City of Alameda
Health Care District

PUBLIC NOTICE

CLOSED SESSION @ 4:30 PM - OPEN SESSION @ 5:30 PM

OPEN SESSION AGENDA
MONDAY, NOVEMBER 9, 2026 @ 5:30 PM
LOCATION: 2070 CLINTON AVE. ALAMEDA, CA 94501
ALAMEDA HOSPITAL - CONFERENCE ROOM A

Join Zoom Meeting
https://us02web.zoom.us/j/83763912670?pwd=PYiD1Ue5K0RCsLnWrHf1YrZWUOXybU.1
Meeting ID: 837 6391 2670
Passcode: 281022

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.

1. Call to Order — Jeff Cambra, President

2. Roll Call — Alixandria Williams, District Clerk
   Mr. Sayen present via teleconference from 2936 S. Kihei Rd. #402 Kihei, HI 96753

   Ms. Codiga present via teleconference from 3403 Keanu St. Honolulu, HI 96816

3. General Public Comments

4. **ADJOURN INTO EXECUTIVE CLOSED SESSION** — H & S Code, Sec. 54957
   A. Executive Director Evaluation

OPEN SESSION AGENDA

1. Call to Order — Jeff Cambra, President

2. Roll Call/ General Public Comments — Alixandria Williams, District Clerk

3. Report from Closed Session and Compensation Discussion — Jeff Cambra, President

A. GUEST PRESENTATIONS

1. FY 25-26 Financial Audit — Rick Jackson, JWT
   ENCLOSURE (Pages 4 - 26)

2. Alameda Hospital CT Scanner Replacement Strategy — Fredrick D. Lee II, System Director
   VERBAL UPDATE

B. AHS REPORTS

1. Alameda Hospital Updates — Salma Adin, VP Patient Care
   VERBAL UPDATE

2. Post Acute Services Update — Richard Espinoza, CAO – Post Acute Services
   ENCLOSURE (Pages 27 - 34)

3. AH/ AHS Finance Report — Grace Mesina, Director of Finance
   ENCLOSURE (Pages 35 – 55)

4. Alameda Hospital Medical Staff Update — Dr. Masana Kalluri, Chief of Staff AH
   VERBAL UPDATE

C. DISTRICT AND OPERATIONAL UPDATES

1. President's Report — Jeff Cambra, President
   ENCLOSURE (Page 56)

2. Executive Director's Report — Peter Hohl, Executive Director
   ENCLOSURE (Pages 57 - 65)

3. Seismic Update — Kristen Thorson, Porter Consulting
   ENCLOSURE (PAGES 66 - 70)

4. Alameda Hospital Liaison Report — Robert Deutsch, Secretary
   VERBAL UPDATE

5. AHS Board Liaison Report — David Sayen, AHS Liaison
   VERBAL UPDATE

6. Communications Subcommittee — Jeff Cambra, President
   ENCLOSURE (Page 71)

7. Property Oversight Committee — Jeff Cambra, President
   ENCLOSURE (Page 72)

D. CONSENT AGENDA

1. Acceptance of Sep. 14 and Oct. 13, 2026 Meeting Minutes — Jeff Cambra, President
   ENCLOSURE (Pages 73 - 81)

2. Acceptance of July - September 2026 Financial Statements — Jeff Cambra, President
   ENCLOSURE (Pages 82 - 105)

E. ACTION ITEMS

1. FY 25 -26 Financial Audit — Jeff Cambra, President
   ENCLOSURE (Page 106)

2. Porter Contract Extension — Peter Hohl, Executive Director
   ENCLOSURE (Pages 107 - 111)

3. AHS Parcel Tax Reconciliation — Peter Hohl, Executive Director
   ENCLOSURE (Pages 112 - 113)

4. Overaa Façade Support — Peter Hohl, Executive Director
   ENCLOSURE (114 - 118)

5. Approve exercising Bid Alternate 4D-1 for Project 9, SPC4D Retrofit, with C.Overaa &Co. — Peter Hohl, Executive Director
   ENCLOSURE (Pages 119 - 120)

6. Ratcliff Façade Support — Peter Hohl, Executive Director
   ENCLOSURE (Pages 121 - 122)

7. Moving and Storage Bid Award — Peter Hohl, Executive Director
   ENCLOSURE (Pages 123 - 124)

8. Review of CY 2027 Meeting Dates — Alixandria Williams, District Clerk
   ENCLOSURE (Page 125)

F. NEXT MEETING DATE/ PREVIEW

1. January 11, 2027 @ 5:30 pm
2. Acceptance of November 9, 2026 Meeting Mins
3. Acceptance of October - November 2026 Financial Statements
4. Election of Officers and Liaisons

Audited Financial Statements

CITY OF ALAMEDA
HEALTH CARE DISTRICT

June 30, 2026

Audited Financial Statements

CITY OF ALAMEDA HEALTH CARE DISTRICT

June 30, 2026

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Management's Discussion and Analysis

CITY OF ALAMEDA HEALTH CARE DISTRICT

June 30, 2026

The District Clerk and Treasurer of the City of Alameda Health Care District (the District) has prepared this annual discussion and analysis in order to provide an overview of the District's performance for the fiscal year ended June 30, 2026 in accordance with the Governmental Accounting Standards Board Statement No. 34, *Basic Financials Statements; Management's Discussion and Analysis for State and Local Governments.* The intent of this document is to provide additional information on the District's historical financial performance as a whole in addition to providing a prospective look at revenue growth, operating expenses, and capital development plans. This discussion should be reviewed in conjunction with the audited financial statements for the fiscal year ended June 30, 2026 and accompanying notes to the financial statements to enhance one's understanding of the District's financial performance.

Financial Highlights

For the year of operations ending June 30, 2026, the District received $6,090,603 million in parcel taxes from the County of Alameda and $219,960 in rental income. The prior year taxes were $6,077,609 and rental income of $221,074.

Total District expenses for 2026 were $1,918,486, comprised of: $174,507 in depreciation and amortization, $706,839 in interest expense, $161,243 in professional fees, $189,531 in insurance, $468,856 in director and assistant fees, and $217,510 in various other types of expenses. Transfers to the Alameda Health System were $4.1 million, leaving the District with an increase in net position for the year of $838,372.

Total District expenses for 2026 were $2,558,059, comprised of: $171,295 in depreciation and amortization, $608,720 in interest expense due mainly to the new bonds, $973,175 in professional fees, again due mainly to the new bonds, $189,993 in insurance, $356,329 in director and assistant fees, and $258,547 in various other types of expenses. Transfers to the Alameda Health System were $2.5 million, leaving the District with an increase in net position for the year of $1,681,367.

The District continues to operate as a health care district which allows for the continued collection of parcel taxes and certain rental income from which the District will pay operating expenses. Excess earnings are remitted to Alameda Health System (AHS) in order to support the operations of the Alameda Hospital by AHS.

Statements of Net Position

As of June 30, 2026, the District's current assets of $3,512,046 are comprised of $3,019,697 in operating cash, $347,036 in parcel taxes and short-term lease receivables and $145,313 in prepaid assets and deposits. Other assets include cash and cash equivalents of $11,085,906 which are restricted for specific purposes, $7,197,873 of capital assets, net of accumulated depreciation and $39,942 in long-term lease receivables. Current liabilities of $621,756 include $332,380 of current maturities of debt borrowings and $289,376 of various accounts payable and accrued interest payable related to the new bonds. Long-term debt borrowings amounted to $14,895,501, and finally deferred inflows of resources were $35,037.

As of June 30, 2025, the District's current assets of $3,229,073 are comprised of $2,864,930 in operating cash, $349,607 in parcel taxes and short-term lease receivables and $14,536 in prepaid assets and deposits. Other assets include cash and cash equivalents of $13,880,504 which are restricted for specific purposes, $4,210,271 of capital assets, net of accumulated depreciation and $84,971 in long-term lease receivables. Current liabilities of $599,459 include $318,832 of current maturities of debt borrowings and $280,627 of various accounts payable and accrued interest payable related to the new bonds. Long-term debt borrowings amounted to $15,283,177, again due mainly to the new bond issue of $13.5 million, and finally deferred inflows of resources were $77,082.

Statements of Revenues, Expenses and Changes in Net Position

For the year ended June 30, 2026 and 2025, the District realized an increase in net position of $838,372 and an increase in net position of $1,681,267, respectively. The 2026 year approximated budget and expectations.

Next Year's Budget

The District annual budget for 2027 approximates the 2026 results. Excess earnings will continue to be remitted to AHS to help support the operations of the Alameda Hospital, formerly operated by the District.

JWT & Associates, LLP

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Report of Independent Auditors

The Board of Directors
City of Alameda Health Care District
Alameda, California

Opinion

We have audited the accompanying financial statements of the City of Alameda Health Care District (the District) as of and for the years ended June 30, 2026 and 2025, and the related notes to the financial statements, which collectively comprise the District's basic financial statements as listed in the table of contents.

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of the District as of June 30, 2026 and 2025, and the changes in financial position and its cash flows for the years then ended in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in *Government Auditing Standards*, issued by the Comptroller General of the United States. Our responsibilities under those standards are further described in the *Auditor's Responsibilities for the Audit of the Financial Statements* section of our report. We are required to be independent of the District and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about the District's ability to continue as a going concern for twelve months beyond the financial statement date, including any currently known information that may raise substantial doubt shortly thereafter.

Auditor's Responsibilities for the Audit of the Financial Statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but it is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with generally accepted auditing standards and *Government Auditing Standards* will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements, including omissions, are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgement made by a reasonable user based on the financial statements.

