITION

Table 1 Consolidated May 2026

Consolidated	Actual Mth	Budget Mth	Over/(Under)	% of Budget
Income	1,349,641	1,025,590	324,051	31.60%
Expense	(1,286,040)	(1,176,407)	(109,633)	-9.32%
Operating Income/(Loss) before Allocation	63,601	(150,817)	214,418	142.17%
Non-Operating	128,832	154,952	(26,121)	-16.86%
Discontinued Operations	62	-	62	100.00%
Change in Net Position	192,495	4,136	188,359	4554.60%

Table 2 Consolidated Year to Date

Consolidated	Actual YTD	Budget YTD	Over/(Under)	% of Budget
Income	14,300,878	11,665,911	2,634,967	22.59%
Expense	(13,271,903)	(13,287,928)	16,025	0.12%
Operating Income/(Loss) before Allocation	1,028,976	(1,622,017)	2,650,992	163.44%
Non-Operating	2,585,395	1,829,999	755,396	41.28%
Discontinued Operations	943	-	943	100.00%
Change in Net Position	3,615,313	207,982	3,407,331	1638.28%



NON-CLINICS CHANGE IN NET POSITION

Table 3 Non-Clinics May 2026

Non Clinic	Actual Mth	Budget Mth	Over/(Under)	% of Budget
GRANT REVENUE	15,901	3,125	12,776	408.85%
TENET LEASE -Amort of \$2M lease	197,321	197,321	-	0.00%
INTEREST INCOME	538	1,201	(663)	-55.19%
OTHER OPERATING REVENUE	(13,764)	125	(13,889)	-1111.27%
	199,997	201,772	(1,775)	-0.88%
Salaries	147,560	137,034	(10,527)	-7.68%
Fringe	37,001	31,484	(5,518)	-17.53%
Purchased Services	9,615	11,812	2,197	18.60%
IT, Network & Phones	44,395	20,425	(23,969)	-117.35%
Supplies	1,855	3,628	1,773	48.88%
R&M	3,688	4,623	934	20.21%
Leases/Rentals	152	42	(110)	-264.38%
Utilities	3,854	4,285	431	10.06%
Insurance	33,939	33,429	(510)	-1.53%
Other	16,337	18,920	2,583	13.65%
Depreciation	58,818	59,525	708	1.19%
	357,214	325,207	(32,008)	-9.84%
Operating Income/(Loss) before Allocation	(157,217)	(123,435)	(33,783)	-27.37%
Allocation of Overhead for Health Centers	207,951	169,006	38,945	23.04%
Operating Income/(Loss) after Allocation	50,734	45,572	5,162	11.33%
Non-Operating Tax Revenue	91,459	84,661	6,798	8.03%
Non-Operating Donations	27	-	27	100.00%
Non-Operating Investment Income	43,228	63,568	(20,339)	-32.00%
Non-Operating Rental Income	(6,083)	6,723	(12,807)	-190.48%
Discontinued Operations	62	-	62	100.00%
	128,694	154,952	(26,259)	-16.95%
Change in Net Position	179,428	200,524	(21,096)	-10.52%

Table 4 Non-Clinics Year to Date

Non Clinic	Actual YTD	Budget YTD	Over/(Under)	% of Budget
GRANT REVENUE	59,739	34,375	25,364	73.79%
TENET LEASE -Amort of \$2M lease	2,189,500	2,189,502	(1)	-0.00%
INTEREST INCOME	4,716	5,775	(1,059)	-18.34%
OTHER OPERATING REVENUE	(260)	1,375	(1,635)	-118.88%
	2,253,696	2,231,026	22,669	1.02%
Salaries	1,571,654	1,559,575	(12,079)	-0.77%
Fringe	358,608	374,059	15,451	4.13%
Purchased Services	104,795	130,879	26,083	19.93%
IT, Network & Phones	215,676	224,680	9,004	4.01%



Table 4 (continued)

Non Clinic	Actual YTD	Budget YTD	Over/(Under)	% of Budget
Supplies	28,506	41,903	13,397	31.97%
R&M	43,392	51,542	8,150	15.81%
Leases/Rentals	978	458	(520)	-113.37%
Utilities	47,438	59,212	11,774	19.89%
Insurance	365,042	367,713	2,671	0.73%
Other	187,341	214,243	26,901	12.56%
Depreciation	654,274	654,780	506	0.08%
	3,577,704	3,679,044	101,340	2.75%
Operating Income/(Loss) before Allocation	(1,324,009)	(1,448,017)	124,009	8.56%
Allocation of Overhead for Health Centers	1,771,840	1,952,022	(180,182)	-9.23%
Operating Income/(Loss) after Allocation	447,831	504,005	(56,174)	-11.15%
Non-Operating Tax Revenue	1,268,152	1,150,246	117,906	10.25%
Non-Operating Donations	20,027	-	20,027	100.00%
Non-Operating Investment Income	1,231,888	605,795	626,092	103%
Non-Operating Rental Income	61,754	73,957	(12,202)	-16.50%
Discontinued Operations	943	-	943	100.00%
	2,585,569	1,829,999	755,571	41.29%
Change in Net Position	3,033,400	2,334,003	699,397	29.97%

