



PUBLIC NOTICE

OPEN SESSION @ 4:30 PM

OPEN SESSION AGENDA

TUESDAY, OCTOBER 13, 2026 @ 4:30 PM

LOCATION: 2070 CLINTON AVE. ALAMEDA, CA 94501

ALAMEDA HOSPITAL - CONFERENCE ROOM A

[Join Zoom Meeting](#)

<https://us02web.zoom.us/j/87640025759?pwd=abB4hwOivAehUgO6dYwq9F3lFO1gY9.1>

Meeting ID: 876 4002 5759

Passcode: 276059

Office of the Clerk: 510-263-8223

Members of the public who wish to comment on agenda items will be given an opportunity before or during the consideration of each agenda item. Those wishing to comment must complete a speaker card indicating the agenda item that they wish to address and present to the District Clerk. This will ensure your opportunity to speak. Please make your comments clear and concise, limiting your remarks to no more than three (3) minutes.

OPEN SESSION AGENDA

- | | |
|---|--|
| 1. Call to Order | Jeff Cambra,
President |
| 2. Roll Call/ General Public Comments | Alixandria Williams,
District Clerk |
| 3. Debrief 2026 Series B COPs
ENCLOSURE (Pages 2 - 3) | Peter Hohl,
Executive Director |
| 4. District Purpose and Mission
ENCLOSURE (Pages 4 - 7) | Peter Hohl,
Executive Director |
| 5. Board Self-Assessment Review
ENCLOSURE (Pages 8 - 42) | Larry Walker,
The Walker Company |
| 6. District Budget and Budgeting Approach
ENCLOSURE (Pages 43 - 47) | Peter Hohl,
Executive Director |

COP Market Conditions at the Time of Pricing

Changes to All Inclusive Interest Rate:

Date	Rate
2024 Series A Rate for Financial Projections	5.30%
8/29/24 Series A Actual Rate at Closing	4.34%
7/9/26 Piper Sandler Preliminary Sources and Uses	4.70%
9/2/26 AHS Finance Committee	4.86%
9/9/26 AHS BOT Meeting	4.86%
9/14/26 District Board Meeting - Fieldman	4.85%
9/23/26 Rate Prep Meeting	5.07%
9/24/26 Rate Setting Meeting - Final	5.23%

Market Conditions at Time of Rate Setting

- The market changed on the morning of 9/23 and became volatile with big (and unexpected) moves in rates
- Underlying reason(s) for the volatility is tied to inflation concerns. Though not directly linked to the Persian Gulf conflict, higher oil prices (especially diesel) have pushed up the price of goods and services.
- Buyers were unsure of market direction, introducing uncertainty and ambiguity
- A sell off of Treasuries and Municipals at this time meant lots of competing bonds in the market for investors to choose from
- Underwriter needed creativity to entice buyers to purchase COPs given the market uncertainty and competing bond alternatives
- Investors have increasingly expressed concerns with COPs for health care related agencies. This was mitigated due to the Parcel Tax Pledge

Consideration of Pulling Bonds from the Market

- Investment team believed the market was not in a great place and while the future direction was unclear, they did express their concern that there appears to be more upward pressure on interest rates in the coming month
- There was no evidence of market improvement in the near term
- The bond buyer community was skittish – the underwriting team believed it could line up buyers that day and there was no certainty of future buyer interest given competing investment opportunities and market uncertainty
- The investment team recommended the District not pull the bonds from the market

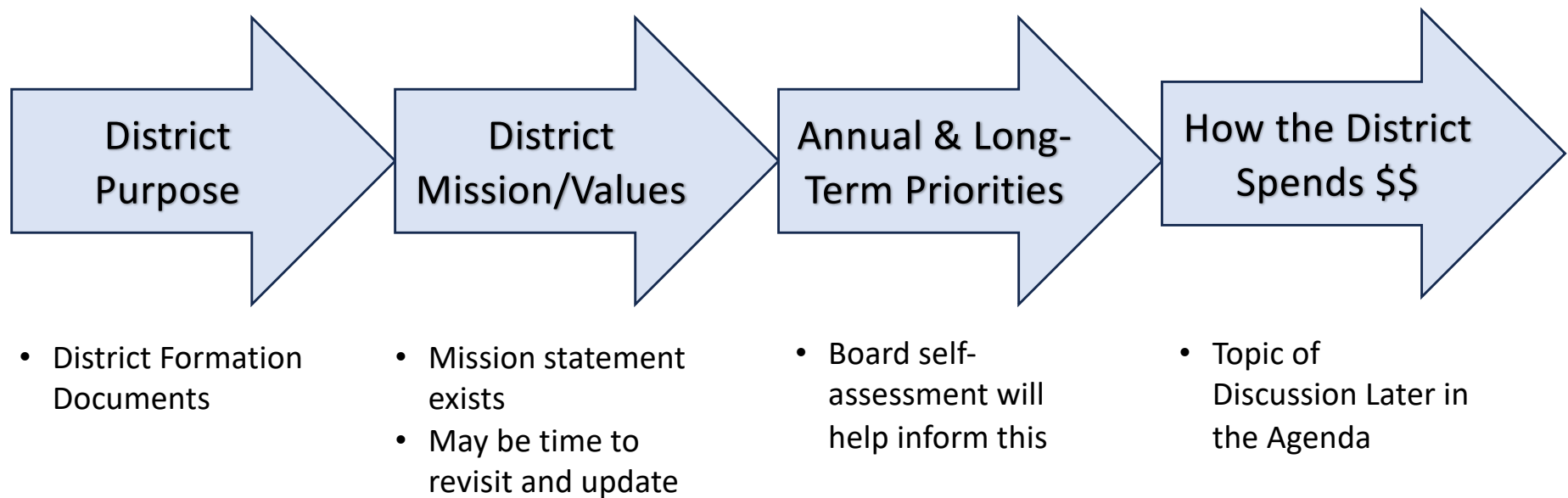
City of Alameda Health Care District
District Ability to Fund Aggregate Debt Service
Based on Final Debt Service Numbers 9/24/26