In performing an audit in accordance with generally accepted auditing standards and *Government Auditing Standards*, we:

- Exercise professional judgement and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the District's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgement, there are conditions or events, considered in the aggregate, that raise substantial doubt about the District's ability to continue as a going concern.

We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit, significant audit findings, and certain internal control related matters that we identified during the audit.

Required Supplementary Information

Accounting principles generally accepted in the United States of America require that the management's discussion and analysis be presented to supplement the basic financial statements. Such information is the responsibility of management and, although not a part of the basic financial statements, is required by the Governmental Accounting Standards Board, who considers it to be an essential part of financial reporting for placing the basic financial statements in an appropriate operational, economic, or historical context. We have applied certain limited procedures to the required supplementary information in accordance with auditing standards generally accepted in the United States of America *Government Auditing Standards*, which consisted of inquiries of management about the methods of preparing the information and comparing the information for consistency with management's responses to our inquiries, the basic financial statements, and other knowledge we obtained during our audit of the basic financial statements. We do not express an opinion or provide any assurance on the information because the limited procedures do not provide us with sufficient evidence to express an opinion or provide any assurance.

Other Reporting Required by Governmental Auditing Standards

In accordance with *Government Auditing Standards*, we have also issued our report dated September 15, 2026, on our consideration of the District's internal control over financial reporting and on our tests of its compliance with certain provisions of laws, regulations, contracts, and grant agreements and other matters. The purpose of that report is solely to describe the scope of our testing of internal control over financial reporting and compliance and the results of that testing, and not to provide an opinion on the effectiveness of the District's internal control over financial reporting or on compliance. That report is an integral part of an audit performed in accordance with *Government Auditing Standards* in considering the District's internal control over financial reporting and compliance.

JJW & Associates, LLP

Fresno, California
September 15, 2026

Statements of Net Position

CITY OF ALAMEDA HEALTH CARE DISTRICT

	June 30	
	2026	2025
Assets		
Current assets:		
Cash and cash equivalents	$ 3,019,697	$ 2,864,930
Other receivables	347,036	349,607
Prepaid expenses and deposits	145,313	14,536
Total current assets	3,512,046	3,229,073
Assets limited as to use	11,085,906	13,880,504
Capital assets, net of accumulated depreciation	7,197,873	4,210,271
Long-term lease receivable	39,942	84,971
	$ 21,835,767	$ 21,404,819
Liabilities		
Current liabilities:		
Current maturities of debt borrowings	$ 332,380	$ 318,832
Accounts payable and accrued expenses	289,376	280,627
Total current liabilities	621,756	599,459
Debt borrowings, net of current maturities	14,895,501	15,283,177
Total liabilities	15,517,257	15,882,636
Deferred inflows of resources	35,037	77,082
Net position		
Invested in capital assets, net of related debt	3,176,200	2,591,671
Restricted, by contributors	1,253,937	1,330,655
Unrestricted	1,853,336	1,522,775
Total net position	6,283,473	5,445,101
	$ 21,835,767	$ 21,404,819

See accompanying notes and auditor's report

Statements of Revenues, Expenses and Changes in Net Position

CITY OF ALAMEDA HEALTH CARE DISTRICT

	Year Ended June 30	
	2026	2025
Operating revenues		
Rent and other operating revenue	$ 219,960	$ 221,074
Total operating revenues	219,960	221,074
Operating expenses		
Professional fees	630,099	1,329,504
Supplies	10,284	19,104
Purchased services	98,127	57,248
Building and equipment rent	27,489	27,748
Utilities and phone	21,518	17,390
Insurance	189,531	189,993
Depreciation and amortization	174,507	171,295
Other operating expenses	60,092	137,057
Total operating expenses	1,211,647	1,949,339
Operating loss	(991,687)	(1,728,265)
Nonoperating revenues (expenses)		
District tax revenues and related interest income	6,090,603	6,077,609
Interest income	467,045	490,070
Interest expense	(706,839)	(608,720)
Transfers to AHS	(4,020,750)	(2,549,327)
Total nonoperating revenues (expenses)	1,830,059	3,409,632
Increase (decrease) in net position	838,372	1,681,367
Net position at beginning of the year	5,445,101	3,763,734
Net position at end of the year	$ 6,283,473	$ 5,445,101

See accompanying notes and auditor's report

Statements of Cash Flows

CITY OF ALAMEDA HEALTH CARE DISTRICT

	Year Ended June 30	
	2026	2025
Cash flows from operating activities:		
Cash received from operations	$ 225,515	$ 176,221
Cash payments to suppliers and contractors	(1,159,167)	(1,364,217)
Net cash (used in) operating activities	(933,652)	(1,187,996)
Cash flows from noncapital financing activities:		
District tax revenues	6,090,603	6,077,609
Transfers to AHS	(4,020,750)	(2,549,327)
Net cash provided by noncapital financing activities	2,069,853	3,528,282
Cash flows from capital financing activities:		
Purchases of capital assets and other	(3,162,110)	(864,615)
Proceeds from debt borrowings		13,500,000
Principal payments on debt borrowings	(374,128)	(134,052)
Interest payments on debt borrowings	(706,839)	(608,420)
Net cash (used in) capital financing activities	(4,243,077)	11,892,913
Cash flows from investing activities:		
Interest income	467,045	490,070
Net change in assets limited as to use	2,794,598	(13,183,097
Net cash (used in) investing activities	3,261,643	(12,693,027)
Net increase (decrease) in cash and cash equivalents	154,767	1,540,172
Cash and cash equivalents at beginning of year	2,864,930	1,324,758
Cash and cash equivalents at end of year	$ 3,019,697	$ 2,864,930

See accompanying notes and auditor's report

Statements of Cash Flows (continued)

CITY OF ALAMEDA HEALTH CARE DISTRICT

	Year Ended June 30	
	2026	2025
Reconciliation of operating income to net cash provided by operating activities:		
Operating (loss)	$ (991,687)	$ (1,728,265)
Adjustments to reconcile operating income to net cash provided by (used in) operating activities:		
Depreciation and amortization	174,507	171,295
Changes in operating assets and liabilities:		
Other receivables	2,572	(2,894)
Prepaid expenses and deposits	(130,777)	151,017
Long-term lease receivable	45,029	42,131
Accounts payable and accrued expenses	8,729	262,810
Deferred inflows of resources	(42,045)	(84,090)
Net cash (used in) operating activities	$ (933,672)	$ (1,187,996)

See accompanying notes and auditor's report

NOTE A - ORGANIZATION AND ACCOUNTING POLICIES

Reporting Entity: The City of Alameda Health Care District, (d.b.a. Alameda District), heretofore referred to as (the District) is a public entity organized under Local District District Law as set forth in the Health and Safety Code of the State of California. The District is a political subdivision of the State of California and is generally not subject to federal or state income taxes. The District is governed by a five-member Board of Directors, elected from within the boundaries of the health care district to specified terms of office. The District is located in Alameda, California.

Through April 30, 2014, the District operated Alameda Hospital (the Hospital), which comprised a 100-bed acute care facility, a 35-bed sub acute unit within the Hospital, a 26-bed skilled nursing facility adjacent to the Hospital campus and another 120-bed skilled nursing facility near the Hospital campus which the District took over operations of in August, 2012. Effective May 1, 2014, operations of the Hospital were turned over to the Alameda Health System (AHS), a public hospital authority created by the Alameda County Board of Supervisors, through a joint powers agreement (the affiliation agreement). Through this affiliation with AHS, the District continues to provide health care services primarily to individuals who reside in the local geographic area.

Basis of Preparation: The accounting policies and financial statements of the District generally conform with the recommendations of the audit and accounting guide, *Health Care Organizations*, published by the American Institute of Certified Public Accountants. The financial statements are presented in accordance with the pronouncements of the Governmental Accounting Standards Board (GASB). For purposes of presentation, transactions deemed by management to be ongoing, major or central to the provision of health care services are reported as operational revenues and expenses.

The District uses enterprise fund accounting. Revenues and expenses are recognized on the accrual basis using the economic resources measurement focus. Based on GASB Statement Number 20, *Accounting and Financial Reporting for Proprietary Funds and Other Governmental Entities That Use Proprietary Fund Accounting*, as amended, the District has elected to apply the provisions of all relevant pronouncements of the Financial Accounting Standards Board (FASB) that do not conflict with or contradict GASB pronouncements.

Management's Discussion and Analysis: The management's discussion and analysis is a narrative introduction and analytical overview of the District's financial activities for the year being presented. This analysis is similar to the analysis provided in the annual reports of organizations in the private sector. As stated in the opinion letter, the management's discussion and analysis is not a required part of the financial statements but is supplementary information and therefore not subject to audit procedures or the expression of an opinion on it by auditors.

NOTE A - ORGANIZATION AND ACCOUNTING POLICIES (continued)

Use of Estimates: The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amount of revenues and expenses during the reporting period. Actual results could differ from those estimates.

Cash and Cash Equivalents: The District considers cash and cash equivalents to include certain investments in highly liquid debt instruments, when present, with an original maturity of a short-term nature or subject to withdrawal upon request. Exceptions are for those investments which are intended to be continuously invested. Investments in debt securities are reported at market value. Interest, dividends and both unrealized and realized gains and losses on investments are included as investment income in nonoperating revenues when earned.

Assets Limited as to Use: Assets limited as to use include contributor restricted funds, amounts designated by the Board of Directors for replacement or purchases of capital assets, and other specific purposes, and amounts held by trustees under specified agreements. Assets limited as to use consist primarily of deposits on hand with local banking and investment institutions, and bond trustees.

