CASCADE MEDICAL
PARTNERS IN YOUR HEALTH

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

Wednesday July 22, 2026 | 5:00 PM

Arleen Blackburn Conference Room and Zoom Connection

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

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

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

- Meeting Agenda
- June 24 Board Meeting Minutes
- Policy: New Commissioner Orientation

Previous Month's Warrants Issued:	10128579 -- 10128671	06/17/2026 – 07/11/2026	$ 460,918.53
Accounts Payable EFT Transactions:	20260075 – 20260085	06/17/2026 – 07/11/2026	$ 601,821.97
Accounts Payable ACH Transactions:	EP15634 – EP15659 ; EP15686 – EP15729 ; EP15775 – EP15806	06/17/2026 – 07/11/2026	$ 367,520.05
Payroll EFT Transactions:	32691 – 33165	06/17/2026 – 07/11/2026	$ 1,049,402.92

- Bad Debt: June 2026

III.	**Community Input** Public comments concerning employee performance, personnel issues, or service delivery issues related to specific patients will not be permitted during this public comment portion of the meeting. Public comments should be limited to three minutes per person.	5:00	Commissioners
IV.	**Master Facility Plan Scope**	5:05	Diane Blake
V.	**Board Education: Project Financing**	5:15	Cailtin Caldwell
VI.	**CM Values**	6:05	Diane Blake
VII.	**Committee Reports**	6:10	
	a. Community Outreach & Awareness Committee		Shari Campbell
	b. Finance Committee		Cary Ecker
	c. Board Quality Rounding		Shari Campbell & Jessica Kendall
VIII.	**Discussion**	6:40	Diane Blake
	a. Master Facilities Plan Update		
	b. Q2 Organizational Dashboard Review		
	c. CM Mission Statement Work		
IX.	**Action Items**	7:30	Commissioners
	a. **MOTION**: Approve Credentialing		
X.	**Q2 2026 Financial Report**	7:35	Marianne Vincent
XI.	**Administrator Report**	7:50	Diane Blake
XII.	**Board Follow Up Items / Meeting Evaluation / Commissioner Comments / WSHA Conference Learnings** Roundtable discussion to evaluate meeting topics and identify opportunities for improvement.	8:10	Commissioners
XIII.	**Adjournment**	8:20	Shari Campbell

BOARD CALENDAR REMINDERS

Date	Event	Commissioners (Max 2 for non-Open Public Meetings)	Location	Time
August 5, 2026	Medical Staff		ABC Room	7:00 AM – 8:30 AM
August 10, 2026	Quality Oversight Committee	Jessica & Dr. Knight	Clinic Conference Room	10:00 AM – 12:00 PM
August 19, 2026	CMF Board Meeting		ABC Room	9:00 AM-11:00 AM
August 20, 2026	Community Block Party		Osborn Playfield	4:00 PM – 7:00 PM
September 8, 2026	Q3 Open Forum		ABC Room	12:30 PM – 1:00 PM
September 9, 2026	Q3 Open Forum		ABC Room	12:00 PM – 12:30 PM
September 10, 2026	Q3 Open Forum		ABC Room	11:30 AM – 12:00 PM
September 11, 2026	Q3 Open Forum		ABC Room	12:00 PM – 12:20 PM
September 16, 2026	CMF Board Meeting		ABC Room	9:00 AM-11:00 AM
September 23, 2026	Board Meeting		ABC Room	5:00 PM
October 1, 2026	Board Retreat, Day 1		Sleeping Lady	TBD
October 2, 2026	Board Retreat, Day 2		Icicle Village Resort	All Day
October 7, 2026	Medical Staff		ABC Room	7:00 AM – 8:30 AM
October 21, 2026	CMF Board Meeting		ABC Room	9:00 AM-11:00 AM
October 24, 2026	Part-time Resident Advisory Council		ABC Room	9:30 AM-12:00 PM
October 28, 2026	Board Meeting		ABC Room	5:00 PM
November 11, 2026	CMF Board Meeting		ABC Room	9:00 AM-11:00 AM
November 16, 2026	Quality Oversight Committee	Jessica & Dr. Knight	Clinic Conference Room	10:00 AM – 12:00 PM
November 17, 2026	Community Engagement Night		Leavenworth Festhalle	4:00 PM – 7:00 PM
November 18, 2026	Board Meeting		ABC Room	5:00 PM
December 2, 2026	Q4 Open Forum		ABC Room	12:30 PM – 1:00 PM
December 3, 2026	Q4 Open Forum		ABC Room	12:00 PM – 12:30 PM
December 4, 2026	Q4 Open Forum		ABC Room	11:30 AM – 12:00 PM
December 5, 2026	Q4 Open Forum		ABC Room	12:00 PM – 12:30 PM
December 9, 2026	CMF Board Meeting		TBD	TBD
December 16, 2026	Board Meeting		ABC Room	5:00 PM

Values

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

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

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

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

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

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

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

AGENDA / PACKET EXPLANATION
For Meeting on July 22, 2026

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

- **Consent Agenda** – Please feel free to connect with Marianne or Diane with any questions in advance of Wednesday's meeting and / or pull individual items from the consent agenda at the meeting, should you wish to discuss. The included policy was reviewed by Governance, who recommends Board approval.
- **Master Facility Plan Scope**
    - No documents are included in your packet for this item, but slides will be sent separately for your review before the meeting. This section of the agenda is designed to summarize likely expansion options in front of us, now that we have acquired the LOGE property, and the likely costs associated with the narrowed options. This information is intended to set the stage for the next item on the agenda, education on financing options.
- **Board Education: Project Financing Options**
    - No documents are included in your packet for this item, but slides will be sent separately for your review before the meeting. The Finance Committee met in early July and performed a deeper review of our financing options. This meeting's education will be more summary in nature and is intended to give the full Board an overview of financing options with their pros and cons, in preparation for a deeper analysis of narrowed options in the future. Caitlin Caldwell, with Cain Brothers KeyBanc, will attend virtually to make the presentation and answer questions.
- **Committee Reports**
    - Community Outreach and Awareness Committee – Included in your packet is the agenda from the most recent meeting, to inform Shari's report, as well as third quarter Commissioner talking points, to support each Commissioner's connection with community around key CM topics.
    - Finance Committee – Included in your packet are agendas from the two recent Finance Committee meetings as well as the Q2 Finance Dashboard, to inform Cary's report.
    - Board Quality Rounding – No documents are included in your packet for this item. Shari and Jessica will share with the full Board a summary from the most recent rounding.
- **Discussion**
    - Master Facility Plan Update – No documents are included in your packet for this item. Management will walk through a presentation of what has occurred since the May meeting and touch bases on what comes next in this work.
    - Q2 Organizational Dashboard – Included in your packet is the dashboard illustrating organizational progress to meeting annual objectives as well as a

written document providing additional summary context. The written document has a list of question prompts designed to solicit your input. Please come prepared to discuss those and to share any other thoughts, feedback or questions you have.
    - CM Mission Statement Work – No documents are included in your packet for this item. Management will present a timeline of anticipated work and share upcoming steps, including the places where the work will involve the Board.
- **Action Items**
    - Credentialing – Included in your packet is a document with a list of providers for your consideration for credentialing approval.
- **Q2 2026 Financial Reports** – Included in your packet are the financial reports, to inform Marianne's report.

Further Notes

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

CASCADE MEDICAL
PARTNERS IN YOUR HEALTH

Minutes of the Board of Commissioners Meeting
Chelan County Public Hospital District No. 1
Administration Conference Room & Zoom Connection
June 24, 2026

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

Guests: Rich Adamson, CM Foundation; Ken West, Mike West Realty

Zoom: Mike Stanford, EMS

Topics	Actions/Discussions
Call to Order	• President Shari Campbell called the meeting to order at 5:05 PM and then Shari led the Pledge of Allegiance.
Consent Agenda	• Cary moved to approve the consent agenda; Jessica seconded the motion; motion unanimously passed.
Community Input	• None
Introduction: Glenn Adams, Chief Operating Officer	Diane Blake introduced Glenn Adams. • Glenn has most recently worked as a COO at a federally qualified health center in Idaho and has a wealth of knowledge in healthcare operations. Glenn added that he feels a warm welcome from CM and is glad to be back in the valley.

Foundation Report	Rich Adamson provided the report.
	• The Foundation set a new fundraising record in 2025, generating $52,000 through its annual golf tournament.
	• Early indicators suggest continued strong performance in 2026, with 118 golfers and broad community sponsorship support. The Foundation has already met its primary fundraising goal of $101,000 to support new endoscopy suite equipment and is now working toward a stretch goal to fund a $27,000 big wheel stretcher.
	• Looking ahead, the Foundation has identified funding for a new mammography machine as its primary initiative for 2027.
	• Upcoming community fundraising events include:
	  ○ Benevolent Night – July 4 at Plain Cellars
	  ○ Jive Time in the Cascades – August 29 at Silvara Cellars
	  ○ Community Event – September 15 at Squirrel Tree
	  ○ October Event – Details forthcoming
	  ○ November 5 – Yodelin

Public Hearing: RCW 70.44.300, Sale of Surplus Real Property	Shari Campbell introduced the public hearing. • Opened Hearing at 5:22 PM • Public Comment: None • Closed hearing at 5:24 PM
CM Values	Diane Blake provided the report. • Shared Chad's email that highlighted all of our shared values and an invitation to help move boxes for an annual shredding event.
Committee Reports	**A. Governance Committee** Shari Campbell provided the report. • Key committee work included continued refinement of the New Commissioner Orientation policy, checking in on Julie's progress as a new commissioner, updating the board education calendar to include financing education next month, and further planning for the upcoming October Board retreat. • The group also discussed implementation of a board portal, and Shari, Julie, and Cary volunteered to demo Boardable and Onboard, the two options

	identified by the committee. • Kudos to Katie for outlining a structured process and timeline to update CM's mission.
Discussion	**A. Master Facility Plan Update** Diane Blake presented slides on work to date. • Diane provided an update on Master Facilities Planning efforts to date in 2026. Since the May Board meeting, CM has fenced the patio, installed parking signage, completed three (3) independent valuations of the river property, and continued preparations for its sale. Kudos to our maintenance team for managing this added effort in addition to their ongoing responsibilities. • Imminent next steps include preparing for upcoming financing education, with a Finance Committee education session scheduled for July 8 and full Board education on July 22. • Wipfli will provide a Master Facilities Plan refresh to the Executive Team on July 15. • The October retreat will focus on solidifying the project vision and informing financing decisions. The board revisited their decision in April to surplus the river property, including whether it was still the most sensible plan for CM to proceed with sale of the river property. Much discussion ensued, which resulted in staying the course to sell the river property.
Break	The Board took a break at 6:15 and resumed at 6:25 PM.
Action Items	**MOTION: Approve Credentialing** • Credentialing Candidates: o Josh Frank, MD o Roselynn Gentles, MD o Maxwell Moholy, PhD o Andrew Otto, MD o Alex Pelman, PA-C o Paul Lee, MD o Travis Petree, MD o Michael Fortney, MD o Casey Shumberger, MD • A motion was made by Cary to approve the candidate list, seconded by Julie, and unanimously approved. **MOTION: Approve Resolution 2026-08: Surplus Scope Disinfector** • A motion was made by Dr. Knight to approve the surplus of the scope disinfector, seconded by Jessica, and unanimously approved. **MOTION: Approve Endoscopy Equipment** • A motion was made by Shari to approve the purchase of endoscopy and equipment, seconded by Dr. Knight, and unanimously approved.
May 2026 Financial Report	Marianne led the report. • Year-to-date variance is $616K unfavorable to budget. • Other operating revenue includes $284K below budget related to Medicaid SNAP funding, with expectation that funds will be received soon. • May operating expenses were $22K below budget. • Acute and swing bed volumes are each down over 20% year-to-date, while rehab volumes are up 20%, reflecting positive momentum from recent service changes. • Cash receipts are $66K below budget year-to-date. Some movement is being seen in Medicare professional fees, though distributions are not yet complete. • Approximately $95K is anticipated from the Ground Emergency Medical Transport (GEMT) program within the next two months. • Days in net accounts receivable increased slightly in May. • Doug Stockwell was oriented to the Finance Committee over the past month. • Lisa Steen, Director of HIM and Revenue Integrity, will be departing CM; recruitment efforts are underway with candidates in the pipeline. • Capital budget planning began earlier this month with the leadership team and