Debt Service				Available for District Expense and Hospital Operations		
Year	Series A \$13.5 M	Series B \$58.0 M	Total Debt Service	Projected Parcel Tax	Amount Available	AHS Board Presentation Variance
2027	953,625	3,506,846	4,460,471	6,096,000	1,635,529	1,536,799 98,730
2028	953,000	3,801,088	4,754,088	6,110,900	1,356,812	1,536,799 (179,987)
2029	956,500	3,794,713	4,751,213	6,125,800	1,374,587	1,536,799 (162,212)
2030	959,000	3,791,463	4,750,463	6,140,700	1,390,237	1,536,799 (146,562)
2031	950,625	3,800,963	4,751,588	6,155,600	1,404,012	1,536,799 (132,787)
2032	951,625	3,802,838	4,754,463	6,170,500	1,416,037	1,536,799 (120,762)
2033	951,625	3,802,213	4,753,838	6,185,400	1,431,562	1,536,799 (105,237)
2034	950,625	3,799,088	4,749,713	6,200,300	1,450,587	1,536,799 (86,212)
2035	958,500	3,793,463	4,751,963	6,215,200	1,463,237	1,536,799 (73,562)
2036	955,000	3,795,213	4,750,213	6,230,100	1,479,887	1,536,799 (56,912)
2037	950,500	3,803,838	4,754,338	6,245,000	1,490,662	1,536,799 (46,137)
2038	954,875	3,799,088	4,753,963	6,259,900	1,505,937	1,536,799 (30,862)
2039	952,875	3,801,213	4,754,088	6,274,800	1,520,712	1,536,799 (16,087)
2040	954,500	3,794,963	4,749,463	6,289,700	1,540,237	1,536,799 3,438
2041	954,625	3,795,213	4,749,838	6,304,600	1,554,762	1,536,799 17,963
2042	953,250	3,795,694	4,748,944	6,319,500	1,570,556	1,536,799 33,757
2043	955,250	3,774,331	4,729,581	6,334,400	1,604,819	1,536,799 68,020
2044	955,625	3,754,294	4,709,919	6,349,300	1,639,381	1,536,799 102,582
2045	954,125	3,696,369	4,650,494	6,364,200	1,713,706	1,536,799 176,907
2046	951,000	3,655,950	4,606,950	6,379,100	1,772,150	1,536,799 235,351
2047	951,000	3,620,375	4,571,375	6,394,000	1,822,625	1,536,799 285,826
2048	954,000	3,598,681	4,552,681	6,408,900	1,856,219	1,536,799 319,420
2049	954,625	3,581,813	4,536,438	6,423,800	1,887,362	1,536,799 350,563
2050	0	4,519,963	4,519,963	6,438,700	1,918,737	1,536,799 381,938
2051	0	4,509,381	4,509,381	6,453,600	1,944,219	1,536,799 407,420
2052	0	4,498,306	4,498,306	6,468,500	1,970,194	1,536,799 433,395
2053	0	4,478,875	4,478,875	6,483,400	2,004,525	1,536,799 467,726
2054	0	4,475,375	4,475,375	6,498,300	2,022,925	1,536,799 486,126
2055	0	4,457,625	4,457,625	6,513,200	2,055,575	1,536,799 518,776
2056	0	4,445,750	4,445,750	6,528,100	2,082,350	1,536,799 545,551
	21,936,375	117,544,985	139,481,360			3,776,170

Notes:

1. The number of parcels subject to the parcel tax increases 50 parcels per year

What Drives Annual Budgeting



District Creation and Purpose

Based on District Formation Document Recorded June 17, 2002

1. Section 3.4. The purpose of forming the District is to ensure local access to emergency, acute care, and other health care services for residents and visitors of the District (i.e., city of Alameda)
2. Section 3.5. A special tax was initiated to assist the District in meeting the costs of providing emergency, acute care, and other medical services and operating and improving property of the District
3. Other Provisions. There is a \$13MM appropriations limit (maximum amount that can be spent in a fiscal year), and a 5-member Board with 4 year terms

Mission Statement - Current

The City of Alameda Health Care District

The City of Alameda Healthcare District's Mission is to:

1. Oversee the maintenance and operation of, a District-owned hospital and other District-owned healthcare facilities.
2. Collect, disburse, review and educate the community on the use of parcel taxes collected under the authority of the District.
3. To be a leader for the health and well-being of the residents of and visitors to the District.
4. And, to do any and all other acts and things necessary to carry out the provisions of the Health Care District Bylaws and the Local Health Care District Law.