Risk Management: The District is exposed to various risks of loss from torts; theft of, damage to, and destruction of assets; business interruption; errors and omissions; employee injuries and illnesses; natural disasters; and medical malpractice. Commercial insurance coverage is purchased for claims arising from such matters.

Capital Assets: Capital assets consist of property and equipment and are reported on the basis of cost, or in the case of donated items, on the basis of fair market value at the date of donation. Routine maintenance and repairs are charged to expense as incurred. Expenditures which increase values, change capacities, or extend useful lives are capitalized. Depreciation of property and equipment and amortization of property under capital leases are computed by the straight-line method for both financial reporting and cost reimbursement purposes over the estimated useful lives of the assets, which range from 10 to 40 years for buildings and improvements, and 3 to 10 years for major moveable equipment. The District periodically reviews its capital assets for value impairment.

Net Position: Net position is presented in three categories. The first category is net position "invested in capital assets, net of related debt". This category of net position consists of capital assets (both restricted and unrestricted), net of accumulated depreciation and reduced by the outstanding principal balances of any debt borrowings that were attributable to the acquisition, construction, or improvement of those capital assets. The second category is "restricted" net position. This category consists of externally designated constraints placed on those net position by creditors (such as through debt covenants), grantors, contributors, law or regulations of other governments or government agencies, or law or constitutional provisions or enabling legislation. The third category is "unrestricted" net position. This category consists of net position that does not meet the definition or criteria of the previous two categories.

NOTE A - ORGANIZATION AND ACCOUNTING POLICIES (continued)

District Tax Revenues: The District receives most of its financial support from parcel taxes. These funds are used to support operations and meet required debt service agreements. They are classified as non-operating revenue as the revenue is not directly linked to patient care. Parcel taxes are levied by the County on the District's behalf during the year, and are intended to help finance the District's activities during the same year. The County has established certain dates to levy, lien, mail bills, and receive payments from property owners during the year. Parcel taxes are considered delinquent on the day following each payment due date. Property taxes are considered delinquent on the day following each payment date. Those dates are: (1) lien date of January 1; (2) due dates of November 1 and February 1; and (3) delinquent dates of December 10 and April 10.

Operating Revenues and Expenses: The District's statement of revenues, expenses and changes in net position distinguishes between operating and nonoperating revenues and expenses. Operating revenues result from exchange transactions associated with providing health care services, which is the District's principal activity. Operating expenses are all expenses incurred to provide health care services, other than financing costs. Nonoperating revenues and expenses are those transactions not considered directly linked to providing health care services.

NOTE B - CASH AND CASH EQUIVALENTS

As of June 30, 2026 and 2025 the District had deposits invested in various financial institutions in the form of cash and cash equivalents in the amounts of $3,794,172 and $3,712,895 respectively. All of these funds were held in deposits, which are collateralized in accordance with the California Government Code (CGC), except for $250,000 per account that is federally insured. The CGC and the District's investment policy do not contain legal or policy requirements that would limit the exposure to custodial risk for deposits. Custodial risk for deposits is the risk that, in the event of the failure of a depository financial institution, the District would not be able to recover its deposits or will not be able to recover collateral securities that are in possession of an outside party. Under the provisions of the CGC, California banks and savings and loan associations are required to secure the District's deposits by pledging government securities as collateral. The market value of pledged securities must equal at least 110% of the District's deposits. California law also allows financial institutions to secure District deposits by pledging first trust deed mortgage notes having a value of 150% of the District's total deposits. The pledged securities are held by the pledging financial institution's trust department in the name of the District.

NOTE C - CONCENTRATION OF CREDIT RISK

District Tax Revenues : The District receives approximately 90% of their revenues from the County of Alameda under the parcel taxing program. These funds are used to support operations and meet required debt service agreements. Parcel taxes are levied by the County on the District's behalf during the year. Parcel taxes are secured by properties within the District, management believes that there is no credit risk associated with these parcel taxes.

Financial Instruments: Financial instruments, potentially subjecting the District to concentrations of credit risk, consist primarily of bank deposits in excess of the Federal Deposit Insurance Corporation (FDIC) limits of $250,000. Although deposits exceed the limit in certain bank accounts, management believes that the risk of loss is minimal due to the quality of the bank the District deals with. Management further believes that there is no risk of material loss due to concentration of credit risk with regards to investments as these are in a trust fund as of June 30, 2026 and 2025.

NOTE D - OTHER RECEIVABLES

Other receivables as were comprised of Alameda County parcel taxes in the amounts of $302,008 and $307,476 as of June 30, 2026 and 2025, respectively. They also included $45,028 and $42,130 of short term lease receivable as of June 30, 2026 and 2025, respectively.

NOTE E - ASSETS LIMITED AS TO USE

Assets limited as to use are related to the Jaber agreement as described in Note F and were comprised of cash and cash equivalents in the amounts of $774,475 and $847,965 as of June 30, 2026 and 2025, respectively. They also include trust funds of $10,311,431 and $13,032,539 as of June 30, 2026 and 2025, respectively**.**

NOTE F - RELATED PARTY TRANSACTIONS

The Alameda Hospital Foundation (the Foundation), has been established as a nonprofit public benefit corporation under the Internal Revenue Code Section 501 c (3) to solicit contributions on behalf of the District. Substantially all funds raised except for funds required for operation of the Foundation, are distributed to the District or held for the benefit of the District. The Foundation's funds, which represent the Foundation's unrestricted resources, are distributed to the District in amounts and in period determined by the Foundation's Board of Trustees, who may also restrict the use of funds for District property and equipment replacement or expansion, reimbursement of expenses, or other specific purposes. Effective May 1, 2014, any further donations by the Foundation will be made directly to AHS according to the affiliation agreement. The Foundation is not considered a component unit of the District as the Foundation, in the absence of donor restrictions, has complete and discretionary control over the amounts, the timing, and the use of its donations to the District and management does not consider the assets material.

NOTE G - CAPITAL ASSETS

The District received two parcels of improved rental-real estate by court order dated December 3, 2003, pursuant to the terms of the Alice M. Jaber 1992 Trust. As successor to the former non-profit Alameda Hospital, the District has agreed to abide by the terms of the Trust Agreement. The Trust Agreement and the will of Alice M. Jaber require the District to account for the property as part of the Abraham Jaber and Mary A. Jaber Memorial Fund. Among other things, the District is prohibited from selling all or any portion of the parcels received until after the death of certain named family members and, if the property is sold, it may not be sold to any descendant, spouse or relative to the third degree of any such descendant of a named family member. The net carrying value of this property is $740,900 and $740,900 at June 30, 2026 and 2025, respectively. Capital assets as of June 30, 2026 and 2025 were comprised of the following:

	Balance at June 30, 2025	Adjustments & Additions	Retirements	Balance at June 30, 2026
Land and land improvements	$ 1,376,954			$ 1,376,954
Buildings and improvements	25,658,044	$ 58,338		25,716,382
Equipment	3,747,274			3,747,274
Construction-in-progress	2,297,875	3,103,771		5,401,646
Totals at historical cost	33,080,147	3,162,109		36,242,256
Less accumulated depreciation	(28,869,876)	(174,507)		(29,044,383)
Capital assets, net	$ 4,210,271	$ 2,987,602	$	$ 7,197,873

	Balance at June 30, 2024	Adjustments & Additions	Retirements	Balance at June 30, 2025
Land and land improvements	$ 1,376,954			$ 1,376,954
Buildings and improvements	25,658,044			25,658,044
Equipment	3,747,274			3,747,274
Construction-in-progress		$ 2,297,875		2,297,875
Totals at historical cost	30,782,272	2,297,875		33,080,147
Less accumulated depreciation	(28,698,581)	(171,295)		(28,869,876)
Capital assets, net	$ 2,083,691	$ 2,126,580	$	$ 4,210,271

NOTE H - DEBT BORROWINGS

As of June 30, 2026 and 2025 debt borrowings were as follows:

	2026	2025
City of Alameda Health Care District Certificates of Participation, Series A, interest at 5%, principal and interest due semi-annually each March 15th and September 15th; final payment due September 15th, 2049; secured by District parcel taxes:	$ 13,100,000	$ 13,390,000
Related bond premium to the Certificates of Participation, net of accumulated accretion	1,374,238	1,433,560
Note payable to a bank; principal and interest at 5.75% due in monthly installments of $5,833 through April 15, 2033; collateralized by District property:	753,643	778,449
	15,227,881	15,602,009
Less current maturities of debt borrowings	(332,380)	(318,832)
	$ 14,895,501	$ 15,283,177

Future principal maturities for debt borrowings for the next succeeding years are approximately: $332,380 in 2027; $343,997 in 2028; $365,709 in 2029; $387,522 in 2030; and $404,442 in 2031

NOTE I - COMMITMENTS AND CONTINGENCIES

Operating Leases: The District leases various equipment and facilities under operating leases expiring at various dates. Total building and equipment rent expense for the years ended June 30, 2026 and 2025, were $27,489 and $27,748, respectively. Future minimum lease payments for the succeeding years under operating leases as of June 30, 2026 and 2025 are not considered material as AHS has assumed responsibility for the significant leases associated with patient care effective May 1, 2014 according to the affiliation agreement. Other District lease or rent agreements that have initial or remaining lease terms in excess of one year are not considered material.

Litigation: The District may from time-to-time be involved in litigation and regulatory investigations which arise in the normal course of doing business. After consultation with legal counsel, management estimates that matters existing as of June 30, 2026 will be resolved without material adverse effect on the District's future financial position, results from operations or cash flows.

Risk Management Insurance Programs: AHS has assumed responsibility for all employee-related insurance programs effective May 1, 2014. The District has purchased tail coverage on other specific types of insurance where appropriate in conjunction with the affiliation agreement in order to prevent any lapse in coverage.