	operating budget process will begin in July. • A cybersecurity breach at Chelan County has had downstream impacts on CM ability to record cash transactions accurately, we are currently using estimates.
Administrator Report	Diane Blake provided the report. • **Recruitment Update:** Recruitment continues for a full-time Clinic Medical Director and physician. A recent candidate was screened but ultimately declined to proceed due to personal timing and location considerations. Dr. Matthew Hoefler is providing remote Clinic Medical Director support in the interim. CM has also recently hired a per diem PA-C to support clinic operations. Dr. Paul Lee will officially begin his Emergency Department Medical Director role in July, bringing the department to full leadership capacity, which the organization is pleased to announce. • **Rural Health Transformation Program:** The Washington State Hospital Association Rural Hospital Committee is finalizing recommendations for application process. CM is expected to receive approximately $710K, designated for technology investments or a limited scope of facility improvements. The application process is anticipated to open in early July. • **AHA Topics:** The Rural Policy Board (Region 9), which met in Portland in early June, discussed several key rural health issues, including emergency department boarding and discharge barriers, insurer behavior and prior authorization challenges, evolving care delivery models and reimbursement impacts, and the growing implications of AI tools, cybersecurity risks, and related trends in insurance denials. • **Kudos:** The Greater Wenatchee EMS Council recognized local award recipients, including Dan Craig as Medic of the Year and Erin Adams as Educator of the Year (for the second consecutive year). • Shari gave kudos to recent outreach efforts including the Annual Health and Safety Fair and Wenatchee Pride. Thanks to CM folks who attended CMF's Annual Golf Tournament.
Board Follow Up Items / Meeting Evaluation / Commissioner Comments	• Please let Megan know if you want to attend future meetings. • Shari and Diane will work together to outline upcoming board education topics.
Executive Session: RCW 42.30.110(c)	• Shari called the executive session to order at 7:22 PM for 45 minutes. • The group exited the executive session at 8:07 PM.
Adjournment	• Shari adjourned the meeting at 8:08 PM.

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Shari Campbell, President Jessica Kendall, Secretary

CASCADE MEDICAL
PARTNERS IN YOUR HEALTH

Department: Board of Commissioners

New Commissioner Orientation

PURPOSE: To establish a standard practice for orienting new Commissioners who serve on the Cascade Medical Board of Commissioners. Standardization of orientation practices optimize the efficiency and effectiveness of the orientation process.

POLICY:

Within the first 72 hours, the new Commissioner will meet with Human Resources to fulfill required items including I-9 verification and background check submission, in addition to badge and parking pass issuance, and a review of benefits.

Ideally within the **first two weeks of appointment**, the new Commissioner will, with facilitation by the Executive Assistant:

- Be given a tour of Cascade Medical and introduced to staff
- Meet with the CEO to discuss orientation materials, public nature of work (emails, documents, etc.), pressing issues, etc.
- Meet with Executive Assistant regarding board processes
- Meet with Director of Public Relations to assist in preparation of press release for local papers
- Be connected with another Commissioner selected to serve as mentor

Each new Commissioner will be provided, at a minimum, with the following documents in an organized electronic format. It is recommended that Commissioners review these materials **within the first three (3) months of appointment**, in addition to attending the meetings outlined below and completing required Open Public Meetings Act training.

General Board Information

- List of Board Members w/terms, contact information and bios
- Board Member Job Description
- Board President Job Description
- Commissioner Pledge
- Commissioner Time Commitment document
- List of Board Committees, Committee Charters and Committee work plans
- List of regular meetings and board committee meeting dates
- Compiled list of last Board Self-Assessment
- Current list of which board actions statutorily require a resolution

Organizational Planning Documents

- CM's Mission, Vision and Shared Values
- Current year Strategic Plan
- Current year Board Objectives

- CEO Job Description
- CM Succession Plan with Board Matrix

Organizational Information

- Organizational Chart
- Contact information for Executive team members and Executive Assistant
- List of Medical Staff members
- Critical Access Hospital Program Evaluation

Finances

- Current year annual budget
- Year-to-date financial statements
- Most recent audited financial statements and financial indicators
- Insurance coverage information

Meetings

- Meet with the CFO for education on CM's finances and financial statements
- Have an opportunity to connect with all other Executive Team members for a 1:1 meet & greet
- Meet individually with the chair of each Board of Commissioners Committee, to understand the purpose of each committee and to build relationships
- Meet individually with any Commissioner who is not a Board Committee Chair, to build relationships
- The new Commissioner's mentor will be responsible for checking in on the progress of a new Commissioner's orientation, for the purpose of creating a welcoming environment, ensuring the process is working well for the new Commissioner, and to assist with their meeting with other Commissioners.

Training

Within 90 days of taking office, per RCW 42.30.205, the new Commissioner will complete Open Public Meeting Act Training. This will be facilitated by Cascade Medical's Executive Assistant.

Web Links / Information

- Web links to on-line resources, including AWPHD, WSHA, and AHA.
- Information about AWPHD/WSHA governance training program and certification

New Commissioner Orientation

Ideally **within the first year**, and as time allows, Commissioners are encouraged to review all appendices and educational materials.

Appendix A: Supplemental Organization Planning Documents

- Board Bylaws
- Current Risk Stratification
- Most Recent Community Health Needs Assessment

Appendix B: Policies and Procedures

- Board Policies
  - Conflict of Interest
  - Open Public Meetings
  - Identity Theft Red Flag
  - Receiving legal documents from a process server
  - Policy creation, review and approval
  - Death with Dignity Act
  - New commissioner orientation
  - Non-payroll warrant EFT release
  - Capital Spending approval matrix
  - Change Order Authority
  - Financial Management Policy
  - Reporting Improper Government Action
  - Financial Assistance Policy
  - Requests for Public Records
  - Commissioner Compensation
- Compliance
  - Compliance Policies
    Organizational Integrity Compliance Committee Structure & Purpose
- Quality Oversight Policies
  - Risk Management Program
  - Quality Assessment and Improvement Program
- Medical Staff Policies

  - Professional Practice Evaluation Policy
  - Medical Staff Credentialing Policy

- HIPAA Policies
  - Protected Health Information General Rules Re Uses and Disclosures
  - Privacy Violation – Employee Sanctions and Internal Investigation of Breaches of Confidentiality

Appendix C: Revised Code of Washington (RCW's)

- 42.30.010
- 42.30.030
- 42.30.050
- 42.30.060
- 42.30.110
- 70.44.003
- 70.44.007
- 70.44.050
- 70.44.060
- 70.44.070
- 70.44.080
- 70.44.090

Educational Materials

- "High Functioning Boards" by Craig Deao
- Critical Questions Every Board Needs to be able to Answer
- List of common healthcare acronyms
- Link to Association of Washington Public Hospital District's (AWPHD) Commissioner Candidate webinar
- Current Board Education Plan

FINANCIAL ACCOUNTING
WARRANTS / EFTS ISSUED

Commissioner Meeting: July 22, 2026

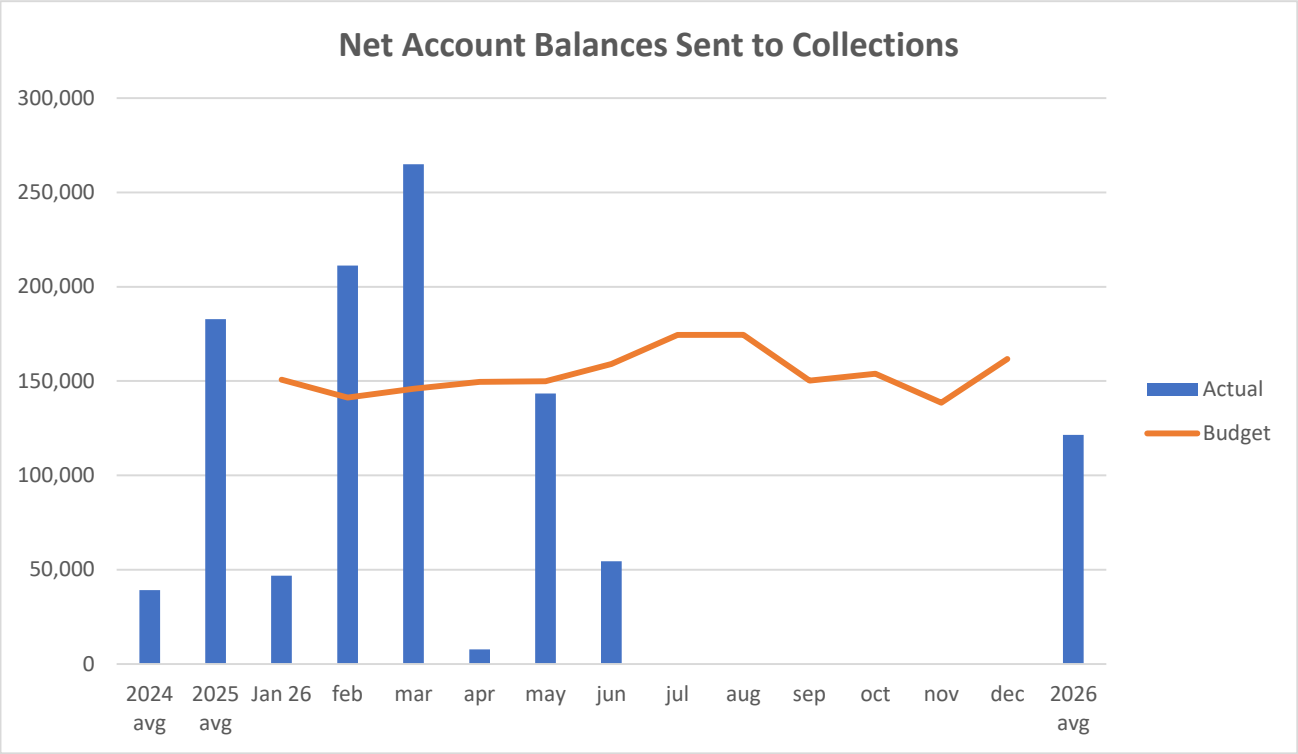
Below is a listing of the Accounts Payable warrants and EFT/ACH transactions issued since the last Board of Commissioners meeting along with the payroll EFT transactions since the last Board of Commissioners meeting.