Mission Statement – Possible Alternative

The City of Alameda Health Care District

The City of Alameda Health Care District exists to ensure local access to emergency, acute care, and other health care services for residents and visitors of the District. This is accomplished through:

1. Oversight of operations and performance at Alameda Hospital and other District care sites and managed through the District's relationship with AHS.
2. Authorization, collection, and distribution of parcel tax revenues in support of meeting the costs of providing emergency, acute care, and other medical services at Alameda Hospital and other District care sites, and to support medical facility property improvements.
3. Developing connections with the broader Alameda community to educate, update, and advocate the mission and role of the District in the city of Alameda.
4. Being a good steward of other District assets that also provide support to the operation of Alameda hospital (i.e., rental properties).
5. Fully complying with District bylaws, local health care district law, and all regulatory requirements.



Governance Self-Assessment Follow-Up and Assessment of Opportunities

Exploring the City of Alameda Health Care District Board's Role and Potential Impact for Alameda

October 13, 2026



City of Alameda
Health Care District

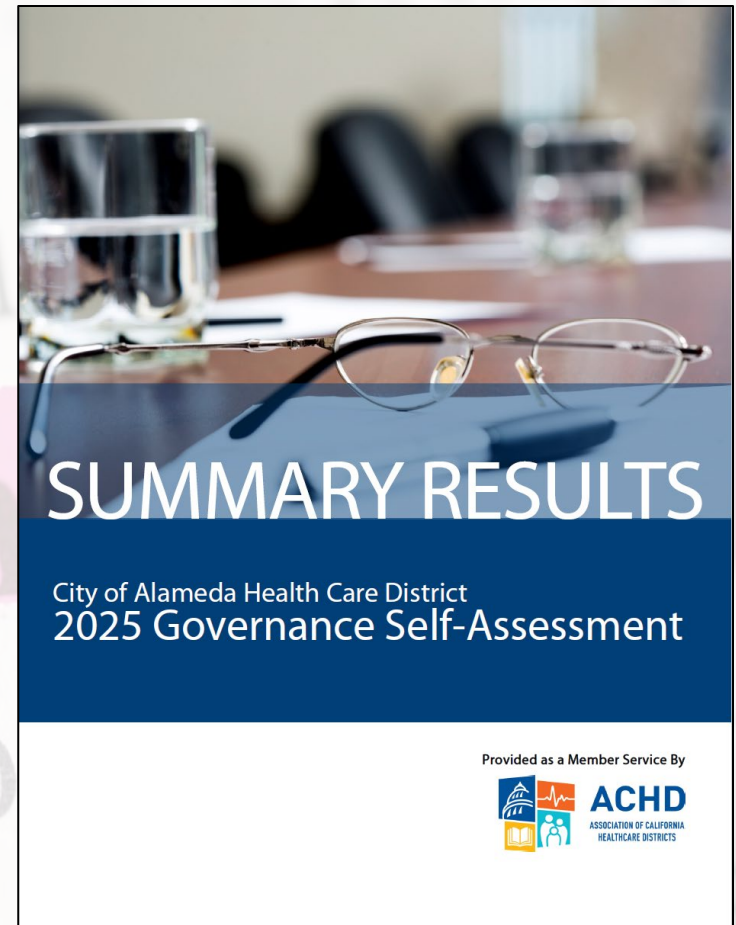
On the Agenda...

- Topline highlights of the 2025 Board of Directors Self-Assessment
- Review three governing themes that emerged from the priority topics recently submitted by Directors, and provided in the Board self-assessment
- Explore Directors' thoughts about "governance gaps" that emerged as a result of the board self-assessment
- **IF TIME ALLOWS:** Discuss the Board's "Return on Governance Impact"
- Where to from here? Ideas for potential areas of governance action moving forward



Self-Assessment Summary Report

- Assessment of 81 criteria in eight areas
- Suggestions for governance improvement
- Issues and priorities
 - Single highest priority in the next year
 - Strengths and weaknesses
 - Key issues for the board in the next year
 - Trends the board must be ready to deal with in the next year
 - Factors most critical to be addressed for the District to achieve its goals



Rating City of Alameda Health Care District's Level of Governing Excellence

High
Performance

**A GREAT
BOARD**

Level 5: I *strongly agree* with this statement. We *always* practice this as a part of our governance. Our performance in this area is *outstanding*.

Level 4: I *generally agree* with this statement. We *usually* practice this as a part of our governance, but not always. We perform *well* in this area.

Level 3: I *somewhat agree* with this statement. We *often* practice this in our governance, but we are not consistent. We perform *fairly well* in this area.

Level 2: I *somewhat disagree* with this statement. We *inconsistently* practice this as a part of our governance. We *do not perform well* in this area.