NOTE J - AFFILIATION AGREEMENT

District management had ongoing financial challenges operating a small general acute care District with 24-hour emergency services in this very competitive health care environment. The current and future changes brought about by healthcare reform at both the State and Federal levels, as well as other regulatory requirements and reimbursement reductions greatly compounded the challenges facing the District. Furthermore, the District was in need of capital resources to assist with required seismic retrofits, electronic health record implementation and other deferred facility and equipment replacements. Due to this situation, the District Board of Directors executed an affiliation agreement with a local health care system during the year ended June 30, 2014.

Effective May 1, 2014, operations of the Hospital were turned over to the Alameda Health System (AHS), a public hospital authority created by the Alameda County Board of Supervisors through a joint powers agreement. The agreement called for the transfer of specific assets and liabilities of the District to AHS which were related to the operations of the Alameda Hospital. The District maintained ownership of the Alameda Hospital land and real property (buildings and fixed equipment). The transfer included, without limitation, all cash and other deposits, accounts receivable, personal property (including all supplies, equipment and other fixed assets), intangible property, contractual rights, licenses, intellectual property and claims and causes of action, together with all the rights and privileges in any way belonging thereto, free and clear of all encumbrances. Through this affiliation, the District will continue to support the providing of health care services to those individuals, primarily, who reside in the local geographic area.

Transfers made to AHS related to this affiliation agreement for the year ended June 30, 2026 and 2025 amounted to $4,020,750 and $2,549,327, respectively.

NOTE K - LEASES

As of July 1, 2021 the District adopted the Governmental Accounting Standards Board (GASB) 87 requiring certain changes in the way the District accounted for leases, both as a lessee and as a lessor.

Lessor: The District leases the certain properties to a third party under an operating lease. Lease commencement occurs on the date the District third party takes possession or control of the properties. Original terms for the lease is 5 years. This lease contains an option to extend for another 5 years. The lease also contains an option to terminate the lease at the end of five years, with a written notice. For purposes of lease calculations for this operating lease, it is assumed that the termination clause would not be exercised due to the significant penalty associated with the early termination conditions.

The lease does not contain a readily determinable discount rate. The estimated borrowing rate of 3.5% was used to discount the remaining cash flows for this operating lease.

NOTE K - LEASES (continued)

This lease requires payment of common area maintenance and real estate taxes which represent the majority of variable lease costs. Variable lease costs are excluded from the present value of lease obligations.

The District's lease agreement does not contain any material restrictions, covenants, or any material residual value guarantees.

Lessor-lease related assets and liabilities as of June 30, 2026 and 2025 consist of the following:

Assets:	2026	2025
Lease receivable - current portion	$ 45,028	$ 42,130
Lease receivable - long term portion	39,942	84,971
Total lease assets	$ 84,970	$ 127,101
Deferred inflows of resources		
Deferred inflows of resources	$ 77,082	$ 119,127
Total deferred inflows of resources	$ 77,082	$ 119,127

Total operating lease revenue under this lease arrangement for the years ended June 30, 2026 and 2025 was $42,045 and $42,045, respectively. Due to the change with GASB 87 there was $3,777 and $2,674 of interest income associated with the lease revenues for the years ended June 30, 2026 and 2025, respectively. The District has other operating lease revenue not subject to GASB 87 reporting requirements of $179,029 and $179,029 for the years ended June 30, 2026 and 2025, respectively.

The future minimum rental payments required under operating lease obligations as of June 30, 2026, having initial or remaining non-cancelable lease terms in excess of one year are summarized as follows:

NOTE K - LEASES (continued)

Years ending June 30,

2027	$ 47,284
2028	40,586
Total	87,870
Less: interest	(2,899)
Present value of lease liabilities	$ 84,971

The weighted average for the remaining lease term of this operating lease is 22 months and the weighted average discount rate for this operating leases is 3.5%

NOTE L -INVESTMENTS

The District's investment balances and average maturities were as follows at June 30, 2026 and 2025:

		Investment Maturities in Years		
As of June 30, 2026	Fair Value	Less than 1	1 to 5	Over 5
U.S. Money Markets (in Trust)	$ 10,311,431	$ 10,311,431	$ -0-	$ -0-
Total investments	$ 10,311,431	$ 10,311,431	$ -0-	$ -0-

		Investment Maturities in Years		
As of June 30, 2025	Fair Value	Less than 1	1 to 5	Over 5
U.S. Money Markets (in Trust)	$ 13,032,539	$ 13,032,539	$ -0-	$ -0-
Total investments	$ 13,032,539	$ 13,032,539	$ -0-	$ -0-

The District's investments are reported at fair value as previously discussed. The District's investment policy allows for various forms of investments generally held with government agencies. Policies generally identify certain provisions which address interest rate risk, credit risk and concentration of credit risk.

NOTE L -INVESTMENTS (continued)

Interest Rate Risk: Interest rate risk is the risk that changes in market interest rates will adversely affect the fair value of an investment. Generally, the longer the maturity of an investment, the greater the sensitivity of its fair value to changes in market interest rates. One of the ways a district may manage its exposure to interest rate risk is by purchasing a combination of shorter-term and longer-term investments and by timing cash flows from maturities so that a position of the portfolio is maturing or coming close to maturity evenly over time as necessary to provide the cash flow and liquidity needed for district operations. Information about the sensitivity of the fair values of the District's investments to market interest rate fluctuations is provided by the preceding schedules that shows the distribution of the District's investments by maturity.

Credit Risk: Credit risk is the risk that the issuer of an investment will not fulfill its obligation to the holder of the investment. This is measured by the assignment of a rating by a nationally recognized statistical rating organization, such as Moody's Investor Service, Inc. Generally a district's investment policy for corporate bonds and notes would be to invest in companies with total assets in excess of $500 million and having a "A" or higher rating by agencies such as Moody's or Standard and Poor's.

Custodial Credit Risk: Custodial credit risk is the risk that, in the event of the failure of the counterparty (e.g. broker-dealer), a district would not be able to recover the value of its investment or collateral securities that are in the possession of another party. A healthcare district's investments are generally held by broker-dealers or in the case of many healthcare districts, in government-pooled short-term cash equivalents such as mutual funds.

Concentration of Credit Risk: Concentration of credit risk is the risk of loss attributed to the magnitude of a district's investment in a single issuer. A district's investment policy generally allows for different concentrations in selected investment portfolios such as government-backed securities, which are deemed to be lower risk.

Investment Hierarchy - The District categorizes the fair value measurements of its investments based on the hierarchy established by generally accepted accounting principles. The fair value hierarchy, which has three levels, is based on the valuation inputs used to measure an asset's fair value: Level 1 inputs are quoted prices in active markets; Level 2 inputs are significant other observable inputs; Level 3 inputs are significant other unobservable inputs. The Hospital investments are solely measured by Level 1 inputs and does not have any investments that are measured using Level 2 or 3 inputs.

NOTE L - SUBSEQUENT EVENTS

Management evaluated the effect of subsequent events on the financial statements through September 15, 2026, the date the financial statements are issued, and determined that there are no material subsequent events that need to be disclosed.

JWT & Associates, LLP

A Certified Public Accountancy Limited Liability Partnership
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763 West Lighthouse Drive, Saratoga Springs, Utah, 84045
Cell: (559) 287-6591; Email: rjctcpa@aol.com

Independent Auditors Report on Internal Control over Financial Reporting and on Compliance and Other Matters Based on an Audit of Financial Statements Performed in Accordance with Government Auditing Standards

The Board of Directors
City of Alameda Health Care District
Alameda, California

We have audited, in accordance with the auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in *Government Auditing Standards* issued by the Comptroller General of the United States, the financial statements of the City of Alameda Health Care District (the District) as of and for the years ended June 30, 2026 and 2025, and the related notes to the financial statements, which collectively comprise the District's financial statements, and have issued our report thereon dated September 15, 2026.

Internal Control over Financial Reporting

In planning and performing our audit of the financial statements, we considered the District's internal control over financial reporting (internal control) as a basis for designing audit procedures that are appropriate in the circumstances for the purpose of expressing our opinion on the financial statements, but not for the purpose of expressing an opinion on the effectiveness of the District's internal control. Accordingly, we do not express an opinion on the effectiveness of the District's internal control.

A *deficiency in internal control* exists when the design or operation of a control does not allow management or employees, in the normal course of performing their assigned functions, to prevent, or detect and correct, misstatements on a timely basis. A *material weakness* is a deficiency, or a combination of deficiencies, in internal control, such that there is a reasonable possibility that a material misstatement of the entity's financial statements will not be prevented, or detected and corrected on a timely basis. A *significant deficiency* is a deficiency, or a combination of deficiencies, in internal control that is less severe than a material weakness, yet important enough to merit attention by those charged with governance.

Our consideration of internal control was for the limited purpose described in the first paragraph of this section and was not designed to identify all deficiencies in internal control that might be material weaknesses or significant deficiencies. Given those limitations, during our audit we did not identify any deficiencies in internal control that we consider to be material weaknesses. However, material weaknesses may exist that have not been identified.