Grant revenue variance is due to receipt of MBTA award. Purchased services variance is due to savings on legal fees. Supplies variance is due savings in cleaning & office supplies. Utilities variance is due to savings on electricity. 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. The non-operating rental income variance is due the non-collection of previously expected rental income.

CLINIC CHANGE IN NET POSITION

Table 5 Clinics May 2026

Clinics	Actual Mth	Budget Mth	Over/(Under)	% of Budget
Patient services (net)	812,210	604,261	207,949	34.41%
Grant Revenue	231,827	127,742	104,084	81.48%
340B Revenue	42,673	27,163	15,510	57.10%
Capitation Fees	183,652	180,832	2,820	1.56%
Records & Interest	247	139	107	76.94%
Cost Report Adjustments	(137,361)	(137,360)	(0)	-0.00%
Quality & TRI/Prop 56, Misc	16,396	21,042	(4,645)	-22.08%
	1,149,644	823,818	325,826	39.55%
Salaries - Clinic	482,521	488,704	6,183	1.27%
Fringe - Clinic	148,978	118,687	(30,290)	-25.52%



Table 5 (continued)

Clinics	Actual Mth	Budget Mth	Over/(Under)	% of Budget
Phys Fees - Clinic	81,970	66,443	(15,527)	-23.37%
Purchases Services - Clinic	59,344	60,942	1,597	2.62%
IT, Network & Phones - Clinic	24,989	24,459	(529)	-2.16%
Supplies - Clinic	42,000	30,019	(11,982)	-39.91%
Supplies - 340B	33,027	23,311	(9,716)	-41.68%
R&M - Clinic	6,636	6,301	(335)	-5.31%
Leases/Rentals - Clinic	-	142	142	100.00%
Utilities - Clinic	7,342	5,677	(1,665)	-29.32%
Ins - Clinic	287	302	14	4.75%
Other - Clinic	24,717	7,423	(17,294)	-232.99%
Depreciation	17,015	18,792	1,776	9.45%
	928,825	851,200	(77,625)	-9.12%
Operating Income/(Loss) before Allocation	220,819	(27,382)	248,201	906.43%
Allocation of Overhead for Health Centers	(207,951)	(169,006)	(38,945)	-23.04%
Operating Income/(Loss) after Allocation	12,867	(196,388)	209,256	106.55%
Non-Operating	200	-	200	-100.00%
	200	-	200	-100.00%
Change in Net Position	13,067	(196,388)	209,456	106.65%

Table 6 Clinics Year to Date

Clinics	Actual YTD	Budget YTD	Over/(Under)	% of Budget
Patient services (net)	8,134,733	6,979,210	1,155,522	16.56%
Grant Revenue	2,172,092	1,430,692	741,400	51.82%
340B Revenue	467,698	313,732	153,967	49.08%
Capitation Fees	2,021,180	1,989,150	32,030	1.61%
Records & Interest	2,457	1,608	849	52.81%
Cost Report Adjustments	(1,510,550)	(1,510,966)	416	0.03%
Quality & TRI/Prop 56, Misc	759,572	231,458	528,114	228.17%
	12,047,183	9,434,885	2,612,298	27.69%
Salaries - Clinic	5,254,197	5,561,916	307,718	5.53%
Fringe - Clinic	1,279,823	1,279,138	(684)	-0.05%
Phys Fees - Clinic	949,325	767,413	(181,912)	-23.70%
Purchases Services - Clinic	671,147	677,065	5,917	0.87%
IT, Network & Phones - Clinic	248,853	269,054	20,201	7.51%
Supplies - Clinic	445,707	346,714	(98,993)	-28.55%
Supplies - 340B	336,992	265,704	(71,288)	-26.83%
R&M - Clinic	120,114	70,445	(49,669)	-70.51%
Leases/Rentals - Clinic	1,306	1,558	252	16.16%
Utilities - Clinic	82,584	75,657	(6,928)	-9.16%
Ins - Clinic	3,161	3,318	158	4.75%