Low
Performance

**A POOR
BOARD**

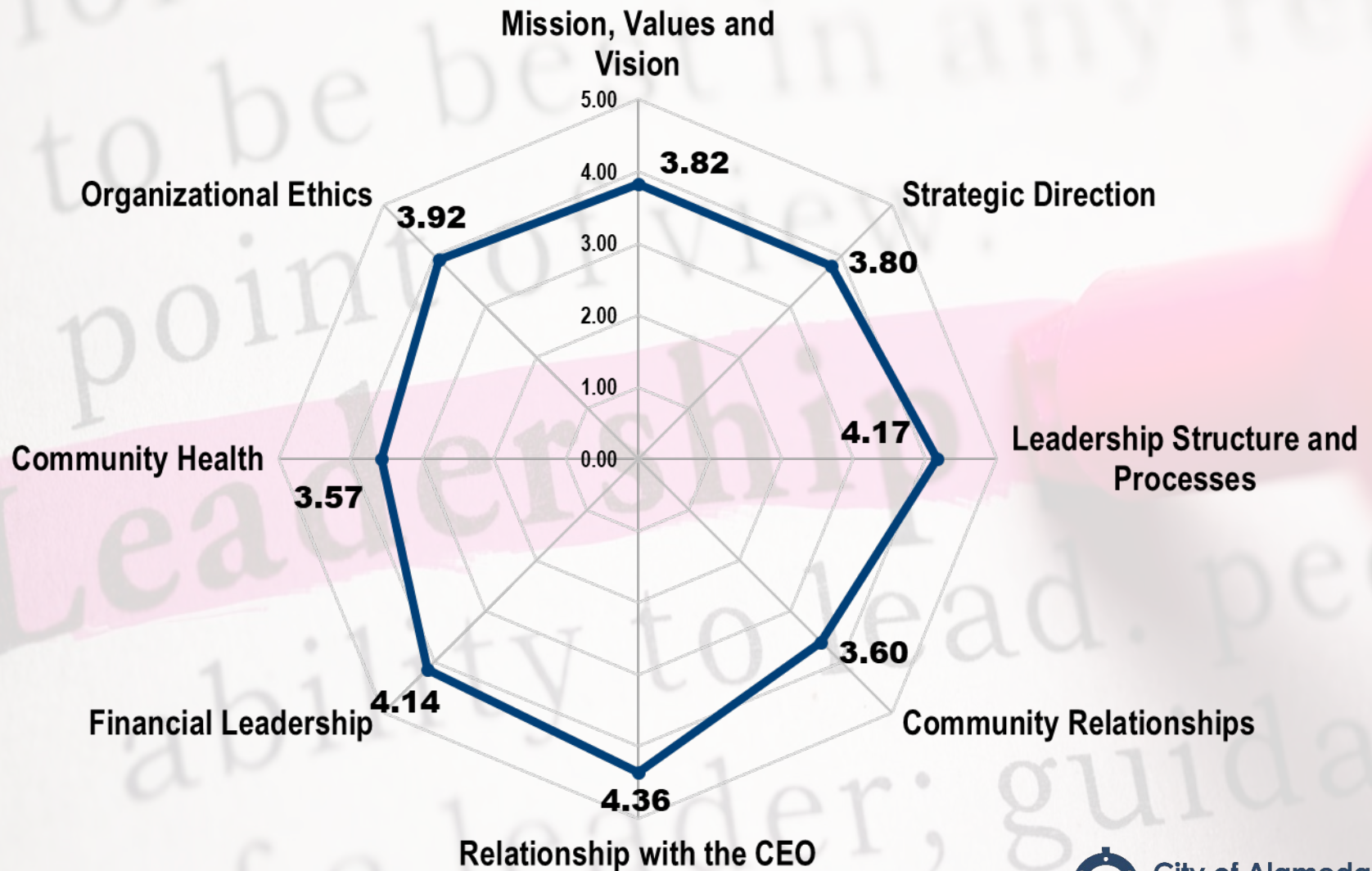
Level 1: I *disagree* with this statement. We *never* practice this as a part of our governance. We perform *very poorly* in this area.

Not sure. I do not have enough information to make a determination about our performance in this area.