Compliance and Other Matters

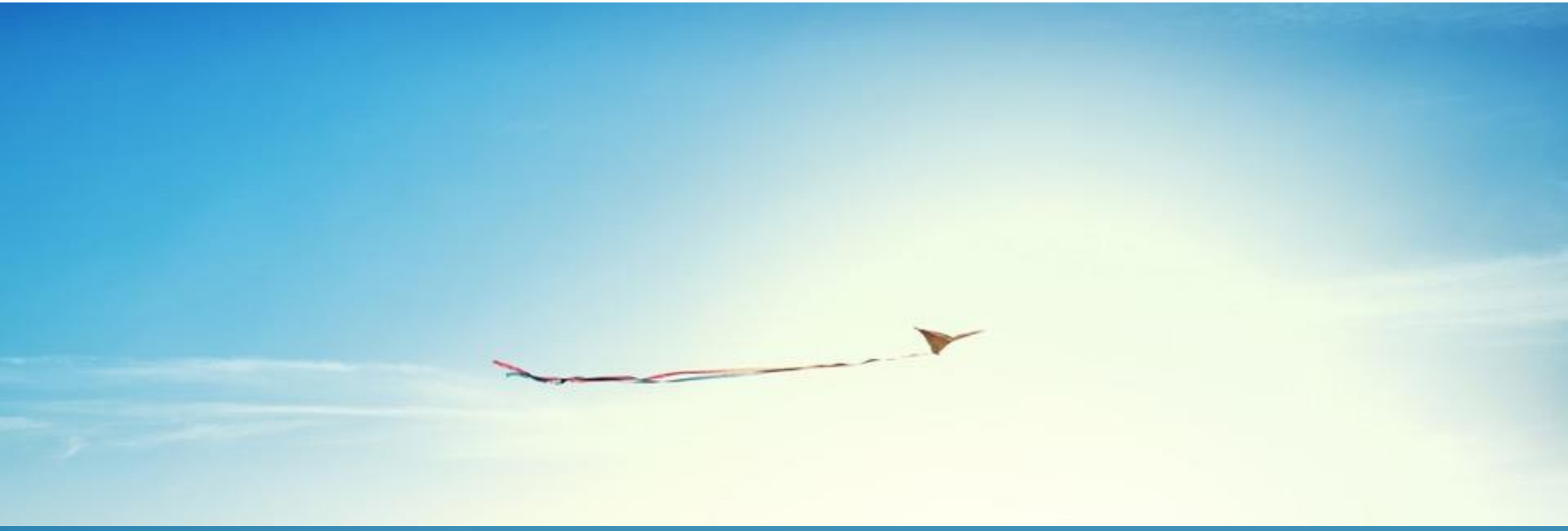
As part of obtaining reasonable assurance about whether the District's financial statements are free from material misstatement, we performed tests of its compliance with certain provisions of laws, regulations, contracts, and grant agreements, noncompliance with which could have a direct and material effect on the financial statement. However, providing an opinion on compliance with those provisions was not an objective of our audit, and accordingly, we do not express such an opinion. The results of our tests disclosed no instances of noncompliance or other matters that are required to be reported under *Government Auditing Standards*.

Purpose of this Report

The purpose of this report is solely to describe the scope of our testing of internal control and compliance and the results of that testing, and not to provide an opinion on the effectiveness of the District's internal control or on compliance. This report is an integral part of an audit performed in accordance with *Government Auditing Standards* in considering the District's internal control and compliance. Accordingly, this communication is not suitable for any other purpose.

JJW & Associates, LLP

Fresno, California
September 15, 2026



ALAMEDA HEALTH SYSTEM

Post-Acute Quality Report 11/9/26

Richard Espinoza, NHA, CAO Post-Acute Services



All sites CMS 5 Stars in Quality Measures



Care Compare Five-Star Ratings of Nursing Homes

Provider Rating Report for September 2026

Ratings for Alameda County Medical Center D/P SNF (056479) San Leandro, California			
Overall Quality	Health Inspection	Quality Measures	Staffing
★★★★★	★★★★★	★★★★★	★★★★★



Care Compare Five-Star Ratings of Nursing Homes

Provider Rating Report for September 2026

Ratings for Alameda Hospital D/P SNF (555381) Alameda, California			
Overall Quality	Health Inspection	Quality Measures	Staffing
★★★	★★	★★★★★	★★★★

ALAMEDA HEALTH SYSTEM

Health Inspection for Alameda sites

Your Health Inspection Rating

Provided below are the survey dates included in the calculation of the health inspection rating for your facility. The dates listed include standard survey dates as well as dates of complaint inspections and focused infection control inspections that resulted in deficiencies. For more detailed information about the deficiencies cited on each survey, please visit: https://data.cms.gov/provider-data/. This website updates on the same day as the Care Compare website. Any additional revisit points can be found in the 'Provider Information' table at the link provided above.

Health Inspection Surveys Weighted at 3/4 (standard survey in bold):

September 19, 2024 November 25, 2025 May 21, 2026

Health Inspection Surveys Weighted at 1/4 (standard survey in bold):

August 25, 2022 January 21, 2025

Total weighted health inspection score for your facility: 28.0

State-level Health Inspection Cut Points for California				
1 Star	2 Stars	3 Stars	4 Stars	5 Stars
>147.00	97.01-147.00	66.01-97.00	32.01-66.00	0.00-32.00

ALAMEDA HEALTH SYSTEM

September CDPH/CMS Visits

- **CDPH/CMS visits:**

  All SNF/SA sites pending annual survey

  Park Bridge sewer pipe repair complete

  All SNF sites reported the Medline recall bed to CDPH

  Zero visits to any Post-Acute sites in September

Newsweek America's Best Nursing Homes 2027

America's Best Nursing Homes 2027

Choosing a nursing home involves evaluating factors such as quality of care, services and facility size. This recognition highlights high-performing facilities nationwide using a range of quality measures and groups results by small, medium and large bed counts to enable fair comparisons. The list serves as a helpful resource for individuals and families researching nursing home options and identifying facilities that demonstrate strong performance within their size category.



Facilities 150+ certified beds

Newsweek U.S. Global Lifestyle Opinion Rankings Watch Extra Subscribe Sign In

State / Region Rank	Name	City	State / Region	Certified Beds	Medicare/Medicaid Accepted	Continuing Care Retirement Community	Resident and Family Council
1	Mission View Health Center	San Luis Obispo	California	162	Both	No	Resident
2	Alden Terrace Convalescent	Los Angeles	California	210	Both	No	Resident
3	Crestwood Manor Stockton	Stockton	California	190	Medicaid	No	Resident
4	Alamitos West Health & Rehabilitation	Los Alamitos	California	150	Both	No	Resident
5	Upland Rehabilitation & Care Center	Upland	California	206	Both	No	Resident
6	Vienna Nursing and Rehabilitation Center	Lodi	California	150	Both	No	Both
7	Villa Rancho Bernardo	San Diego	California	299	Both	No	Resident
8	Alameda Hospital Skilled Nursing Facility	Alameda	California	181	Both	No	Resident

Recognition

- Fairmont: Moved from 22nd in 2026 to 10th in 2027
- Alameda: Moved from 15th in 2026 to 8th in 2027
- (Alameda is inclusive of Park Bridge, South Shore and AH Sub-Acute)
- Years Newsweek recognized: 6 out of 8 years since Newsweek started
- 2020, 2021, 2024, 2025, 2026, and 2027
- There are approximately 1,230 nursing homes in CA

Thank you

Questions?

ALAMEDA HEALTH SYSTEM

Alameda District Board Presentation
Financials September 2026

November 9, 2026

Financial Report September 2026
Alameda District Hospital Financial Statement

in Thousands	YTD ACTUAL	YTD BUDGET	YTD VARIANCE	PYTD ACTUAL	Analysis
Operating Revenue ----------					
Gross Revenues	203,811	201,096	2,715	194,359	Increase in patient days
Deductions	172,467	168,985	3,482	162,506	
Net Patient Revenue	31,344	32,111	(767)	31,852	Due to obs days & SNF patient days being below budget offset by high acute patient days.
Collection %	***15.4%***	***16.0%***	***-0.6%***	***16.4%***	
Capitation Revenue	1,132	1,132	(0)	583	
Other Government Programs	11,636	11,227	408	9,417	AB915 (+256k) & SNF Passthrough (+202k) offset by EPP (+40k)
Other Revenues	18	724	(706)	255	County RIF funding (+711k)
Total Revenue - All Sources	**44,130**	**45,195**	**(1,065)**	**42,107**	
Operating Expenses ----------					
Salaries & Benefits	31,100	31,226	126	28,726	Salaries due to rate (+237k) & FTE (+282k) offset by registry (-211k), retirement & benefits (-181)
Purchased Sevices	1,725	1,847	122	1,678	Management services delayed billing in Accelecare Wound (+64k) and Morrison Management FNS invoices applied to Highland (+60k)
Contracted and Allocated Provider	2,260	2,213	(46)	3,748	
Materials & Supplies	2,807	2,852	45	2,634	
Facilities	2,113	1,519	(593)	1,393	Repair & maintenance facilities emergency sewerline project for PB (-579k)
Depreciation	1,078	1,180	103	1,225	
General & Administration	181	113	(68)	98	
Total Operating Expenses	**41,263**	**40,950**	**(312)**	**39,502**	
Contribution Margin	**2,867**	**4,244**	**(1,377)**	**2,606**	