Accounts Payable Warrant Numbers	10128579 – 10128671	$460,918.53	06/17/2026 – 07/11/2026
Accounts Payable EFT Transactions	20260075 – 20260085	$601,821.97	06/17/2026 – 07/11/2026
Accounts Payable ACH Transactions	EP15634 – EP15659 EP15686 – EP15729 EP15775 – EP15806	$367,520.05	06/17/2026 – 07/11/2026
Payroll EFT Transactions	32691 – 33165	$1,049,402.92	06/17/2026 – 07/11/2026
	Grand Total	$2,479,663.47	

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

Prepared by:

Kathy Jo Evans
Director of Accounting


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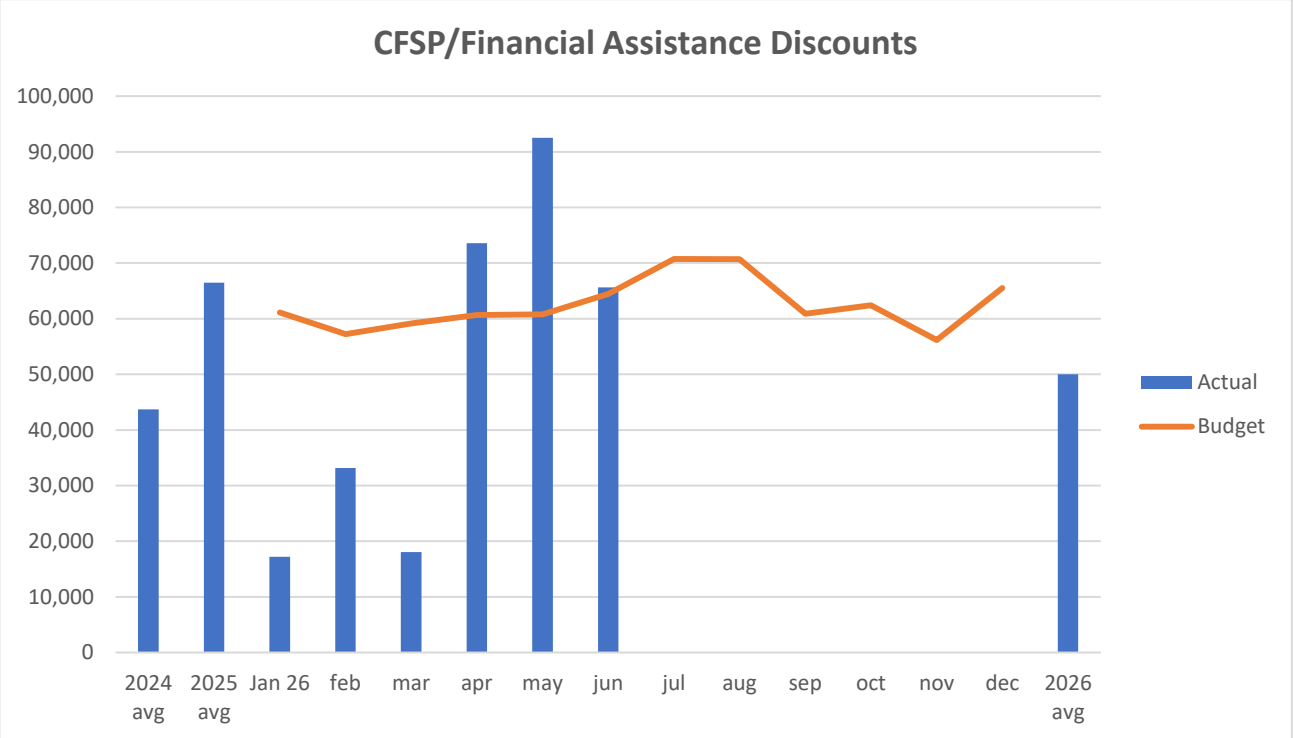
mar
apr
may
jun
jul
aug
sep
oct
nov
dec
2026 avg
Actual
Budget


CFSP/Financial Assistance Discounts
100,000
90,000
80,000
70,000
60,000
50,000
40,000
30,000
20,000
10,000
0
2024 avg
2025 avg
Jan 26
feb
mar
apr
may
jun
jul
aug
sep
oct
nov
dec
2026 avg
Actual
Budget

Cascade Medical

Bad Debt Write Offs
Financial Assistance Program Discounts

Month June, 2026

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Net Bad Debt Write-Offs for Board Approval	**$**	**54,437.81**
CFSP/Financial Assistance Program Discounts for Board Approval	**$**	**65,616.44**

Bad Debt/ Financial Assistance Supplemental Information			
Bad Debt Write-Offs	Sent to Collection Agency		77,263.85
	less: pullback from Agency due to receipt of payments		(22,826.04)
	Net Bad Debt Write-Offs		54,437.81
CFSP/Financial Assistance Applications - Discounts Approved		$	65,616.44
	Total		120,054.25

CASCADE MEDICAL
PARTNERS IN YOUR HEALTH

AGENDA

Community Outreach and Awareness
July 16, 2026
1:00 PM-3:00 PM
Administration Conference Room

Agenda Item		Time
1.	Call to Order	1:00 PM
2.	Consent Agenda Approval • July 16, 2026 Agenda • May 13, 2026 Minutes	1:00 PM
Committee Work		
1.	Strategic lens on marketing and communication • Review data shaping marketing and communication work • Discuss areas of focus in coming months	1:05 PM
2.	Update committee on master facility plan work via packet materials and discuss impressions • What are you hearing in the community about this work? • Do you have any concerns or recommendations on the case we'd need to make if we were to ask the community to assist with financing?	1:25 PM
3.	Community Feedback – broadly what have you been hearing in the community about Cascade Medical that we should be aware of?	2:00 PM
4.	Check-in on outreach plan for board and organization, ensure strategic priorities are met • Review outreach opportunities, provide guidance on board participation • Propose themes/areas of focus for Q3 board talking points	2:10 PM
5.	Provide answers/input to the questions guiding mission statement work	2:20 PM
6.	Brainstorm themes for fall agenda topics for Part Time Resident Advisory Council – what do we want their input on?	2:50 PM
7.	Set next meeting date	2:55 PM
Adjournment		
1.	Adjournment	3:00 PM

Materials provided in advance of meeting along with agenda:

- Minutes from May 13, 2026, meeting
- Data Shaping Marketing Communications Decisions/COAC Report
- Master facility plan summary slides with questions
- Upcoming outreach opportunities
- Q2 Board talking points
- Mission statement discussion questions

Third Quarter Talking Points
Cascade Medical

What's New at Cascade?

Establishing care is easier than ever.
We've made several improvements to make it easier for new patients to establish care at Cascade. **You can now schedule a new patient appointment online**, and we've eliminated pre-appointment paperwork for establish care (new patient) visits. Most new patients can now be seen within a few weeks, sometimes sooner.

Saturday Clinic hours have expanded.
Saturday Clinic is now open from **8 a.m. to 3 p.m.** There is also dedicated parking for Saturday Clinic patients.

We have strong availability for several specialty services.
We currently have good availability for imaging services, including **MRI and CT**, with relatively short wait times for **endoscopy** as well.

The LOGE property.
The Board of Commissioners approved listing the riverside property that was part of the LOGE purchase for sale, and **the property is now on the market**. Proceeds from the sale are expected to help replenish the cash reserves used to purchase the LOGE properties. We are continuing to explore funding options for future development of the remaining property.

CASCADE MEDICAL
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A G E N D A

Board Finance Committee
July 20, 2026
9:00 – 11:00 PM
Administration Conference Room

Agenda Item		Time
1.	Call to Order	9:00 AM
2.	Consent Agenda Approval • July 20, 2026 Agenda • April 20, 2026 Minutes • July 8, 2026 Minutes	9:00 AM
Committee Work		
1.	Review follow-up items from minutes	9:05 AM
2.	Policy Review • Non-Payroll / EFT Release Policy • Capital Spending Approval Matrix Policy • Financial Assistance Policy • Financial Management Policy	9:10 AM
3.	Review Q2 Financials, Contractual Allowance Summary, Bad Debt, Dashboard	9:20 AM
4.	Review Clinic stats	9:35 AM
5.	Review Rehab Worksheet	9:40 AM
6.	Discuss industry trends	9:45 AM
7.	Long-Term Planning	9:55 AM
8.	Review Financial Pillar and 2026 Objectives	10:10 AM
9.	Review insurance limit / coverage recommendations	10:20 AM
10.	Review OICC quarterly report	10:30 AM
11.	Discuss Board education	10:40 AM
12.	Review Collection Policy	10:45 AM
13.	Set remaining meeting dates	10:55 AM
Adjournment		
1.	Adjournment	1:00 PM

Materials provided in advance of meeting along with agenda:

1. April 20, 2026 Minutes
2. July 8, 2026 Minutes
3. Draft Non-Payroll / EFT Release Policy
4. Capital Spending Approval Matrix Policy
5. Financial Assistance Policy
6. Draft Financial Management Policy
7. Q2 Financial Packet with Notes
8. Q2 Dashboard
9. Clinic stats
10. Rehab Worksheet

11. Long-Term Planning
12. 2026 Strategic Plan
13. Insurance document
14. OICC Q2 Report
15. Collection Policy

2026 Meeting Schedule

- **TBD**

Dashboard Strategy / Performance Measures for the Finance Pillar

Cascade Medical FYE 12/31/2026

Strategic Pillar	Measure	2022	2023	2024	2025	Q1 2026	Q2 2026	Q3 2026	Q4 2026	2026 YTD	2026 CM Budget/Baseline	YTD Status to Budget	Flex 2016 Benchmark	YTD Status to Flex
FINANCE	Total Margin	-6.1%	-2.6%	5.4%	4.0%	-6.8%	7.1%			0.7%	0.0%		3.0%	
	Days Cash on Hand	194	190	197	197	173	116			116	90		60	
	Cash Growth available to Operations	22	1,314	2,008	1,323	-869	-5,264			-6133	-224		-	-
	Days in Net Patient Accounts Receivable	61	56	49	46	53	42			46	54		54	
	% of AR balances > 90 days since DOS	41.2%	0.0%	0.0%	0.0%	0.0%	0.0%			0.0%			-	-
	Net Revenue as % of Staffing Costs	144%	152%	162%	163%	144%	163%			154%	153%		-	-
	Debt Service Coverage	0.73	1.44	3.40	3.27	(0.09)	4.36			2.14	2.18		3.00	
	Long Term Debt to Capitalization	44%	40%	34%	28%	29%	28%			28%	NA	-	25%	
	Medicare Outpatient Cost to Charge Ratio	0.55	0.59	0.57	0.60						NA	-	0.55	

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

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

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

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

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

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

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

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

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

Medicare Outpatient Cost to Charge Ratio is a *revenue* indicator. This indicator tells us, for Medicare patients, how many dollars it costs us to provide care for every dollar of revenue we bill. It is important to have a cost to charge ratio close to benchmark so that the amount we bill less the amount we do not collect (contractual adjustments + Charity Care + bad debts) still exceeds the amount it costs to provide the care. The amount shown in the 2025 YTD column is the rate from the 2025 final cost report.