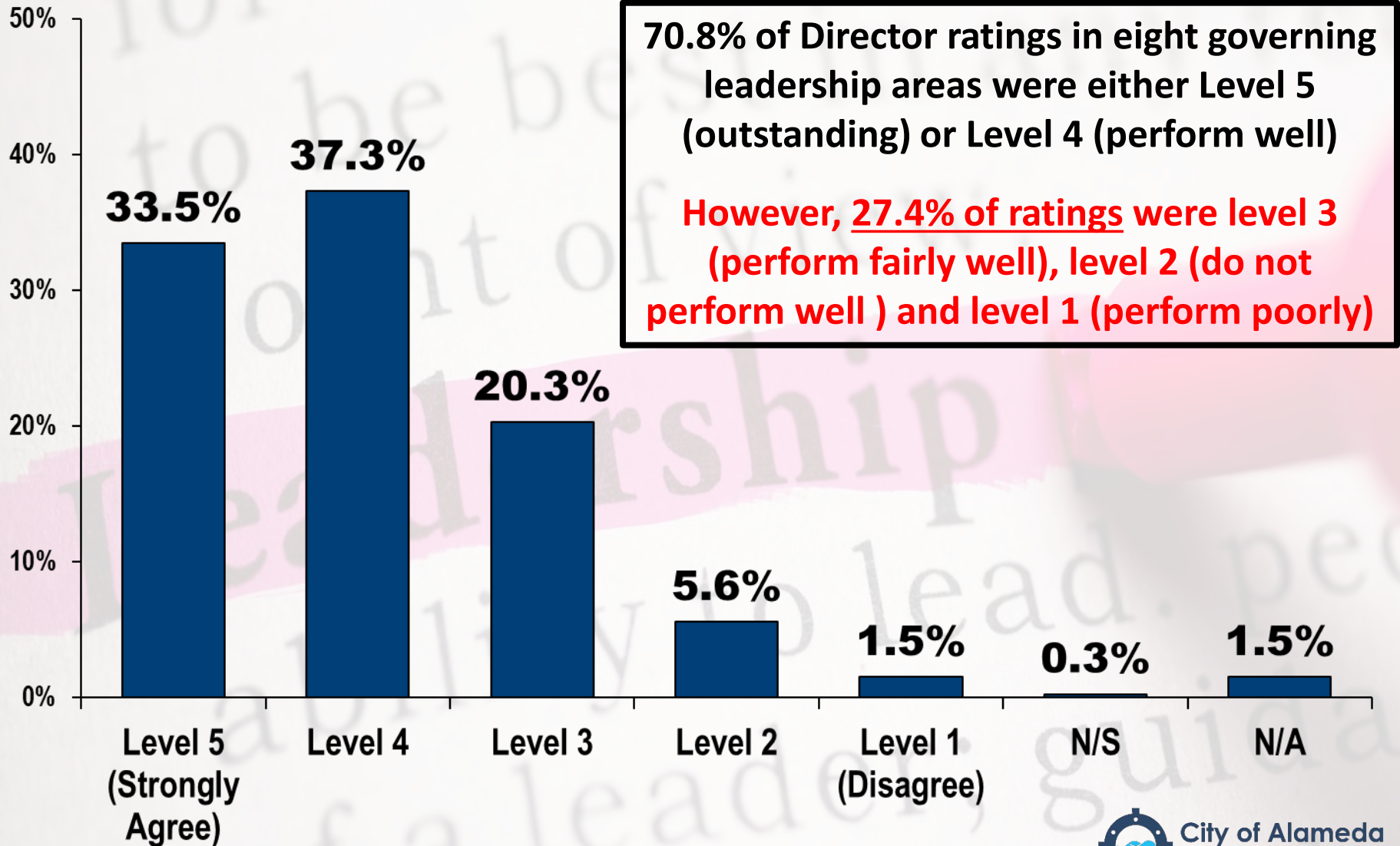


City of Alameda
Health **11**re District

Performance Overview



Room for Improvement





Q

- What kind of Board of Directors does Alameda need you to be?
- What does the Board have the capacity to be?



Key Issues and Priority Topics Identified by Directors

- The need to narrow “leadership gaps” among Directors
- Clarify the Board’s role regarding the 2030 earthquake improvement effort
- How to best communicate to the residents of Alameda about the activities of Alameda Hospital
- Ways to advance community engagement
- Opportunities to address public health challenges
- Defining a clear course for the District’s strategic direction
- Ways in which the Board can better promote its priorities and strategy when Alameda Hospital is governed by a system outside its control
- How to have influence on hospital performance on quality measures
- Successful completion of capital improvements and maintenance of Alameda Hospital services
- Uncertainty of federal health care funding and policy realignment



Leadership

Three Governing Themes We See
That Emerged From the Priorities



Theme 1: Clarify the Board's strategic purpose and future role

- What is the District supposed to accomplish for the community over the next decade?
- The opportunity, should the Board choose to pursue it: To move beyond oversight of Alameda Hospital toward a broader conception of community health leadership.
- The governing question: What should be measurably different about the health and well-being of Alameda because the District exists?



Theme 2: Understand the difference between governing through control and governing through influence

- Requires the Board to determine specific goals and priorities to “be a leader for the health and well-being of residents of and visitors to the District” within its control and influence
- Requires creating meaningful community outcomes through relationships, partnerships, the power to convene others, advocacy, and public accountability – INFLUENCE, NOT CONTROL



Theme 3: Opportunity, if desired, to become an outward-facing, community-connected Board

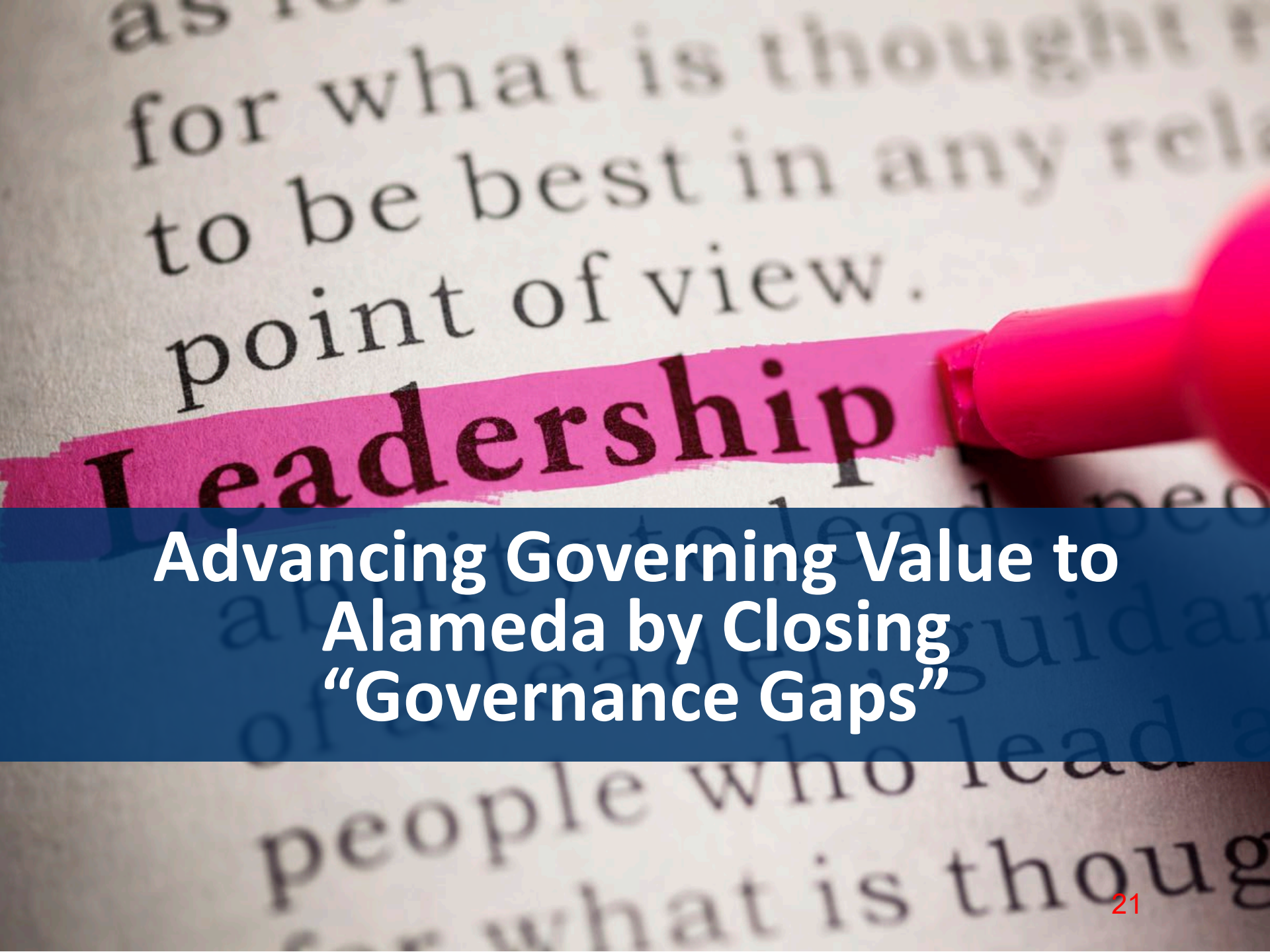
- Communication, community engagement and public health appear repeatedly in Directors' priorities and in the results of the Board self-assessment.
- Requires an orientation from being an institution-centered Board to becoming a community-connected Board.
- Requires actions not now a part of Board plans or capacities, including systematic ways to:
 - Listen to residents
 - Understand the community's current and future health care needs
 - Communicate the District's role and value to Alameda
 - Demonstrate how community input influences Board thinking and direction