Financial Report September 2026
Volume Highlights – Alameda Acute

	MONTH				YEAR-TO-DATE				PRIOR YEAR-TO-DATE		
	MTD Actual	MTD Budget	Var	% Var	YTD Actual	YTD Budget	Var	% Var	YTD PY Actual	Var	% Var
Campus: ALAMEDA											
GENERAL ACUTE											
Patient Days	957	837	120	14.4%	3,036	2,641	395	14.9%	2,667	369	13.8%
Discharges	218	199	19	9.6%	653	628	25	4.0%	688	(35)	-5.1%
OP Factor	1.9502	1.9709	0.0207	1.0%	1.8540	1.9450	0.0910	4.7%	1.8974	0.0434	2.3%
Average Daily Census	31.9	27.9	4.0	14.4%	33.0	28.7	4.3	14.9%	29.0	4.0	13.8%
Average Length of Stay	4.4	4.2	(0.2)	-4.4%	4.6	4.2	(0.4)	-10.5%	3.9	(0.8)	-19.9%
Adjusted Patient Days	1,866	1,649	217	13.2%	5,629	5,137	492	9.6%	5,060	568	11.2%
Adjusted Discharges	425	392	33	8.5%	1,211	1,221	(11)	-0.9%	1,305	(95)	-7.3%
Occupancy %	48%	42%	6%	14.4%	50%	43%	7%	14.9%	44%	6%	13.8%
Paid FTE	408	414	6	1.5%	407	407	0	0.0%	409	2	0.4%
Productive FTE	335	353	18	5.1%	335	349	14	4.0%	351	16	4.5%
Paid FTE Per AOB	6.55	7.53	0.97	12.9%	6.66	7.29	0.64	8.7%	7.44	0.78	10.5%
Worked Hours per APD	30.7	36.7	5.9	16.1%	31.3	35.7	4.4	12.4%	36.4	5.1	14.1%
Worked Hours per AD	135	154	19	12.5%	146	150	5	3.2%	141	(4)	-3.0%
Emergency Visits	1,921	1,743	178	10.2%	5,555	5,286	269	5.1%	5,286	269	5.1%
Left Without Being Seen (LWBS)	1	60	59	5900.0%	7	180	173	2471.4%	23	16	228.6%
Observation Equivalent Days	195	263	(68)	-25.9%	620	731	(111)	-15.2%	635	(15)	-2.4%
IP Surgeries	18	16	2	12.5%	59	41	18	43.9%	41	18	43.9%
OP Surgeries	2	8	(6)	-75.0%	21	14	7	50.0%	14	7	50.0%
Total Surgeries	20	24	(4)	-16.7%	80	55	25	45.5%	55	25	45.5%
CMI Alameda	1.519	1.380	0.139	10.1%	1.458	1.400	0.058	4.2%	1.400	0.058	4.2%

Financial Report September 2026
Volume Highlights – Alameda Skilled Nursing

	MONTH				YEAR-TO-DATE				PRIOR YEAR-TO-DATE		
	MTD Actual	MTD Budget	Var	% Var	YTD Actual	YTD Budget	Var	% Var	YTD PY Actual	Var	% Var
Campus: ALAMEDA											
SNF with Sub-Acute											
SNF Patient Days	4,896	5,082	(186)	-3.7%	15,078	15,586	(508)	-3.3%	15,784	(706)	-4.5%
SNF Discharges	12	10	2	15.0%	31	32	(1)	-3.1%	18	13	72.2%
Average Daily Census	163.2	169.4	(6.2)	-3.7%	163.9	169.4	(5.5)	-3.3%	171.6	(7.7)	-4.5%
Average Length of Stay	408.0	487.1	79.1	16.2%	486.4	487.1	0.8	0.2%	876.9	390.5	44.5%
Adjusted Patient Days	4,912	5,113	(201)	-3.9%	15,115	15,681	(566)	-3.6%	15,904	(789)	-5.0%
Adjusted Discharges	12	10	2	14.7%	31	32	(1)	-3.5%	18	13	71.3%
Occupancy %	90%	94%	0%	0.0%	91%	94%	0%	0.0%	95%	0%	0.0%
Bed Holds	57	48	9	19.1%	191	147	44	30.2%	38	153	402.6%
Paid FTE	248	218	(30)	-13.5%	224	218	(7)	-3.0%	222	(2)	-1.0%
Productive FTE	172	191	19	10.1%	170	191	21	10.9%	198	28	14.2%
Paid FTE per AOB	1.51	1.28	(0.23)	-18.2%	1.36	1.28	(0.09)	-6.9%	1.28	(0.08)	-6.3%
Worked Hours per APD	6.0	6.4	0.4	6.4%	5.9	6.4	0.5	7.6%	6.5	0.6	9.7%
Worked Hours per AD	2,446	3,120	674	21.6%	2,875	3,116	241	7.7%	5,739	2,864	49.9%

Financial Report September MTD 2026
Volume Highlights

- Alameda District Hospital acute average daily census was 31.9 in the month of September which is 48% occupancy
- Acute Volume Highlights:
  - Case Mix Index (CMI) is at 1.519, slightly above budget of 1.380.
  - LOS for the month at 4.4 was above budget of 4.2. which was higher than PY at 3.9, driven by slightly higher case mix.
  - Surgeries were at 20 for the month, which is lower than budget of 24.
    - OP Surgery was below budget by 6.
    - IP Surgery was above budget by 2.

- Skilled Nursing :
  - Patient days were below budget by 3.7%.
  - Daily Census was below budget by 3.7%.
  - Discharges were above budget by 15%
  - Occupancy is at 90%

Appendix I

AHS Finance Committee Presentation

ALAMEDA HEALTH SYSTEM

September 2026 Financial Report

Kimberly Miranda, Chief Financial Officer
Finance Committee
November 4, 2026

September 2026 Financial Report Summary
YTD Highlights

- Operating revenue unfavorable from timing of County funding $19.3M.
- Expenses favorable driven by favorable FTE.
  - PI attrition target of 95 FTE is included in the budget; currently FTEs are favorable to budget
  - Open staff requisitions remain high

	September 2026				Year-To-Date				FY 2026	
	Actual	Budget	Variance	% Var	Actual	Budget	Variance	% Var	YTD	% Var
Operating revenue	$ 144,647	$ 163,264	$ (18,617)	(11.4)%	$ 431,933	$ 451,841	$ (19,908)	(4.4)%	$ 413,524	4.5%
Operating expense	138,921	142,474	3,553	2.5%	421,991	428,079	6,088	1.4%	403,708	(4.5)%
Operating income (loss)	**5,726**	**20,790**	**(15,064)**	**(72.5)%**	**9,942**	**23,762**	**(13,820)**	**(58.2)%**	**9,816**	**1.3%**
Other non-operating activity	(116)	(321)	205	63.9%	(723)	(963)	240	24.9%	(941)	23.1%
Net Income (loss)	**$ 5,610**	**$ 20,469**	**$ (14,859)**	**(72.6)%**	**$ 9,219**	**$ 22,799**	**$ (13,580)**	**(59.6)%**	**$ 8,875**	**3.9%**
EBIDA adjustments	2,791	2,952	(161)		8,795	8,855	(60)		7,984	
EBIDA	**$ 8,401**	**$ 23,421**	**$ (15,020)**		**$ 18,014**	**$ 31,654**	**$ (13,640)**		**$ 16,860**	
Operating Margin	4.0%	12.7%	(8.7)%		2.3%	5.3%	(3.0)%		2.4%	
EBIDA Margin	5.8%	14.3%	(8.5)%		4.2%	7.0%	(2.8)%		4.1%	
Total FTEs	5,052	5,199	147	2.8%	4,994	5,080	86	1.7%	5,093	

September 2026 Financial Report
Finance Dashboard

	Metric	FY2027 Goal YTD	Sep 2026 Actual YTD	YTD	Trend Lines
Revenue Cycle	Collection Ratio	19.4%	19.5%		
	Cash as % of Net Revenue	100.0%	93.3%		
	Gross Days in Patient Receivables	60.0	62.9		
Labor	Productivity %	100.0%	102.1%		
	Registry as % of Total FTEs	2.9%	3.6%		
	Overtime %	5.1%	6.6%		
	Total FTEs	5,080	4,995		
	FTE per Adjusted Discharge	0.65	0.62		
	*Labor Cost/FTE w/o GASB	$262,642	$261,093		
Non-Labor	Days in Acounts Payable	40.0	35.4		
	Supply Cost per Adj Patient Days	$455	$428		
Profitability	Total Cost per Adjusted Discharge	$3,030	$1,240		
	Total Cost per Adjusted Patient Days	$9,246	$8,713		
	Net Income	$22,799	$9,219		
	EBIDA Margin	7.0%	4.2%		
	NNB (Net Negative Balance)	<$100M	$52,349		
	Net Position	>$0	$126,185		
Capital	Capital Spent	$5,125	$2,229		
	% of Capital Spent	43.5%			

*Labor costs excludes contracted physicians; Includes Registry travel & housing costs

September 2026 Financial Report
Volume Highlights – Part 1

- Acute IP days and Trauma cases exceeding budget; however, CMI dropped and LOS increased.
- Deliveries below YTD budget for current (6 deliveries) and prior year (86 deliveries).
- Medi-Cal charges below budget and PY; likely from people losing California Medi-Cal coverage.
- Strong volumes for Acute Rehab and emergency visits.
- Lower volumes PES for YTD (14.7%) and prior year (18.1%).