Dashboard Strategy / Performance Measures
Cascade Medical 2026

	2026-2028 Focus with 2026 Objectives	Q1 '26	Q2 '26	Q3 '26	Q4 '26	Target/ Comparative	YTD Status
Patient & Family Centered Care	**Three-year Objective:** Continue our process of expanding access to healthcare, including through service expansion, innovation and partnerships.						
	• Grow family medicine market share to at least 55% of market by the end of 2026	45.2%	45.6%			55% by YE	45.6%
	• Track and monitor data to determine current behavioral health utilization trends across the organization, to assess access needs/gaps	One Area Lagging	On Track			Meet Project Timelines	On Track
	Three-year Objective: Continued focus on providing safe, high-quality care within a personalized, patient-centered environment, with emphasis on care integration, whole-person care and creating an exceptional first-touch experience.						
	• Meet the first year timelines of the three-year work plan to achieve hospital DNV accreditation by or before the end of 2028	On Track	On Track			Meet Project Timelines	On Track
	• Achieve and maintain organization-wide Net Promotor Score (NPS) that exceeds the Qualtrics Healthcare overall benchmark for NPS	81.3	82.2			Q2 Benchmark = 81.0	82.2
Financial Stewardship	**Three-year Objective:** Implement master facility plan recommendations that allow for strategic service expansion through 2028 while positioning Cascade Medical for longer-term growth.						
	• Conduct a full evaluation of all long-term parking solutions for CM campus by June 30, 2026, with opportunity for potential decision by no later than the July Board meeting	On Track	On Track			Meet Project Timelines	On Track
	Three-year Objective: Focused strengthening of organizational financial peformance to ensure CM is positioned to best meet future community needs.						
	• Meet budgeted total margin projections for 2026	-6.80%	7.10%			Thru Q2 = 0.0%	0.07%
	• Meet budgeted total cash projections for 2026	$16.7M	$12.1M			Q2 = $18.0M	$12.1M
	• Rehab Services delivers break even or better monthly financial performance by end of 2026	-12.0%	7.4%			0% or Better Margin by YE	-1.6%
Our People	**Three-year Objective:** Invest in and continue to grow a desirable working culture that retains, engages, develops and supports our outstanding community-focused team members.						
	• Achieve turnover rate in 2026 that is less than or equal to 75% of the WA Acute Care turnover benchmark	7.89%	8.14%			Q2 Benchmark = 13.5%	8.14%
Community Connections	**Three-year Objective:** Increase options for and utilization of convenient access points for care and services across all segments of and in partnership with our community.						
	• Develop and implement a strategic marketing plan to increase community awareness of, including how to conveniently access, CM services and outreach. Success will be measured through on-time completion of 85% of initiatives.	88%	93%			85%	91%

Status: On Track | Behind | At Risk

*Unlikely to meet projections due to unanticipated opportunity to purchase property for expansion in Q2 for $6.5M.

Board Dashboard Companion Document
Q2 2026
Cascade Medical

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

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

- What additional information do you need to feel confident in your understanding of the planned annual direction of CM and how we are steering toward that direction?
- We're at the half year mark. What thoughts do you have about organizational performance compared to plan? Any concerns? Any highlights?
- Is there strategic level work we're not doing that you think we should be?
- What elements of strategic plan work would you be most excited to share with community members and why?
- Are there any areas of focus on the dashboard for which you would like more information, to assist with strategic considerations?

Patient & Family Centered Care

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

2026 Objectives

1. Grow family medicine market share to at least 55% of market by the end of 2026
    a. Progress is slower than anticipated on this goal, partly as a result of panel cleanup work in quarter two, where patients who have moved, for example, have been removed from clinic provider panels. Actual new patient additions made over the course of the quarter exceed 100, but nearly 90 were removed in the panel clean up process. Given the slow start to the year, we anticipate it being challenging to meet the objective of 55% market share by yearend. Other factors putting the 55% mark at risk include the longer than anticipated recruitment of a full-time physician/clinic medical director and the timing of Dr. Kendall's departure. New physician arrivals in the fall (Dr. Ballard in late September and Dr. Dixon in early November) should deliver a boost in the latter part of the year and set us up for good growth in 2027.
2. Track and monitor data to determine current behavioral health utilization trends across the organization, to assess access needs/gaps

a. Our data dashboard has been built, and the Executive Team is now reviewing data from across the organization on a monthly basis. This is the first step to us really understanding utilization, access and need, to inform future planning.

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

2026 Objectives

1. Meet first year timelines of the three-year work plan to achieve hospital DNV accreditation by or before the end of 2028
    a. This work is on track and ahead of anticipated schedule. Initial plans were to spend this year following a workplan to prepare for a DNV survey in 2027. After attending training on the process to become DNV certified in early Q2 and considering the advantage of working with an accrediting agency over the State Department of Health (DOH), the team has elected to invite DNV in this year for a survey, which is one year ahead of schedule. We are still likely to take the full three-year strategic plan period to achieve certification but may reach that a bit sooner now that we are inviting DNV in earlier. As a reminder, DNV is an organization authorized to survey us against industry standards and requirements. DNV surveys are typically more in depth than DOH surveys and align more closely to industry best practices. To become certified through DNV is to ensure that we are meeting the highest safety and quality standards.
2. Achieve and maintain organization-wide Net Promotor Score (NPS) that exceeds the Qualtrics Healthcare overall benchmark for NPS
    a. Net promotor score measures, on a scale of one to ten, how likely a patient is to recommend CM to others. People who answer a 9 or 10 on this scale are considered net promotors. We are above benchmark organization-wide for this score, which is good, and we'd like to stay focused on the data and leverage it for making continued improvements.

Financial Stewardship

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

2026 Objective

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

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

2026 Objectives

1. Meet budgeted total margin projections for 2026
    a. In the second quarter, revenue rebounded a bit and expenses continued to be underbudget, so that at the end of second quarter we are now tracking to budget, which is particularly good news after the financial performance of Q1. As a reminder, our attention on strong operating statement performance is driven in part by the desire to set CM up for optimal financing opportunities, to support service and facility expansion.
2. Meet budgeted cash projections for 2026
    a. As expected, cash balances at the end of second quarter did not meet budget projections. This is driven by the acquisition of the LOGE properties. If we had not utilized cash for that purchase, we would be very slightly ahead of budget projections. Even if we are able to replenish cash reserves through sale of the river property in 2026, we will remain behind budget for the year. As you'll note from the finance dashboard, we ended second quarter with days cash on hand at 116, down from previous quarters of about 180-190 days cash on hand. While 116 days cash on hand is still quite strong in comparison to other small, rural hospitals, we are eager to replenish reserves to ensure we have a strong balance to weather the at times volatile healthcare industry pressures. Having a strong cash balance will also set us up for optimal financing opportunities for facility expansion.
3. Rehab Services delivers break even or better monthly financial performance by end of 2026
    a. Rehab Services delivered top notch performance in second quarter, delivering a positive margin for those three months of 7.4%, and bringing the year-to-date margin to just -1.6%. Even though we posted a small negative margin on Rehab Services through the first half of the year, we are well on track to be better than break even for the year, by yearend, so this objective is considered on track. Ensuring the right efficiencies are in place to maximize access and financial performance means we can continue to offer and grow this essential program and keep it a vibrant resource for our community for years to come.

Our People

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

2026 Objective

1. Achieve turnover rate in 2026 that is less than or equal to 75% of the WA Acute Care turnover benchmark
    a. Turnover is materially better than benchmark for Q2. This is measured on a rolling 12-month average (July 2025 – June 2026). Over that period, we would need our turnover to be no greater than 13.5% to be 25% better than the WA benchmark. Performance is significantly better than that, at 8.14%. While some

percentage of turnover is expected and even considered good/necessary, in general a lower turnover compared to benchmark indicates a good culture and employee-positive focus in the organization.

Community Connections

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

2026 Objective

1. Develop and implement a strategic marketing plan to increase community awareness of, including how to conveniently access, CM services and outreach. Success will be measured through on-time completion of 85% of initiatives.
    a. This objective is on track, with a 93% on-time achievement of initiatives in Q2 (and an average of 91% across the two quarters). The 93% completion rate reflects advancement of planned initiatives across multiple areas, including:
        i. Expanding community outreach and strategic partnerships
        ii. Building marketing infrastructure and strengthening CM brand
        iii. Expansion of digital, provider, and service line marketing
        iv. Improving internal and patient communications

Credentialing Approvals

CM Provisional Privileges (6-months)

- Nicholas Wolfe, MD

Teleradiology Active Privileges (2-years)

- Trevor Lewis, MD

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

Accompanying Notes for the June 2026 Financial Statements

June Financial Statements –Quarterly Summary

The second quarter ended strong as we saw our year-to date net margin of $127,000 exceed the budgeted margin of $29,000 by $98,000. This performance was led by gross revenues of $4,657,000 that were $359,000 ahead of budgeted gross revenues, closing the budget variance gap from ($837,000) at the end of March to ($745,000) through June. We continued to hold operating expenses below budget in the quarter, ending with a positive variance of $915,000 through June.

Revenue and Expense Variances

1. Inpatient volumes contributed to much of the gross revenue budget variance ($408,000) while PT exceeded budgeted gross revenue by $421,000.
2. Salaries and Benefits are still showing favorable variances in Q2 as we continue working to fill staff vacancies for clinic providers and the ED provider/Medical Director role.
3. The professional fee variance grew in Q2, due to provider compact work, recruiting expense, and Meditech consulting fees.
4. We anticipated receiving SNAP revenue in Q2 and this did not materialize, leaving us with a ($284,000) variance contributing to the overall budget variance of ($441,000) for Other Operating Revenue. We have had no indication that we will not receive this funding, and hope to hear that the funds are released for payment soon.
5. We continue to show a positive variance in depreciation expense after the cleanup to our depreciable asset list that occurred after our budget projections for 2026 were complete.

Patient Statistics

Acute volumes continue to suffer in Q2, while Radiology, CT, and ED volumes have grown. Ambulance and Rehab positive volume variances continue to exceed budget, but at a slower pace than in Q1. The Swing Bed volumes variance, while still negative, has improved in Q2. Clinic volumes dipped a bit in the last month of the quarter with the departure of Dr. Kendall.

Cash Receipts and Balances

April and June both saw strong cash collections, resulting in year-to-date cash collections exceeding budgeted cash collections by $583,000 through Q2. The ongoing issue with underpayments by Medicare has been resolved. Excluding our cash payments for the purchase of the LOGE properties, our cash balances remain behind budgeted cash balances by ($2,032,000), which was an improvement from the Q1 variance of ($2,767,000). Please be reminded that we started the year with our cash balances well below budgeted balances after a Medicare repayment of $710,000 in December 2025 for 2025 Medicare claims following completion of our 2025 Medicare Interim cost report. We anticipate receiving $645,000 in the next few months as settlement of the final Medicare cost report for FY2025.

Accounts Receivable

Our gross accounts receivable is lower at the end of June than at the end of Q1, ins spite of higher gross revenues in Q2, indicating we have had strong collections. We have seen fewer accounts sent to collection in Q2 but a significant increase in financial assistance in the quarter.