Q



Do these governing themes reflect the decisions the Board should make about what kind of Board Alameda needs it to be?



Leadership

**Advancing Governing Value to
Alameda by Closing
“Governance Gaps”**

Three Broad Areas of Governance Gaps

1. Community Health Improvement through Community Partnerships and Feedback

2. Strategic Direction and Focus

3. Governance Development and Leadership Improvement





Community Health Improvement through Community Partnerships and Feedback

Governance Gap # 1: Weak Community Listening Infrastructure

The lowest-rated *Community Relationships* criteria were:

- Process for eliciting community input and viewpoints about future service needs (3.2)
- Board members acting as community ambassadors (3.2)
- Communication of plans and priorities to stakeholders (3.4)

In *Community Health*, the Board also rated:

- Process to secure and evaluate community feedback (3.0)
- Use of community feedback to improve responsiveness (3.2)

Board member comment: “Lack of community outreach and engagement” is a significant Board weakness



Community Health Improvement through Community Partnerships and Feedback

Governance Gap # 2: Partnership Leadership is Not Yet Strategic

The Board rated:

- Collaborative partnerships to build a healthier community (3.8)
- Partnerships to leverage resources for community benefit (3.6)
- Joint assessment of health improvement efforts (3.4)

These have been identified as low scoring, but are priorities given its current configuration.



Community Health Improvement through Community Partnerships and Feedback

Governance Gap # 3: No Health Outcome Data

The lowest score in the entire Community Health section was:

- Periodic community needs assessment that defines and measures community health (2.5)

Without a reliable periodic community health assessment...

- Priorities are unclear
- Investment in community health are often reactive
- Impact becomes difficult to measure



Strategic Direction and Focus

Governance Gap # 4: Strategy is Not KPI-Driven

- Regular monitoring of strategic objectives using Board-approved KPIs: 3.0

Indication: The Board may have goals but may lack an effective strategic accountability framework.

Governance Gain Opportunity

Establish a Strategic Governance Dashboard.” Each strategic objective should have:

- Outcome measure
- Target
- Timeline
- Responsible individual
- Status indicator

The Board should less time reviewing activities and more time reviewing strategic outcomes.



Strategic Direction and Focus

Governance Gap # 5: Community Input is Weakly Integrated Into Strategy

The Board rated “Stakeholder needs and viewpoints assessed in developing goals and strategies” 3.4, a score that aligns closely with the community engagement weaknesses.

Question: Is strategic planning internally driven rather than community informed?



Strategic Direction and Focus

Governance Gap #6: Strategic Focus Appears Dominated by Infrastructure

When asked about priorities, Directors overwhelmingly identified:

- Seismic retrofit
- Capital projects
- Earthquake preparedness
- Infrastructure improvements

Almost no responses referenced:

- Community health outcomes
- Population health
- Community partnerships
- Access to care
- Behavioral health
- Social determinants of health



Governance Development and Leadership Improvement

Governance Gap #7: Governance Education is Underdeveloped

Governance development was one of the weakest assessment sections. Scores included:

- Board orientation broadens future perspectives: 3.4
- Education development plan: 3.0

Governance knowledge building may exist, but does not appear to be systematic. **A highly competent board develops governance capability consistently.**



Q

- How well do these observations and recommendations reflect your views on governance today,
- and what's required for your future governance success?