Table 6 (continued)

Clinics	Actual YTD	Budget YTD	Over/(Under)	% of Budget
Other - Clinic	109,441	84,195	(25,246)	-29.98%
Depreciation	191,547	206,706	15,159	7.33%
	9,694,198	9,608,884	(85,315)	-0.89%
Operating Income/(Loss) before Allocation	2,352,984	(173,999)	2,526,984	1452.30%
Allocation of Overhead for Health Centers	(1,771,840)	(1,952,022)	180,182	9.23%
Operating Income/(Loss) after Allocation	581,144	(2,126,021)	2,707,166	127.33%
Non-Operating	768	-	768	-100.00%
	768	-	768	-100.00%
Change in Net Position	581,913	(2,126,021)	2,707,934	127.37%

Patient services variance is due to higher patient 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. Other expenses are higher due to recruitment fees being expended for another physician. 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)	May 31, 2026 (Unaudited)	Difference
Current Assets			
Cash and cash equivalents	5,863,721	2,349,096	(3,514,626)
Investments	39,305,358	46,387,246	7,081,888
Receivables			-
Patients	1,108,512	750,659	(357,853)
Estimated third-party payer settlements	-	-	-
Accrued Interest	563,165	453,500	(109,665)
Lease	873,671	911,600	37,929
Rentals	75,663	2,581	(73,082)
Grants	15,148	25,300	10,152
Other	303,839	224,292	(79,547)
Receivables Sub-Total	2,939,997	2,367,932	(572,065)
Prepaid expenses	172,408	90,108	(82,300)
Total current assets	48,281,485	51,194,382	2,912,897
Noncurrent Assets			
Lease receivable	25,070,557	24,219,848	(850,708)
Capital assets, net	9,616,009	10,184,222	568,213
Total Noncurrent Assets	34,686,566	34,404,070	(282,495)
Deferred Outflow of Resources			
Prepaid water capacity fee	149,221	74,610	(74,610)
Total Assets and Deferred Outflow of Resources	83,117,271	85,673,063	2,555,791
Liabilities, Deferred Inflow of Resources, and Net Position			
Current Liabilities			
Accounts payable	330,394	45,920	(284,473)
Accrued payroll and related liabilities	378,220	344,916	(33,304)
Accrued paid time off	375,723	441,589	65,866
Estimated 3rd party payor settlements	2,994,520	3,364,116	369,596
Current portion of long term debt	184,179	78,620	(105,559)
Deferred Revenue	-	41,243	41,243
Total Current Liabilities	4,263,035	4,316,404	53,368
Noncurrent Liabilities			
Long-term debt, net of current portion	103,011	106,454	3,443
Total Liabilities	4,366,046	4,422,858	56,811
Deferred inflow of resources			
Deferred lease revenue for hospital and equipment	25,655,272	24,479,600	(1,175,672)
Total Deferred Inflow of Resources	25,655,272	24,479,600	(1,175,672)
Net position			
Net investment in capital assets	9,616,009	10,184,222	568,213
Restricted by donors for specific operating purposes	-	-	-
Unrestricted	43,479,944	46,586,383	3,106,439
Total net position	53,095,953	56,770,606	3,674,652
Total Liabilities, Deferred Inflow of Resources, and Net Position	83,117,271	85,673,063	2,555,791



MORONGO BASIN HEALTHCARE DISTRICT
Schedule of Investments
May 31, 2026

Description	Institution	4/30/2026	5/31/2026	Variance
Public Interest Acct	PWB	3,766,108.72	2,385,581.88	(1,380,526.84)
Less O/S checks	PWB	(37,792.72)	(41,686.22)	(3,893.50)
		3,728,316.00	2,343,895.66	(1,384,420.34)
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		3,732,316.00	2,347,895.66	(1,384,420.34)
Investment Access**	RBC	43,853,696.53	43,989,872.03	136,175.50
Money Market	RBC	2,041,220.84	1,970,407.26	(70,813.58)
Total Value of Accts		45,894,917.37	45,960,279.29	65,361.92
Est Accured Bond Int.		449,100.26	426,966.79	(22,133.47)
Total Portfolio Value		46,344,017.63	46,387,246.08	43,228.45
Total Cash		49,627,233.37	48,308,174.95	(1,319,058.42)
Total Market Value		50,076,333.63	48,735,141.74	(1,341,191.89)

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	3,430
May	3,662	2,200	3,043	3,239	3,247	3,143	3,564	3,241
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	35,002
Total YTD	37,122	35,886	34,168	34,197	33,486	32,454	35,891	35,002