	September 2026				FY2027 Year-To-Date				FY2026 Year-To-Date		
	Actual	Budget	Var	% Var	Actual	Budget	Var	% Var	Actual	Var	% Var
Campus: AHS ALL CAMPUS											
Total Adjusted Patient Days	15,952	15,211	741	4.9%	48,430	46,300	2,130	4.6%	46,495	1,935	4.2%
Total Adjusted Discharges	2,642	2,569	73	2.8%	8,016	7,841	175	2.2%	8,193	(177)	-2.2%
Physician wRVU	148,016	134,659	13,357	9.9%	460,809	402,831	57,978	14.4%	402,271	58,538	14.6%
FQHC & Other Clinic Visits	35,417	34,446	971	2.8%	104,121	105,176	(1,055)	-1.0%	101,681	2,440	2.4%
PAYOR MIX											
Insurance %	8.5%	6.6%	2.0%		6.7%	6.6%	0.2%		6.5%	0.2%	
Medi-Cal %	57.0%	60.1%	-3.1%		57.2%	60.1%	-3.0%		60.1%	-3.0%	
Medicare %	28.6%	29.1%	-0.5%		29.7%	29.1%	0.6%		29.2%	0.4%	
Other Govt %	3.3%	1.6%	1.7%		2.8%	1.6%	1.2%		1.3%	1.5%	
Self-Pay %	2.6%	2.7%	-0.1%		3.7%	2.7%	1.0%		2.9%	0.8%	
Total Payor Mix %	100.0%	100.0%	0.0%		100.0%	100.0%	0.0%		100.0%	0.0%	

September 2026 Financial Report
Volume Highlights – Part 2

	September 2026				FY2027 Year-To-Date				FY2026 Year-To-Date		
	Actual	Budget	Var	% Var	Actual	Budget	Var	% Var	Actual	Var	% Var
GENERAL ACUTE											
Patient Days	5,961	5,618	343	6.1%	18,095	17,247	848	4.9%	17,747	348	
Discharges	1,198	1,151	47	4.1%	3,608	3,540	68	1.9%	3,779	(171)	
Average Length of Stay	5.0	4.9	(0.1)	-2.0%	5.0	4.9	(0.1)	-2.0%	4.7	(0.3)	
Occupancy %	66.7%	62.8%	3.9%		66.0%	62.9%	3.1%		64.7%	1.3%	
CMI	1.606	1.650	-0.044	-2.7%	1.612	1.600	0.012	0.8%	1.600	0.012	
Emergency Visits	9,829	9,297	532	5.7%	29,189	28,247	942	3.3%	28,584	605	
Trauma Cases	333	295	38	12.9%	968	907	61	6.7%	976	(8)	
Observation Equivalent Days	693	728	(35)	-4.8%	2,119	2,176	(57)	-2.6%	1,979	140	
Surgeries	675	733	(58)	-7.9%	2,061	2,130	(69)	-3.2%	2,131	(70)	
Deliveries	114	128	(14)	-10.9%	386	392	(6)	-1.5%	472	(86)	
PSYCH											
Psych Patient Days	1,925	2,002	(77)	-3.8%	6,030	6,098	(68)	-1.1%	6,156	(126)	-2.0%
Average Daily Census	64.2	66.7	(2.5)	-3.7%	65.5	66.3	(0.8)	-1.2%	66.9	(1.4)	-2.1%
Occupancy %	80.2%	83.4%	-3.2%		81.9%	82.9%	-1.0%		83.6%	-1.7%	
PES Equivalent Days	690	736	(46)	-6.3%	1,911	2,240	(329)	-14.7%	2,333	(422)	-18.1%
REHAB											
Rehab Patient Days	725	691	34	4.9%	2,192	2,118	74	3.5%	2,122	70	3.3%
Average Daily Census	24.2	23.0	1.2	5.2%	23.8	23.0	0.8	3.5%	23.1	0.7	3.0%
Occupancy %	86.3%	82.2%	4.1%		85.1%	82.0%	3.1%		82.4%	2.7%	
SNF WITH SUB-ACUTE											
SNF Patient Days	8,068	8,298	(230)	-2.8%	24,908	25,447	(539)	-2.1%	25,587	(679)	-2.7%
Average Daily Census	268.9	276.6	-7.7	-2.8%	270.7	276.6	-5.9	-2.1%	278.1	-7.4	-2.7%
Occupancy %	92.7%	95.4%	-2.7%		93.4%	95.4%	-2.0%		95.9%	-2.5%	

September 2026 Financial Report
Net Patient Service Revenue Highlights

- Gross patient service revenue unfavorable for the month.
  - IP charges below budget from service mix change related to less intensive services in OR and Cath Lab.
  - OP charges below budget from lower observation hours and PES services.
  - Professional fees unfavorable from lower inpatient services and observation.
- NSPR Collection ratio at budget for month.

	September 2026				Year-To-Date				FY 2026	
	Actual	Budget	Variance	% Var	Actual	Budget	Variance	% Var	YTD	% Var
Inpatient service revenue	$ 218,865	$ 221,705	$ (2,839)	(1.3)%	$ 661,756	$ 671,269	$ (9,514)	(1.4)%	$ 659,571	0.3%
Outpatient service revenue	165,794	167,219	(1,425)	(0.9)%	496,320	497,573	(1,253)	(0.3)%	475,011	4.5%
Professional service revenue	44,742	46,422	(1,680)	(3.6)%	134,694	140,529	(5,834)	(4.2)%	123,570	9.0%
Gross patient service revenue	429,402	435,346	(5,944)	(1.4)%	1,292,770	1,309,371	(16,601)	(1.3)%	1,258,152	2.8%
Deductions from revenue	(345,689)	(350,689)	5,000	1.4%	(1,041,035)	(1,054,752)	13,717	1.3%	(1,015,657)	2.5%
Net patient service revenue	**83,713**	**84,657**	**(944)**	**(1.1)%**	**251,735**	**254,619**	**(2,884)**	**(1.1)%**	**242,495**	**(3.8)%**
Collection % - NPSR	19.5%	19.4%	0.1%		19.5%	19.4%	0.1%		19.3%	

September 2026 Financial Report
Governmental and Other Revenue Highlights

- Other governmental revenue includes $1.0M from Alameda Alliance for meeting performance metrics.
- Other operating revenue unfavorable driven by the timing of County funding to eliminate reductions in force, fund IOP transition and efficiency audit, $19.3M.

	September 2026				Year-To-Date				FY 2026	
	Actual	Budget	Variance	% Var	Actual	Budget	Variance	% Var	YTD	% Var
Net patient service revenue	83,713	84,657	(944)	(1.1)%	251,735	254,619	(2,884)	(1.1)%	242,495	(3.8)%
Capitation and HPAC	4,653	4,738	(86)	(1.8)%	13,920	14,215	(295)	(2.1)%	13,443	3.6%
Medi-Cal Waiver	8,393	8,353	40	0.5%	25,330	25,059	271	1.1%	25,497	(0.7)%
Measure A and parcel tax	12,693	12,693	(0)	(0.0)%	38,080	38,080	(0)	(0.0)%	38,279	(0.5)%
Supplemental Programs	28,524	27,604	920	3.3%	83,171	82,812	360	0.4%	73,425	13.3%
Other government programs	**49,610**	**48,650**	**960**	**2.0%**	**146,582**	**145,951**	**631**	**0.4%**	**137,201**	**6.8%**
Grant Revenue	1,664	1,250	414	33.1%	4,328	3,750	579	15.4%	3,037	42.5%
Other Operating Revenue	5,007	23,969	(18,961)	(79.1)%	15,367	33,307	(17,940)	(53.9)%	17,348	(11.4)%
Other operating revenue	**6,671**	**25,219**	**(18,547)**	**(73.5)%**	**19,695**	**37,056**	**(17,361)**	**(46.9)%**	**20,385**	**0.0%**
Total operating revenue	**$ 144,647**	**$ 163,264**	**$ (18,616)**	**(11.4)%**	**$ 431,932**	**$ 451,842**	**$ (19,910)**	**(4.4)%**	**$ 413,523**	**4.5%**

September 2026 Financial Report
Expense Highlights excluding Labor

Explanations for non labor variances greater than $0.5M or 5.0% are below.

- Facilities unfavorable from Biomedical equipment repairs ($0.3M) and building repairs ($0.7M).
- General and administrative favorable from timing for insurance and legal expenditures.