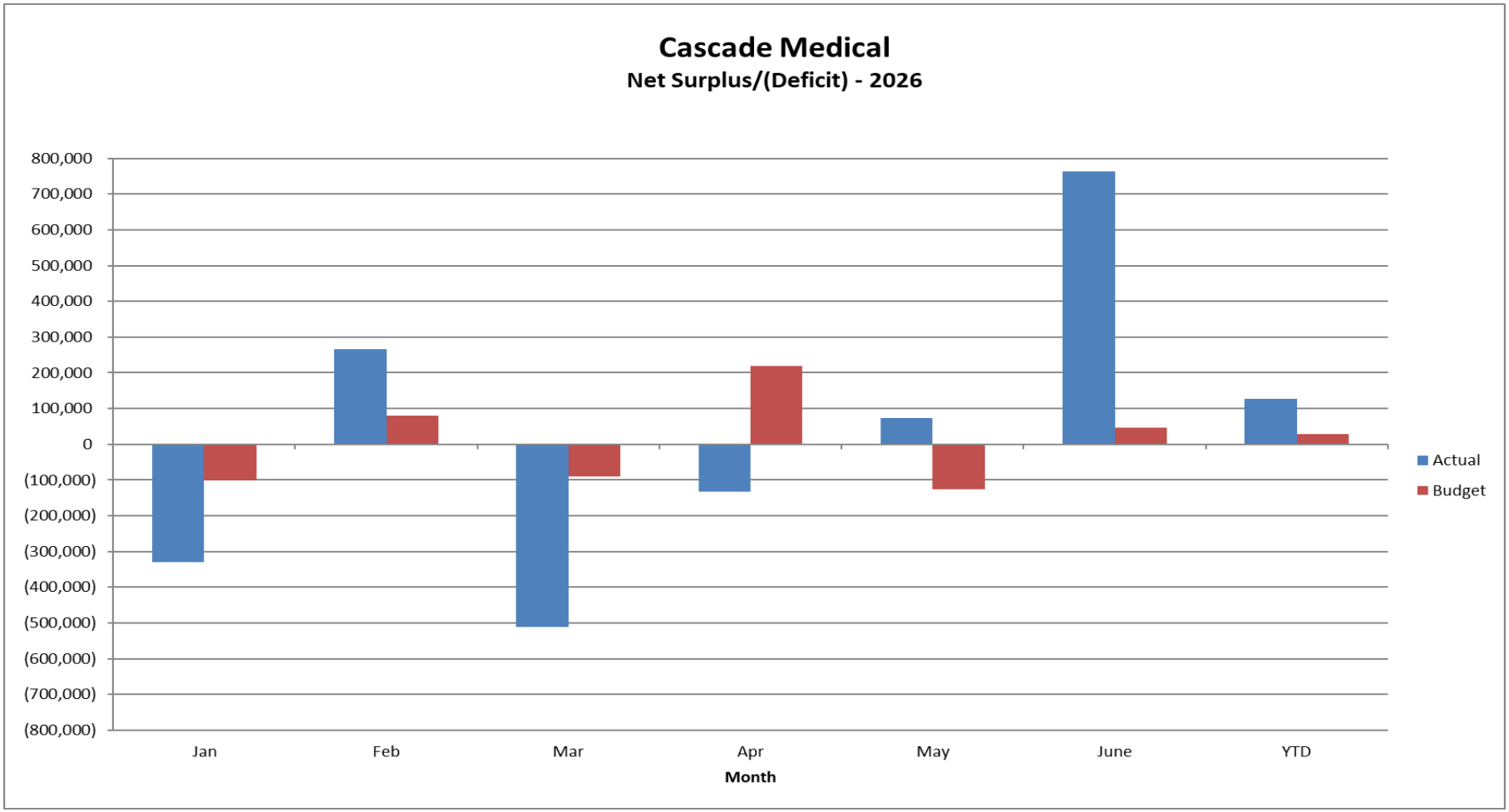
Contractual Allowance

The contractual allowance is at 44.6%, an increase over the rate of 43.2% in Q1.

Final comments and Upcoming

A stronger financial performance, led by higher gross revenues, helped to strengthen our cash position after several months with weaker volumes that led off the year. We saw added expenses in the later part of the quarter attributed to maintenance costs associated with the recent property purchases and expenses to ready the riverfront parcel for sale.

We are in the process of refining projects eligible for the RHTP funds that were identified to be allocated to our organization as a result of HR1. We will have work to do to process applications to WSHA for the funding and will also need to meet quarterly reporting requirements for these funds. In total, we anticipate receiving $709,000 from WSHA and $20,000 from The Rural Collaborative. We will need to spend the funds prior to September 30, 2027.


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

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

000's omitted

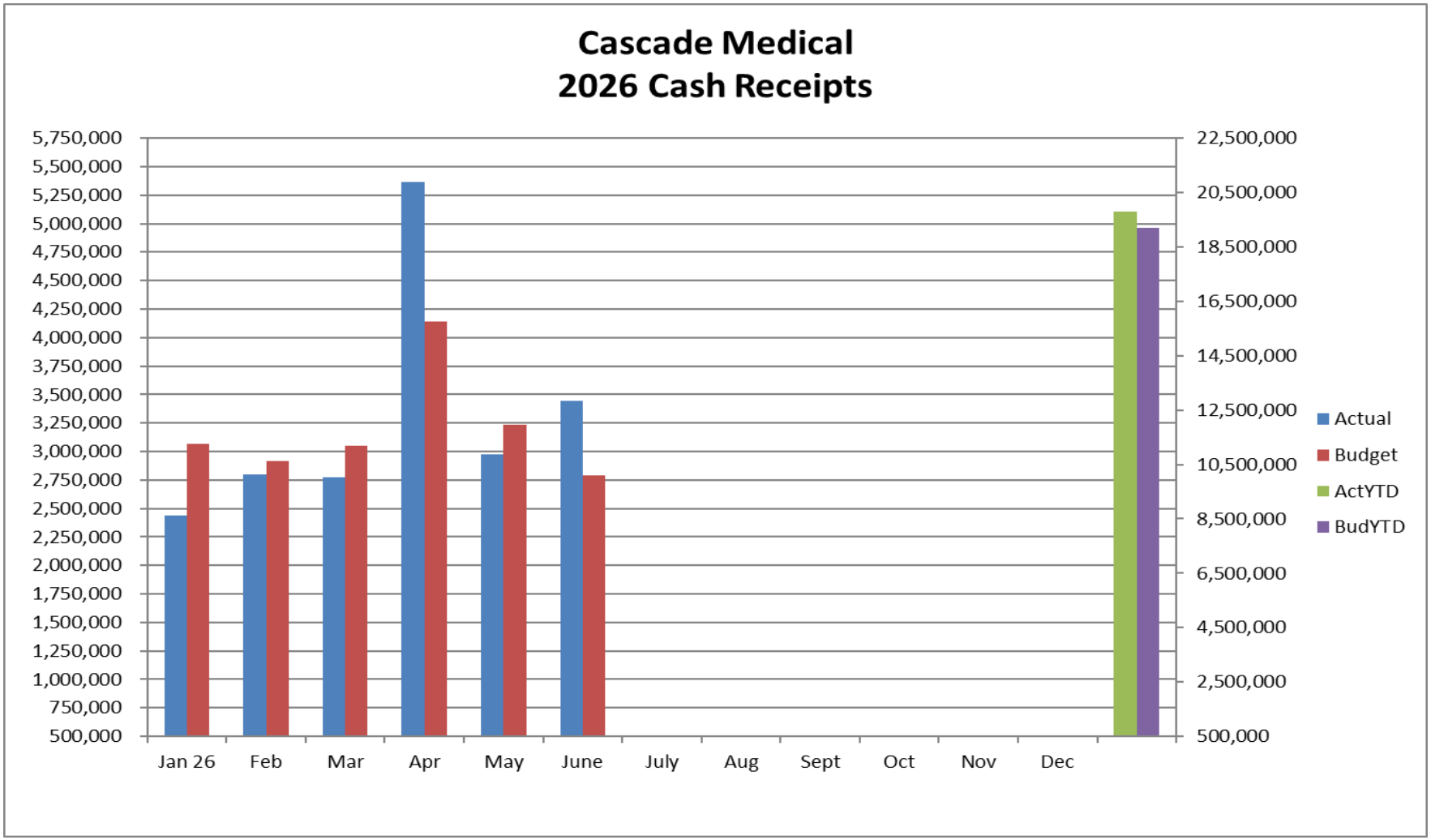
	YTD June
Net Margin	
Actual	127
Budget	29
Better (Worse) than Budget	98
Variance Analysis - favorable vs (unfavorable)	
Gross Revenue - Acute ($408); CT ($382); SwingBed ($290); ED ($289); Amb $267; PT $421	(745)
Contractual Allowances	370
Net Patient Revenue	(375)
Other Operating Revenue - SNAP ($284); Int Inc ($82); 340b ($77)	(441)
Total Operating Revenue	(816)
Expenses	
Salaries & Benefits - Clinic Prov $335; ED Prov $181; Clinic $107; Acute ($155)	781
Prof. Fees - InfoMat ($186); HR ($111); Admin ($71); Clinic Prov $67; Acute $51	(140)
Supplies - Amb $28; Lab $48; IT $25	131
Purchased Services/Repairs - Plant ($23); HIM $(20)	(44)
Other Operating Expenses - Depr $118	187
Total Operating Expenses	915
Non-Operating Revenues & Expenses	(1)
Actuals Better/(worse) than Budget	98

Cascade Medical Center
Statement of Revenues, Expenses and Net Income
For the Month Ending June 30, 2026

	Current Period				Year-to-Date				
	Actual	Budget	Variance		Actual	Budget	Variance		Prior YTD
Operating revenues									
Net Patient Revenue	3,226,630	2,756,370	470,260	17%	15,854,154	16,228,898	(374,744)	-2%	15,552,478
Grants, Contribs, Other Op Revenue	110,429	120,113	(9,684)	-8%	551,322	992,678	(441,356)	-44%	564,638
Tax Levies, unrestricted	209,770	209,770	-	0%	1,258,620	1,258,620	-	0%	880,572
Total Operating Revenue	3,546,829	3,086,253	460,576	15%	17,664,096	18,480,196	(816,100)	-4%	16,997,687
Operating expenses									
Salaries & Benefits	1,879,019	2,092,093	213,074	10%	11,801,173	12,582,286	781,113	6%	11,189,029
Professional fees	257,884	206,545	(51,339)	-25%	1,606,973	1,466,633	(140,340)	-10%	1,390,732
Supplies	142,630	161,849	19,220	12%	889,393	1,020,275	130,883	13%	858,454
Purchased services	173,765	216,844	43,079	20%	1,239,103	1,195,544	(43,559)	-4%	1,046,279
Depreciation	166,005	183,485	17,480	10%	982,620	1,100,910	118,290	11%	1,120,975
Other Operating Expenses	258,865	271,760	12,895	5%	1,574,671	1,643,511	68,840	4%	1,399,183
Total operating expenses	2,878,167	3,132,576	254,409	8%	18,093,933	19,009,159	915,226	5%	17,004,651
Operating gain / (loss)	668,662	(46,323)	714,985	1543%	(429,836)	(528,963)	99,127	19%	(6,964)
Nonoperating revenues (expenses)									
Tax Levies, restricted	115,132	115,132	-	0%	690,792	690,792	-	0%	683,508
Interest expense on bonds	(21,191)	(21,191)	0	0%	(127,145)	(127,146)	2	0%	(139,945)
Other Non-Operating rev (exp)	(269)	(939)	670	71%	(6,433)	(5,634)	(799)	-14%	(6,251)
Total nonoperating rev (exp), net	93,672	93,002	670	1%	557,215	558,012	(797)	0%	537,312
Net Income	762,334	46,679	715,655	1533%	127,378	29,049	98,329	338%	530,348

Cascade Medical Center
Statement of Revenues, Expenses and Net Income
For the Month Ending June 30, 2026