Putting the Board to the “Return on Governance Impact (RoGI) Test



Return on Governance Impact (RoGI) is the measurable improvement in organizational performance and community outcomes that result directly from the actions, decisions and effectiveness of the governing board.



Three Core Components of Return on Governance Impact

Organizational Impact (Internal Value)

Community and Mission Impact (External Value)

Governance System Impact (Structural Value)



Organizational Impact (*Internal Value*)

The Board's influence on how effectively the City of Alameda Health Care District operates. Includes improvements in...

- Strategic clarity and execution
- Fiscal stewardship
- Organizational resilience
- Executive Director performance and leadership stability
- Operational efficiency driven by Board direction

Return on City of Alameda Health District Organizational Impact (Internal Value)



- This is the area in the evaluation where the Board appears strongest.
 - Financial leadership scores generally between 4.0 and 4.75
 - Strong Board-Executive Director relationship scores
 - Strong evidence of effective Board meetings
 - Appearance of clarity in governance roles and responsibilities
 - Strong Brown Act compliance

Conclusion: The Board is generating strong value as a steward of public assets.



Community and Mission Impact (External Value)

The Board's influence on health outcomes, equity, service expansion and other mission-driven impacts. Includes improvements in:

- Community health indicators
- Reach and accessibility of services
- Public trust and accountability
- Partnerships and organizational influence



Return on City of Alameda Health District Community and Mission Impact (External Value)

One of the clearest themes: insufficient community engagement

- Community needs assessment: 2.5
- Community feedback process: 3.0
- Community partnerships: 3.6
- Community input process: 3.2
- Community ambassadors: 3.2
- Communication of plans and priorities: 3.4
- Public perception measurement: 3.8

Interestingly the Board scored itself 5.0 on Board-wide commitment to building a healthier community.

Conclusion: The Board has high commitment, but limited measurement. The intent is strong, but the impact is unclear.



Governance System Impact (Structural Value)

How the Board strengthens its own systems, culture, and long-term leadership capacity. Includes improvements in:

- Quality of governance processes
- Goal alignment and follow-through
- Board culture (trust, integrity, professionalism)
- Board learning and evaluation



Return on City of Alameda Health District Governance System Impact (Structural Value)

The Board understands strategic issues and challenges, and has a responsive planning process. However:

- Stakeholder input into strategy scored 3.4
- Corrective action when objectives are missed scored 3.6
- KPI monitoring scored 3.0

Governance development scores were among the lowest:

- Board education broadens perspective: 3.4
- Governance education plan: 3.0

Conclusions: 1) strategy is not yet governed through a rigorous performance framework; and 2) the Board lacks a deliberate knowledge-building system for ongoing governing excellence.



Q

- How would you characterize the Board's present
- Return on Governance Impact?



Where to from here?

Ideas for Potential Areas of
Governance Action Moving Forward



Governance Self-Assessment Follow-Up and Assessment of Opportunities

Exploring the City of Alameda Health Care District Board's Role and Potential Impact for Alameda

October 13, 2026



City of Alameda
Health Care District

District Budgeting and the JPA

The City of Alameda Health Care District

1. JPA Language Regarding the District's Budget.

Notwithstanding anything in this Agreement to the contrary, District shall be permitted to withhold and retain from the Parcel Tax Revenue an amount equal to the reasonable out-of-pocket costs and expenses actually incurred by District for its statutorily required operations, including without limitation expenses of administrative, legal and accounting services, cost of elections, meetings, strategic planning, insurance, administration and collection of the parcel tax, and payment of legal obligations, if any (known or unknown), unrelated to the administration and operation of Alameda Hospital ("District Expenses"); provided, however, that in no event shall the amounts withheld and retained by District in accordance with the foregoing exceed what is reasonably required for such District Expenses during any fiscal year without the prior written approval of AHS.

2. JPA Amendment Language on District Budget.

Parcel tax revenue will be first applied as the source of repayment for the COPs. The District shall not use parcel tax dollars for anything other than their direct and other expenses authorized by the JPA. The District may expend up to \$25,000 per fiscal year on projects approved by the District's Board without AHS consent.

Insurance – The District is to maintain Hospital All Risk Property Program (HARPP) coverage for Alameda Hospital. Current cost is approximately \$140,000 per year.

City of Alameda Health Care District
Categorization of Budget Dollars - Excluding COP-Related Costs

Budget Account	Description	Required	Optional
1. Staffing	Employee salary, benefits, taxes	X	
2. Insurance	9 separate insurance policies	X	
3. Legal/Professional Fees	Tom Driscoll, BBK, GRSM	X	
4. Dues and Subscriptions			
a. CSDA Yearly Membership	Special District legislative advocate		X
b. City of Alameda Rent Program	Fee mandatory for Jaber residential rental property	X	
c. ACHD Yearly Membership	Health Care District specific/training		X
d. Alameda West Lagoon HOA	Mandatory fee	X	
5. Board Stipends		X	
6. Purchased Services			
a. Zoom	Online meeting tool; Board meetings	X	
b. Website Hosting (Streamline)	District website and upgrade for visually impaired	X	
c. Quickbooks	Online accounting and check generating service	X	
d. Google G Suite	District email and shared drive vendor	X	
7. Internet/Phone	Internet and phone service for Park St. office	X	
8. Travel			
a. ACHD Annual Conference	Educational and training event		X
b. CSDA Special District Event	Legislative event in Sacramento; Meet legislators		X
9. Food/Meals			
a. Board Meetings		X	
b. Special Board Events			X
c. Other Meetings	Lunch meetings - Board members, Chamber CEO		X
10. Accounting Fees			
a. Accountant	Manages monthly and annual closing of books	X	
b. Auditor	Required annual audit	X	