	Current Period				Year-to-Date				
	Actual	Budget	Variance		Actual	Budget	Variance		Prior YTD
Operating revenues									
Gross Patient Revenue	4,656,987	4,297,599	359,388	8%	23,479,754	24,224,271	(744,517)	-3%	21,495,127
less:									
Contractual Allowances	1,319,699	1,317,754	(1,945)	0%	6,907,887	6,735,709	(172,178)	-3%	5,144,878
Reserve for Bad Debts	48,311	159,011	110,700	70%	520,462	896,299	375,837	42%	597,375
Reserve for Financial Assistance	62,347	64,464	2,117	3%	197,251	363,365	166,114	46%	200,397
Total Deductions from Revenue	1,430,357	1,541,229	110,872	7%	7,625,600	7,995,373	369,774	5%	5,942,649
Net Patient Revenue	3,226,630	2,756,370	470,260	17%	15,854,154	16,228,898	(374,744)	-2%	15,552,478
Grants, Contributions	15,322	2,000	13,322	666%	64,126	65,000	(874)	-1%	40,509
Other Operating Revenue	95,107	118,113	(23,006)	-19%	487,196	927,678	(440,482)	-47%	524,129
Tax Levies, unrestricted	209,770	209,770	-	0%	1,258,620	1,258,620	-	0%	880,572
Total Operating Revenue	3,546,829	3,086,253	460,576	15%	17,664,096	18,480,196	(816,100)	-4%	16,997,687
Operating expenses									
Salaries and wages	1,516,681	1,698,001	181,321	11%	9,607,114	10,211,515	604,401	6%	9,154,353
Employee benefits	362,339	394,092	31,754	8%	2,194,059	2,370,771	176,712	7%	2,034,676
Professional fees	257,884	206,545	(51,339)	-25%	1,606,973	1,466,633	(140,340)	-10%	1,390,732
Supplies	142,630	161,849	19,220	12%	889,393	1,020,275	130,883	13%	858,454
Utilities	18,131	27,645	9,515	34%	167,642	161,732	(5,910)	-4%	149,046
Repairs and maintenance	29,513	19,419	(10,094)	-52%	129,940	116,984	(12,956)	-11%	128,816
Purchased services	144,252	197,425	53,173	27%	1,109,163	1,078,560	(30,603)	-3%	917,463
Continuing medical education	4,048	2,875	(1,173)	-41%	25,505	17,250	(8,255)	-48%	4,394
Other expenses	12,380	28,805	16,425	57%	121,316	173,851	52,535	30%	111,532
Dues and subscriptions	118,125	107,441	(10,684)	-10%	661,695	663,586	1,891	0%	600,547
Travel / training / meetings	22,134	24,976	2,842	11%	125,054	144,606	19,552	14%	117,878
Leases and rentals	24,370	28,101	3,731	13%	157,688	168,644	10,957	6%	146,390
Depreciation	166,005	183,485	17,480	10%	982,620	1,100,910	118,290	11%	1,120,975
Licenses and taxes	25,056	25,072	16	0%	135,036	152,172	17,136	11%	132,735
Insurance	33,297	25,626	(7,671)	-30%	172,781	154,356	(18,425)	-12%	128,706
Interest	1,326	1,219	(107)	-9%	7,956	7,314	(642)	-9%	7,956
Total operating expenses	2,878,167	3,132,576	254,409	8%	18,093,933	19,009,159	915,226	5%	17,004,651
Operating gain / (loss)	668,662	(46,323)	714,985	1543%	(429,836)	(528,963)	99,127	19%	(6,964)
Nonoperating revenues (expenses)									
Tax Levies, restricted	115,132	115,132	-	0%	690,792	690,792	-	0%	683,508
Interest expense on bond financing	(21,191)	(21,191)	0	0%	(127,145)	(127,146)	2	0%	(139,945)
Gain (loss) on disposal of equipment	-	-	-	0%	-	-	-	0%	-
Investment income	1,500	830	670	81%	4,183	4,980	(797)	-16%	4,365
Net of bond premium/amortization	(1,769)	(1,769)	(0)	0%	(10,616)	(10,614)	(2)	0%	(10,616)
CARES Funds	-	-	-	0%	-	-	-	0%	-
PPP Loan Proceeds	-	-	-	0%	-	-	-	0%	-
Total nonoperating revenues (expenses), net	93,672	93,002	670	1%	557,215	558,012	(797)	0%	537,312
Net Income	762,334	46,679	715,655	1533%	127,378	29,049	98,329	338%	530,348


Cascade Medical
2026 Cash Receipts
5,750,000
5,500,000
5,250,000
5,000,000
4,750,000
4,500,000
4,250,000
4,000,000
3,750,000
3,500,000
3,250,000
3,000,000
2,750,000
2,500,000
2,250,000
2,000,000
1,750,000
1,500,000
1,250,000
1,000,000
750,000
500,000
22,500,000
20,500,000
18,500,000
16,500,000
14,500,000
12,500,000
10,500,000
8,500,000
6,500,000
4,500,000
2,500,000
500,000
Jan 26
Feb
Mar
Apr
May
June
July
Aug
Sept
Oct
Nov
Dec
Actual
Budget
ActYTD
BudYTD

Cascade Medical
Statistics Summary - 2026

	YTD 2025 avg/mo	feb26	mar	apr	may	jun	2026 Act mo	2026 Bud mo	Act/Bud % var	2026 Act YTD Tot	2026 Act avg/mo	2026 Bud YTD Tot	2026 Bud avg/mo	Act/Bud % var
Acute Care	39	47	13	8	34	17	17	39	-56.4%	141	24	212	35	-33.5%
Swing Bed	90	79	100	80	77	96	96	75	28.0%	511	85	606	101	-15.7%
Laboratory tests	3,328	3,170	3,608	3,368	3,480	3,529	3,529	3,412	3.4%	20,314	3,386	19,060	3,177	6.6%
Radiology exams	360	391	414	412	461	425	425	371	14.6%	2,474	412	2,224	371	11.2%
CT scans	131	114	138	97	179	173	173	144	20.5%	839	140	863	144	-2.7%
ED visits	334	291	328	305	419	404	404	429	-5.8%	2,047	341	2,072	345	-1.2%
Ambulance runs	68	83	79	63	99	93	93	78	19.2%	509	85	423	71	20.3%
Clinic visits	1,227	1,100	1,362	1,438	1,269	1,232	1,232	1,318	-6.5%	7,645	1,274	7,576	1,263	0.9%
Rehab procedures	2,297	2,604	2,675	2,984	3,008	3,159	3,159	2,347	34.6%	17,213	2,869	13,619	2,270	26.4%

Patient Statistics

	2025	2026												2026
Admits	**YTD Mo Avg**	**Jan**	**Feb**	**March**	**April**	**May**	**June**	**July**	**Aug**	**Sept**	**Oct**	**Nov**	**Dec**	**YTD Mo Avg**
Acute Care	6.5	8	9	2	2	8	3							5.3
Short Stay	5.2	6	8	5	8	5	2							5.7
Swing Bed	6.3	4	8	6	7	9	5							6.5
Respite Care	0.5	-	-	-	-	-	-							0.0
Total Admits	18.5	18	25	13	17	22	10							17.5
Patient Days														
Acute Care	38.8	22	47	13	8	34	17							23.5
Short Stay	7.5	7.3	9.4	5.4	10.0	8.2	3.9							7.4
Swing Bed	90.2	79	79	100	80	77	96							85.2
Respite Care	12.2	-	-	-	-	-	-							-
Total Patient Days	148.7	108.3	135.4	118.4	98.0	119.2	116.9							116.0
Average Length of Stay	8.0		5.4	9.1	5.8	5.4	11.7							7.5
Average Patients per Day	4.9	3.5	4.8	3.8	3.3	3.8	3.9							3.9
Worked FTEs	-													#DIV/0!
FTEs (W/ Non-Working Pay*)	-													#DIV/0!
Laboratory (tests)	3,328	3,159	3,170	3,608	3,368	3,480	3,529							3,386
Radiology (tests)	304	308	321	340	333	376	344							337
Mammography (tests)	40	18	33	31	30	35	42							32
MRI	-	33	24	27	34	32	25							29
Cardiac Diagnostics	106	105	96	128	95	128	95							108
CT (Scans)	131	138	114	138	97	179	173							140
DXA (Scans)	16	12	13	16	15	18	14							15
PT (services billed)	1,857	2,190	2,044	2,144	2,309	2,305	2,523							2,253
ER (visits/procedures)	334	300	291	328	305	419	404							341
Ambulance (runs)	68	92	83	79	63	99	93							85
Clinic (visits)	1,227	1,244	1,100	1,362	1,438	1,269	1,232							1,274
Occupational Therapy	373	504	487	454	575	596	526							524
Speech Therapy	29	51	52	59	46	47	59							52
Cardiac Rehab	38	38	21	18	54	60	51							40
Endoscopy Procedures	28	31	25	39	49	18	41							34

REVENUE COMPARISON	2025	2026												2026
	YTD Mo Avg	**Jan**	**Feb**	**March**	**April**	**May**	**June**	**July**	**Aug**	**Sept**	**Oct**	**Nov**	**Dec**	**YTD Mo Avg**
Acute Care	$ 132,512	$ 67,260	$ 205,320	$ 42,480	$ 28,320	$ 120,360	$ 60,180							$ 87,320
Short Stay	26,228	27,204	35,542	21,078	36,911	30,276	14,158							27,528
Respite Care	6,417	-	-	-	-	-	-							-
Swing Bed	244,350	211,654	202,421	285,100	228,080	219,527	273,696							236,746
Central Supply	32,958	26,152	33,889	36,969	30,355	36,499	41,108							34,162
Laboratory	427,937	434,877	445,929	504,503	448,321	467,925	484,040							464,266
Cardiac Diagnostics	33,241	28,752	29,782	39,378	30,709	41,895	30,830							33,558
CT	501,933	476,317	417,842	485,429	383,397	657,741	687,028							517,959
Radiology	202,608	173,549	203,078	213,423	207,224	237,423	222,103							209,467
Mammography	28,771	19,093	25,947	22,751	23,067	26,875	32,048							24,964
MRI	-	74,781	75,624	86,189	102,326	95,361	76,934							85,203
Pharmacy	104,371	95,850	112,773	71,743	83,353	120,003	107,713							98,573
Respiratory Therapy	31	1,287	1,292	1,089	1,094	1,485	1,089							1,223
Physical Therapy	221,920	277,877	267,396	285,086	308,864	308,266	328,303							295,965
Emergency Room	800,384	686,540	809,728	746,893	943,427	785,699	1,169,744							857,005
Ambulance	240,475	277,650	328,327	331,506	230,186	279,642	436,570							313,980
Clinic	378,629	207,513	373,691	488,718	370,751	378,599	420,234							373,251
Occupational Therapy	51,907	70,788	70,659	61,973	69,629	99,569	80,335							75,492
Outpatient Diagnostic Svcs	112,654	30,324	183,992	167,035	222,435	102,531	149,494							142,635
Speech/Contracted Svcs	11,170	13,500	20,401	24,001	19,247	17,949	23,121							19,703
Cardiac Rehab	8,414	9,462	5,229	4,482	13,458	14,940	12,699							10,045
Wound Care	10,174	(89)		398	(4,312)	(5,429)	(244)							(1,935)
Dietary/Contracted Svcs	10,174	4,331	3,955	6,261	8,357	6,462	5,803							5,862
Total Patient Revenue	**$ 3,587,256**	**$ 3,214,672**	**$ 3,852,816**	**$ 3,926,483**	**$ 3,785,198**	**$ 4,043,598**	**$ 4,656,987**							$ 3,913,292

Increase (Decrease) in Cash and Cash Equivalents

Cascade Medical Center

For the Month Ending June, 2026

	Jun-26	2026 YTD	2025 YTD
Cash flows from operating activities			
Receipts from and on behalf of patients	$ 3,324,429	$ 16,906,220	$ 15,752,418
Other receipts	$ 57,244	$ 474,396	$ 279,619
Payments to & on behalf of employees	$ (1,610,247)	$ (10,563,158)	$ (9,896,669)
Payments to suppliers and contractors	$ (1,110,866)	$ (6,975,922)	$ (6,178,416)
Net cash gained / (used) in operating activities	$ 660,560	$ (158,464)	$ (43,048)
Cash flows from noncapital financing activities			
Taxation for maintenance and operations, EMS	$ 15,175	$ 1,723,935	$ 1,371,334
Noncapital grants and contributions	$ 13,075	$ 61,879	$ 6,882
Net cash provided by noncapital financing activities	$ 28,250	$ 1,785,814	$ 1,378,216
Cash flows from capital and related financing activities			
Taxation for bond principal and interest	$ 6,500	$ 405,904	$ 406,818
Purchase of capital assets	$ (81,003)	$ (970,272)	$ (180,399)
Payments toward construction in progress		$ (6,635,256)	$ (57,243)
Proceeds from disposal of capital assets		$ -	$ -
Proceeds from long-term debt		$ -	$ -
Principle & Interest paid on long-term debt		$ -	$ -
Bond maintenance & issuance costs	$ (127,144)	$ (127,144)	$ (139,945)
Capital grants and contributions	$ 2,247	$ 2,247	$ -
Net cash provided by capital and related financing activities	$ (199,401)	$ (7,324,521)	$ 29,231
Cash flows from investing activities			
Investment Income	$ 21,900	$ 213,042	$ 314,966
Net increase (decrease) in cash and cash equivalents	$ 511,309	$ (5,484,130)	$ 1,679,364
Cash and Cash equivalents, beginning of period	$ 11,575,849	$ 17,571,288	$ 16,244,722
Cash and cash equivalents, end of period	$ 12,087,158	$ 12,087,158	$ 17,924,086

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

	Actual 1st Qtr	Actual April	Actual May	Actual June	Actual 2nd Qtr	Forecast 3rd Qtr	Forecast 4th Qtr	Actual/Forecast Year End 2026	Budget 2026
Cash balance, beginning of period	$ 17,571,288	$ 16,709,642	$ 11,392,823	$ 11,575,849	$ 16,709,642	$ 12,087,158	$ 11,709,131	$ 17,571,288	$ 20,310,484
Cash available for operating needs	$ 17,352,680	$ 16,483,508	$ 10,506,815	$ 10,592,816	$ 16,483,508	$ 11,219,669	$ 10,806,777	$ 17,352,680	20,117,679
Cash restricted to debt service, other restricted funds	$ 218,608	$ 226,134	$ 886,007	$ 983,033	$ 226,134	$ 867,489	$ 902,354	$ 218,608	192,805
Cash flows from operating activities									
Receipts from and on behalf of patients	$ 7,486,926	$ 3,399,148	$ 2,695,716	$ 3,324,429	$ 9,419,293	$ 8,617,440	$ 8,441,244	$ 33,964,902	$ 33,083,305
Grant receipts	$ 15,999	$ 32,805	$ -	$ 15,322	$ 48,127	$ 6,000	$ 6,000	$ 76,126	$ 77,000
Other receipts	$ 350,483	$ 35,894	$ 30,775	$ 57,244	$ 123,913	$ 302,614	$ 312,614	$ 1,089,624	$ 1,233,456
Payments to or on behalf of employees	$ (4,774,599)	$ (2,496,680)	$ (1,681,631)	$ (1,610,247)	$ (5,788,558)	$ (6,619,526)	$ (5,651,664)	$ (22,834,347)	$ (24,685,273)
Payments to suppliers and contractors	$ (3,537,239)	$ (1,300,228)	$ (1,027,590)	$ (1,110,867)	$ (3,438,684)	$ (2,538,974)	$ (2,441,320)	$ (11,956,218)	$ (10,386,634)
Net cash provided by operating activities	$ (458,431)	$ (329,060)	$ 17,270	$ 675,881	$ 364,091	$ (232,446)	$ 666,874	$ 340,088	$ (678,146)
Cash flows from noncapital financing activities									
Unencumbered M & O taxation	$ -	$ -	$ -	$ -	$ -	$ 4,067	$ 284,899	$ 288,966	$ 288,966
Taxation for Emergency Medical Services	$ 10,101	$ 1,213,338	$ 120,300	$ 10,075	$ 1,343,713	$ 68,282	$ 1,054,446	$ 2,476,542	$ 2,517,240
Investment Income	$ 136,956	$ 27,145	$ 27,040	$ 21,900	$ 76,085	$ 153,990	$ 153,990	$ 521,022	$ 615,960
Donations	$ -	$ -		$ -	$ -	$ -	$ 90,000	$ 90,000	$ 90,000
Net cash provided by noncapital financing activities	$ 147,058	$ 1,240,483	$ 147,340	$ 31,975	$ 1,419,799	$ 226,339	$ 1,583,335	$ 3,376,530	$ 3,512,166
Proceeds from Long Term Debt	$ -				$ -	$ -	$ -	$ -	$ -
Less Funds Expended for Capital Purchases	$ (557,799)	$ (6,888,116)	$ (78,609)	$ (81,003)	$ (7,047,728)	$ (406,785)	$ (406,785)	$ (8,419,097)	$ (1,627,140)
Increase/(decrease) in cash available for operations	$ (869,172)	$ (5,976,693)	$ 86,001	$ 626,853	$ (5,263,839)	$ (412,892)	$ 1,843,424	$ (4,702,479)	$ 1,206,880
Cash available for operating needs	**$ 16,483,508**	**$ 10,506,815**	**$ 10,592,816**	**$ 11,219,669**	**$ 11,219,669**	**$ 10,806,777**	**$ 12,650,201**	**$ 12,650,201**	**$ 21,324,559**
Taxation for bond prin & int (incl encumbd M&O)	$ 7,526	$ 659,873	97,026	$ 11,600	$ 768,499	$ 34,865	$ 316,314	$ 1,127,204	$ 1,146,288
Principle & Interest paid on long-term debt				$ (127,144)	$ (127,144)	$ -	$ (1,029,145)	$ (1,156,289)	$ (1,156,289)
Restricted grants and contributions	$ -				$ -	$ -	$ -	$ -	
Increase/(decrease) in restricted cash	$ 7,526	$ 659,873	$ 97,026	$ (115,544)	$ 641,355	$ 34,865	$ (712,831)	$ (29,085)	$ (10,001)
Cash restricted to debt service, other restricted funds	**$ 226,134**	**$ 886,007**	**$ 983,033**	**$ 867,489**	**$ 867,489**	**$ 902,354**	**$ 189,523**	**$ 189,523**	**$ 182,804**
Cash balance, end of period	**$ 16,709,642**	**$ 11,392,823**	**$ 11,575,849**	**$ 12,087,158**	**$ 12,087,158**	**$ 11,709,131**	**$ 12,839,724**	**$ 12,839,724**	**$ 21,507,363**