Budget Account	Description	Required	Optional
11. Education and Conference Fees			
a. ACHD Annual Conference	Educational and training event		X
b. Board Retreat	Optional		X
c. ABL (won't be renewing)	Industry group		X
12. Community Involvement/Promotion			
a. Trolley - 4th of July	Rental of trolley - community visibility		X
b. Art and Wine Festival			X
c. DABA Spring Markjet			X
d. Chamber of Commerce Donation	Chamber membership		X
e. Unspecified - New			X
12. Direct Contributions			
a. Boys/Girls Club			X
b. Alameda Hospital Foundation			X
c. AHS Foundation Event			X
d. Other Unspecified Donations			X
13. Office Supplies	Printer paper, printer ink, other supplies	X	
14. Building Lease	Park Avenue office	X	
15. Bank of Marin Loan Payment		X	
16. Building Depreciation		X	
17. Equipment Depreciation		X	
18. Miscellaneous Expense			
a. Parking			X
b. Board Gifts			X
c. Other			X

City of Alameda Health Care District
Categorization of Budget Dollars - Excluding COP-Related Costs

Budget Account	Required	Optional	FY 26-27 Budget	FY 25-26 Budget	Change	FY 26-27 Required	FY 26-27 Optional
Staffing	X		\$329,041	\$370,000	(\$40,959)	\$329,041	
Insurance	X		\$172,255	\$196,895	(\$24,640)	\$172,255	
Legal/Professional Fees	X		\$112,000	\$96,750	\$15,250	\$112,000	
Dues and Subscriptions							
CSDA Yearly Membership		X	\$2,000		\$2,000		\$2,000
City of Alameda Rent Program	X		\$1,500		\$1,500	\$1,500	
ACHD Yearly Membership		X	\$7,500	\$8,000	(\$500)		\$7,500
Alameda West Lagoon HOA	X		\$4,000	\$3,500	\$500	\$4,000	
Subtotal			\$15,000	\$11,500	\$3,500		
Board Stipends	X		\$4,200	\$4,200	\$0	\$4,200	
Purchased Services							
Zoom	X		\$2,640			\$2,640	
Website Hosting (Streamline)	X		\$13,584			\$13,584	
Quickbooks	X		\$3,300			\$3,300	
Google G Suite	X		\$912			\$912	
Subtotal			\$20,436	\$25,000	(\$4,564)		
Internet/Phone	X		\$3,516		\$3,516	\$3,516	
Travel							
ACHD Annual Conference (4 people)		X	\$8,000		\$8,000		\$8,000
CSDA Special District Legislative Event		X	\$1,500		\$1,500		\$1,500
Subtotal			\$9,500		\$9,500		
Food/Meals							
Board Meetings	X		\$2,500		\$2,500	\$2,500	
Special Board Event		X	\$1,000		\$1,000		\$1,000
Other Meetings		X	\$500		\$500		\$500
Subtotal			\$4,000		\$4,000		
Accounting Fees							
Accountant	X		\$20,400	\$20,000	\$400	\$20,400	
Auditor	X		\$12,700	\$13,000	(\$300)	\$12,700	
Subtotal			\$33,100	\$33,000	\$100		

Budget Account	Required	Optional	FY 26-27 Budget	FY 25-26 Budget	Change	FY 26-27 Required	FY 26-27 Optional
Education and Conference Fees							
ACHD Annual Conference		X	\$4,550				\$4,550
Board Retreat		X	\$9,000				\$9,000
ABL (won't be renewing)		X	\$3,500				\$3,500
Subtotal			\$17,050	\$15,000	\$2,050		
Community Involvement/Promotion							
Trolley - 4th of July		X	\$3,990		\$3,990		\$3,990
Art and Wine Festival		X	\$500		\$500		\$500
DABA Spring Markjet		X	\$500		\$500		\$500
Chamber of Commerce Donation		X	\$10,000	\$10,000	\$0		\$10,000
Unspecified - New		X	\$10,000	\$35,000	(\$25,000)		\$10,000
Subtotal			\$24,990	\$45,000	(\$20,010)		
Direct Contributions							
Boys/Girls Club		X	\$2,500				\$2,500
Alameda Hospital Foundation		X	\$500				\$500
AHS Foundation Event		X	\$5,000				\$5,000
Other Unspecified Donation		X	\$12,000				\$12,000
Subtotal			\$20,000	\$15,000	\$5,000		
Office Supplies	X		\$5,000	\$10,000	(\$5,000)	\$5,000	
Building Lease	X		\$25,056	\$24,000	\$1,056	\$25,056	
Bank of Marin Loan Payment	X		\$45,000	\$48,000	(\$3,000)	\$45,000	
Building Depreciation	X		\$126,552	\$131,000	(\$4,448)	\$126,552	
Equipment Depreciation	X		\$948	\$0	\$948	\$948	
Miscellaneous Expense							
Parking		X	\$1,000				\$1,000
Board Gifts		X	\$1,500				\$1,500
Other		X	\$1,500				\$1,500
Subtotal			\$4,000	\$20,000	(\$16,000)		
Grand Total			\$971,644	\$1,045,345	(\$73,701)	\$885,104	\$86,540