CASCADE MEDICAL CENTER

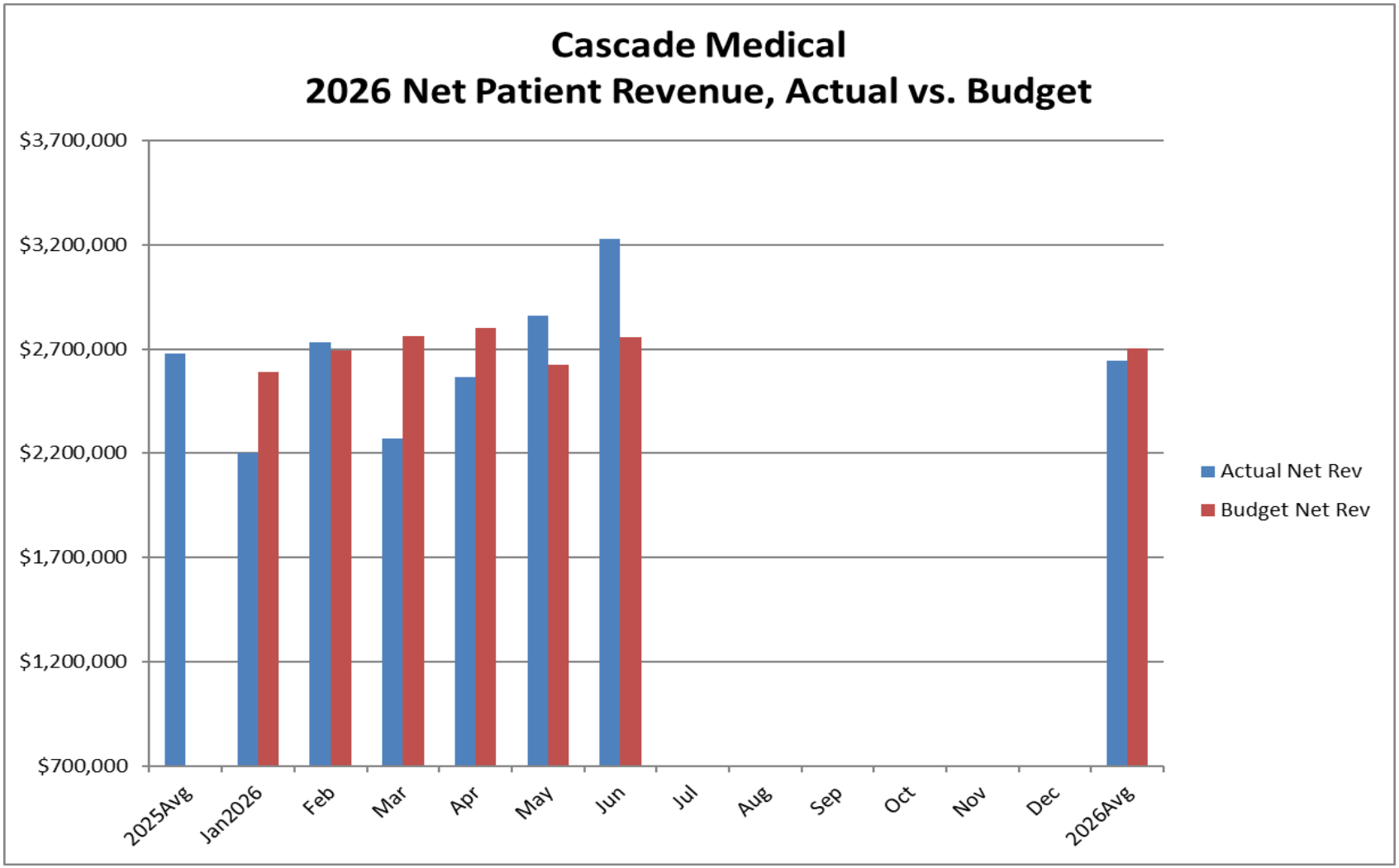
EMERGENCY MEDICAL SERVICES - JUNE, 2026

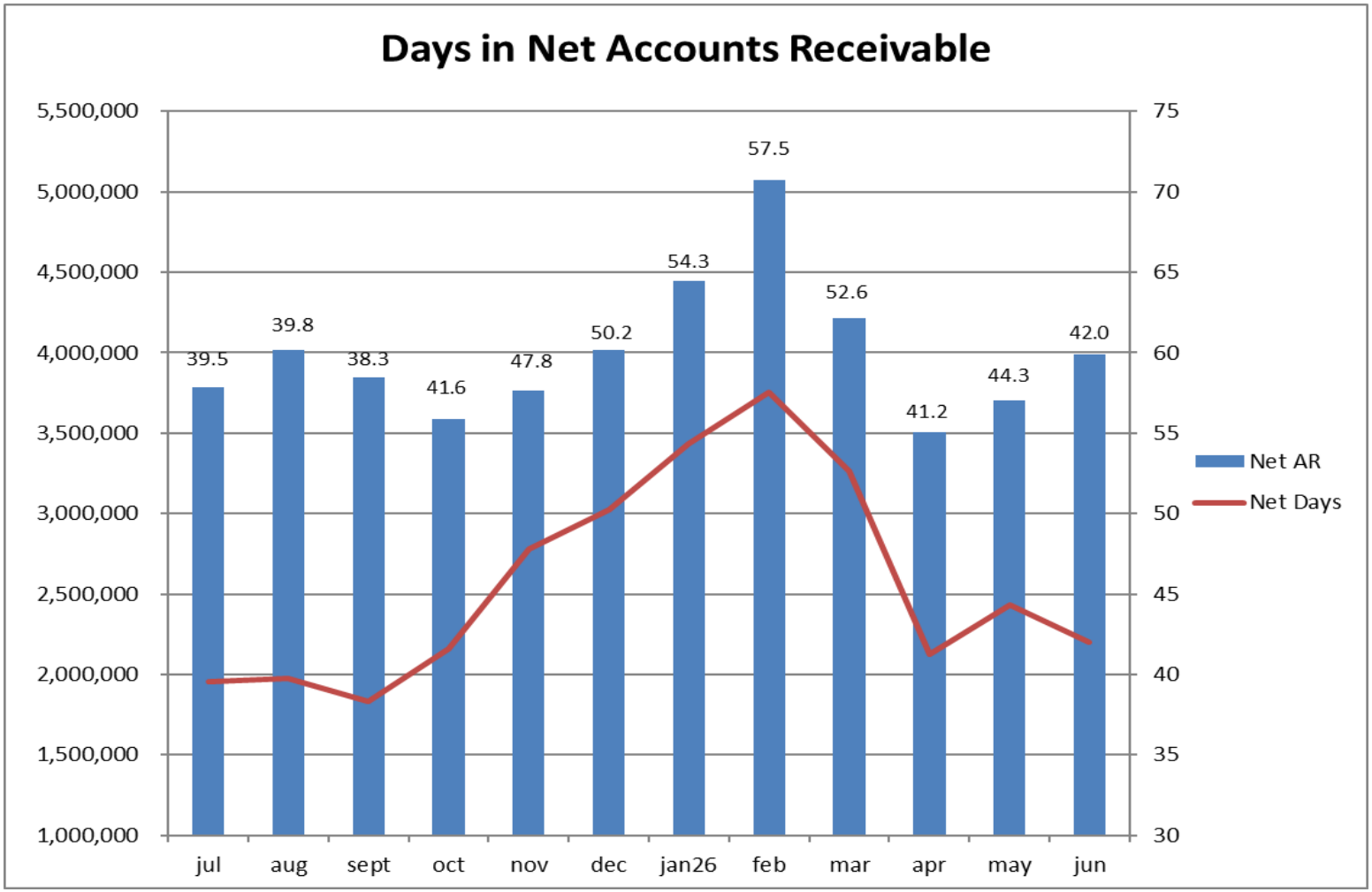
REVENUE	EMERGENCY ROOM 06/30/2026	EMERGENCY ROOM 06/30/2026 YTD	AMBULANCE 06/30/2026	AMBULANCE 06/30/2026 YTD	COMBINED EMERGENCY MEDICAL SERVICES 06/30/2026	COMBINED EMERGENCY MEDICAL SERVICES 06/30/2026 YTD	COMBINED EMERGENCY MEDICAL SERVICES 06/30/2025 YTD
PATIENT REVENUE	1,169,744	5,142,030	436,570	1,883,879	$1,606,314	$7,025,909	$6,245,157
DEDUCTIONS FROM REVENUE							
CONTRACTUAL ALLOWANCE, BAD DEBT & CHARITY CARE	$680,557	$2,991,633	$233,871	$1,009,194	$914,428	$4,000,827	$3,566,917
NET PATIENT REVENUE	**$489,187**	**$2,150,397**	**$202,699**	**$874,685**	**$691,886**	**$3,025,083**	**$2,678,240**
OTHER OPERATING REVENUE	$0	$0	-	-	$0	$0	$0
TOTAL OPERATING REVENUE	**$489,187**	**$2,150,397**	**$202,699**	**$874,685**	**$691,886**	**$3,025,083**	**$2,678,240**
OPERATING EXPENSES							
SALARIES AND WAGES	194,421	1,113,754	167,674	973,187	$362,095	$2,086,941	$2,190,802
EMPLOYEE BENEFITS	29,504	175,256	39,742	247,572	$69,246	$422,828	$417,176
PROFESSIONAL FEES	8,112	126,790	-	4,400	$8,112	$131,190	$74,643
SUPPLIES	6,896	36,675	7,715	43,409	$14,611	$80,084	$79,711
FUEL	-	-	3,343	16,919	$3,343	$16,919	$12,178
REPAIRS AND MAINT.	-	3,871	-	18,669	$0	$22,540	$38,824
PURCHASED SERVICES	4,181	20,313	9,719	101,521	$13,901	$121,834	$124,530
CONTINUING MEDICAL EDUCATION	-	8,702	160	18,397	$160	$27,099	$10,029
DUES	884	7,917	12,912	29,553	$13,797	$37,470	$21,694
OTHER EXPENSES	342	2,083	618	5,181	$960	$7,263	$7,326
LEASES / RENTALS	174	1,506	5,310	39,530	$5,484	$41,036	$28,959
DEPRECIATION	2,581	15,483	19,934	119,605	$22,515	$135,089	$170,466
TAXES AND LICENSES	-	888	-	390	$0	$1,278	$177
INSURANCE	837	5,025	3,359	20,152	$4,196	$25,177	$25,177
OVERHEAD COSTS	185,076	1,123,269	118,528	719,371	$303,604	$1,842,640	$1,681,414
TOTAL OPERATING EXPENSES	**$433,009**	**$2,641,532**	**$389,014**	**$2,357,856**	**$822,023**	**$4,999,386**	**$4,883,109**
MARGIN ON OPERATIONS	**$56,178**	**($491,136)**	**($186,314)**	**($1,483,170)**	**($130,136)**	**($1,974,303)**	**($2,204,868)**
TAX REVENUE					**$209,770**	**$1,258,620**	**$880,572**
NET MARGIN WITH TAX REVENUE					**$79,634**	**($715,683)**	**($1,324,296)**
STATISTICS (ER - visits/procedures, AMB - billed runs) - 2026	**404**	**2,047**	**93**	**509**			
Total Ambulance Runs (includes unbillable runs)			**138**	**743**			
STATISTICS (ER - visits/procedures, AMB - billed runs) - 2025	**368**	**2,004**	**73**	**408**			
Total Ambulance Runs (includes unbillable runs)			**110**	**596**			

Cascade Medical Center
Balance Sheet
As of June 30, 2026 and December 31, 2025

	Jun 2026	Dec 2025
ASSETS		
Current Assets		
Cash and Cash Equivalents	988,947	1,252,061
Savings Account	9,661,976	15,762,050
Patient Account Receivable	7,195,455	7,063,319
less: Reserves for Contractual Allowances	(3,206,071)	(3,226,153)
Inventories and Prepaid Expenses	336,821	329,797
Taxes Receivable - M&O Levy	(13,127)	15,982
- EMS Levy	(76,032)	17,469
Other Assets	1,307,198	1,542,368
Total Current Assets	16,195,168	22,756,893
Assets Limited as to Use		
Cash and Cash Equivalents		
Funded Depreciation	67,439	460,201
CVB Memorial Fund	1,276	1,275
UTGO Bond Payable Fund	434,746	80,405
LTGO Bond Payable Fund	30,998	106,579
Investment Memorial Fund	146,602	144,037
Settlement Account	191,957	188,645
Paycheck Protection Loan Proceeds	-	-
Cash - EMS	142,256	188,442
	1,015,274	1,169,585
Taxes Receivable - Construction Bond Levy	(32,521)	16,854
Total Assets Limited as to Use	982,753	1,186,438
Property, Plant and Equipment		
Land	522,015	522,015
Land Improvements	1,485,893	1,485,893
Buildings & Improvements	10,944,297	10,915,993
Fixed Equip - Hospital	9,377,765	9,362,642
Major Movable Equipment Hospital	7,901,331	7,393,948
Construction in Progress	6,645,602	10,346
Total Property, Plant and Equipment	36,876,903	29,690,838
Less: Accumulated Depreciation	(23,434,629)	(22,755,588)
	13,442,274	6,935,250
ROU Leases		
ROU Leases	39,178	39,178
Less Accumulated Amortization	(33,736)	(33,736)
	5,442	5,442
Other Assets		
Long Term Pension Assets	530,957	530,957
Deferred OPEB/Pension Costs	1,136,268	1,136,268
Deferred Bond Costs	248,155	258,770
TOTAL ASSETS	32,541,016	32,810,019

	Jun 2026	Dec 2025
LIABILITIES & FUND BALANCE		
Current Liabilities		
Accounts Payable	312,944	607,352
Accrued Payroll	571,881	770,056
Refunds Payable	(1,585)	-
Accrued PTO	1,107,919	1,009,328
Accrued SL & SD	936,900	936,900
Payroll Taxes & Benefits Payable	110,412	80,572
Accrued Interest Payable	21,191	21,191
Current Long Term Debt	907,237	911,072
Current OPEB Liability	870,361	894,361
Short Term Lease	-	-
ST Subscriptions	-	-
Settlement Payable	-	-
Total Current Liabilities	4,837,258	5,230,832
Long Term Liabilities		
Notes Payable	182,251	182,251
Covid SHIP Funding	-	-
PPP Note Payable	-	-
CARES Act Funds Reserve	-	-
UTGO Bond Payable	3,186,000	3,186,000
LTGO Bond Payable	3,745,000	3,745,000
Deferred Revenue/Bond Premium	69,461	72,267
Long Term OPEB/Pension Liability	2,542,590	2,542,590
Long Term ROU Leases	-	-
Long Term Subscriptions	-	-
Total Long Term Liabilities	9,725,301	9,728,108
Total Liabilities	14,562,559	14,958,939
Fund Balance - Prior Years	17,851,079	17,851,079
Fund Balance - Current Year	127,378	-
Total Fund Balance	17,978,457	17,851,079
TOTAL LIABILITIES & FUND BALANCE	32,541,016	32,810,019


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


Days in Net Accounts Receivable
5,500,000
5,000,000
4,500,000
4,000,000
3,500,000
3,000,000
2,500,000
2,000,000
1,500,000
1,000,000
75
70
65
60
55
50
45
40
35
30
39.5
39.8
38.3
41.6
47.8
50.2
54.3
57.5
52.6
41.2
44.3
42.0
jul
aug
sept
oct
nov
dec
jan26
feb
mar
apr
may
jun
Net AR
Net Days

Cascade Medical
Accounts Receivable Trending Report - 2026

Total Facility	Dec 2023	Dec 2024	Dec 2025	Jan26	Feb	March	April	May	June
0 - 30 days	2,851,120	3,276,645	2,986,673	2,977,085	3,345,229	2,996,523	2,920,897	3,166,279	3,596,874
31-60 days	839,394	668,472	1,012,199	1,494,782	1,782,594	1,300,232	1,084,190	1,113,802	1,136,669
61-90 days	451,019	594,276	632,753	729,955	626,164	1,074,994	693,955	568,090	608,174
91-180 days	1,005,422	1,383,758	1,248,551	1,217,314	1,192,147	1,006,541	991,163	824,538	834,314
over 180 days	1,343,819	2,162,011	1,183,143	1,321,704	1,342,023	1,037,367	1,036,744	968,912	1,019,425
Total Balance	6,490,775	8,085,162	7,063,319	7,740,840	8,288,157	7,415,657	6,726,949	6,641,622	7,195,455
Credit bals as % of AR			2.8%	2.3%	2.8%	2.7%	3.4%	3.1%	2.2%
% >90 w/o installs									