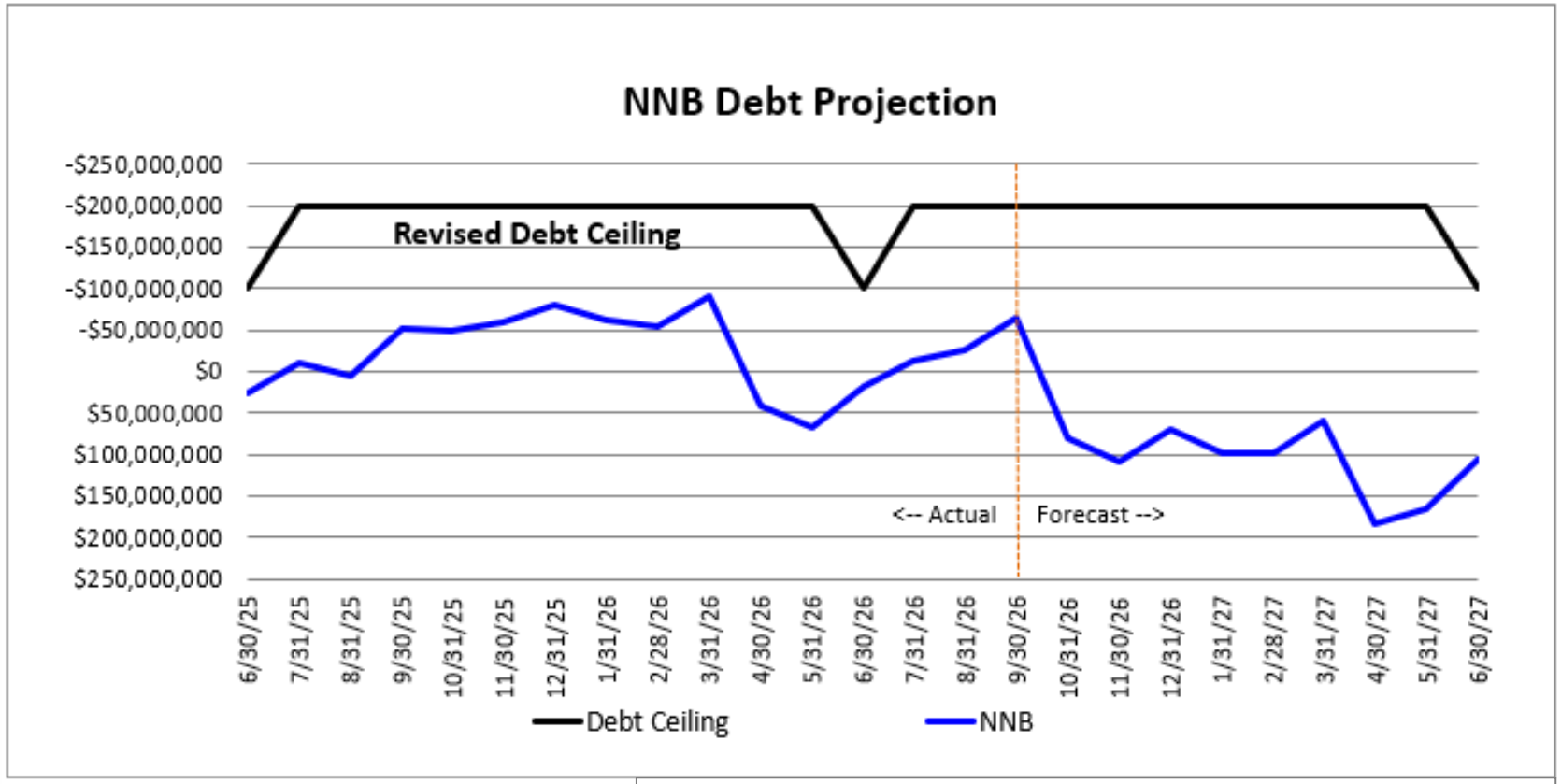
	September 2026				Year-To-Date				FY 2026	
	Actual	Budget	Variance	% Var	Actual	Budget	Variance	% Var	YTD	% Var
Labor costs	$ 106,057	$ 110,135	$ 4,078	3.7%	$ 326,068	$ 331,473	$ 5,405	1.6%	$ 315,321	(3.4)%
Purchased services	8,996	8,666	(330)	(3.8)%	26,147	26,033	(114)	(0.4)%	25,593	(2.2)%
Materials and supplies	13,991	14,357	366	2.5%	41,408	42,627	1,219	2.9%	37,696	(9.8)%
Facilities	4,835	3,793	(1,042)	(27.5)%	12,706	11,378	(1,328)	(11.7)%	10,482	(21.2)%
Depreciation and amortization	2,664	2,630	(34)	(1.3)%	8,041	7,890	(151)	(1.9)%	7,013	(14.7)%
General and administrative	2,378	2,893	515	17.8%	7,621	8,678	1,057	12.2%	7,603	(0.2)%
Total operating expense	**$ 138,921**	**$ 142,474**	**$ 3,553**	**2.5%**	**$ 421,991**	**$ 428,079**	**$ 6,088**	**1.4%**	**$ 403,708**	**(4.5)%**

September 2026 Financial Report
Expense Highlights – Labor

- Staff and registry favorable ($0.1M) or 0.2%.
  - Staff salaries and registry favorable driven lower FTEs (127 FTEs/$1.6M) offset by lower rate ($1.7M).
- Provider salaries and contracts favorable ($1.5M) driven by lower provider salary expenses, partially offset by higher physician contract costs.
  - Provider salaries favorable from lower rate ($1.7M) and lower FTEs (20 FTEs/$0.7M).
  - Physician contract services unfavorable for month ($1.0M) driven by services at Highland for anesthesiology ($0.2M), specialty providers ($0.2M), and OB-GYN ($0.2M).

	September 2026				Year-To-Date				FY 2026	
	Actual	Budget	Variance	% Var	Actual	Budget	Variance	% Var	YTD	% Var
Salaries and wages (staff)	$ 63,419	$ 64,084	$ 665	1.0%	$ 188,593	$ 191,417	$ 2,824	1.5%	$ 181,862	(3.7)%
Registry	3,181	2,636	(545)	(20.7)%	9,020	8,049	(971)	(12.1)%	10,863	17.0%
Salaries and wages (providers)	11,332	13,801	2,469	17.9%	37,093	41,205	4,112	10.0%	37,562	1.2%
Physician contract services	4,351	3,395	(956)	(28.2)%	13,071	10,185	(2,886)	(28.3)%	11,241	(16.3)%
Employee benefits (taxes, ins)	16,482	17,326	844	4.9%	53,374	54,104	730	1.3%	49,247	(8.4)%
Retirement	7,292	8,893	1,601	18.0%	24,917	26,513	1,596	6.0%	24,545	(1.5)%
Total labor costs	**$ 106,057**	**$ 110,135**	**$ 4,078**	**3.7%**	**$ 326,068**	**$ 331,473**	**$ 5,405**	**1.6%**	**$ 315,321**	**(3.4)%**
Compensation ratio	73.3%	67.5%	-5.8%		75.5%	73.4%	-2.1%		76.3%	
Paid FTEs - staff	4,472	4,664	192	4.1%	4,446	4,556	110	2.4%	4,693	5.3%
Paid FTEs - registry	212	147	(65)	(44.2)%	180	147	(33)	(22.4)%	202	10.9%
Paid FTEs - providers	368	388	20	5.2%	368	377	9	2.4%	286	(28.7)%
Total FTEs	5,052	5,199	147	2.8%	4,994	5,080	86	1.7%	5,181	3.6%

September 2026 Financial Report
NNB Debt Forecast



NNB Modification Terms
(in thousands)

	2026	2027	2028
NNB limit at June 30th	100,000	100,000	85,000
NNB intra period limit	200,000	200,000	135,000

- As a reminder, The NNB projections improved due to the one-time cash items and the temporary modification to the NNB Permanent Agreement for FY2026 and FY2027.
  - EPP one-time acceleration ($42.4M)
  - MCO Tax approval ($10.0M)
  - State General Fund ($10.8M)
  - Highland FQ Cash Settlements ($51.8M)
- NNB projected to be below the NNB limit in FY2027.
- Removed County funding ($19.3M) from forecast as timing is unknown.
- Other activity consistent with prior month's forecast.

September 2026 Financial Report
NNB Debt Forecast – Material Items

Material Items Included in NNB Forecast
(in thousands)

	Oct-26	Nov-26	Dec-26	FY27 Q3	FY27 Q4
GPP (quarterly)	$ 26,825	$ -	$ -	$ 21,381	$ 19,938
EPP (semi-annual)	80,512	-	-	-	47,227
QIP	48,552	-	-	-	73,719
Medi-Cal Rate Range	-	-	-	45,831	-
BHCS (JGP/Alameda County) - fy26	7,282	-	-	-	-
BHCS (JGP/Alameda County) - fy27	6,300	6,300	6,300	18,900	25,200
HPAC (block grant)	-	21,600	-	10,800	10,800
HPAC amendment / AB85 Realignment	-	49,478	-	19,636	-
SNF DP-NF (final pmt Jan-27)	-	-	-	23,447	-
MCO Tax	10,039	-	-	-	-
St. Rose Hospital LOC	-	-	(5,000)	(5,000)	25,000
Donation to St. Rose Hospital	-	(9,250)	-	(9,750)	-
County funding (RIF, one-time)	-	-	-	-	-
State General Fund (one-time)	-	-	-	10,800	-
	$ 179,510	$ 68,128	$ 1,300	$ 136,045	$ 201,884

Pending Activity, Timing Unknown

AB915 (fy14-fy20)	(17,000)	TBD
Physician SPA (fy08 - fy13)	(25,100)	TBD
County funding (RIF, one-time)	19,300	TBD
	$ (22,800)	

- St. Rose IGT remains delayed and Epic implementation will add stress to the current cash flow.
- FY26 and FY27 IGT planning. Local share is $18.0M:
  - AHS - $9.25M fy26, $9.5M fy27
  - Measure A - $7.00M
  - Supervisor Marquez - $1.00M
  - Eden District - $0.75M fy26, $0.5M fy27
- Cash flow assumes SRH IGT funding will be recieved and AHS LOC will be paid off by year end.
- County funding ($19.3M) removed from forecast as timing is unknown and added to bottom section of table.

High-level Multi Year Forecast utilizing Material Events (presented 10/01/26)

	FY27	FY28	FY29
Budget Net Loss	**$ (19.4)**	**$ (8.6)**	**$ (95.0)**
Adjustments			
SNF-DF		(26.0)	
County Funding		(19.3)	
State General Fund	10.8	(10.8)	
MCO Tax ends			(10.0)
HR1 incremental impact		(30.3)	(18.0)
Projected budget loss	**$ (8.6)**	**(95.0)**	**(123.0)**
Projected June 30 NNB	**$ 118.6**	**$ 23.6**	**$ (99.4)**
NNB limit	$ (100.0)	$ (85.0)	$ (80.0)
Under (Over) NNB limit	$ 218.6	$ 108.6	$ (19.4)
Potential adjustments			
AB85 Realignment (50% payback FY25)		26.9	
St. Rose - IGT not received	(41.0)	(25.0)	(15.0)
Potential adjustments total	$ (41.0)	$ 1.9	$ (15.0)
Projected worst case NNB	**$ 77.6**	**$ (15.5)**	**$ (153.5)**
NNB limit	$ (100.0)	$ (85.0)	$ (80.0)
Under (Over) NNB limit	$ 177.6	$ 69.5	$ (73.5)

- Assumes AHS will achieve the FY2027 budget including Performance Improvement targets of $49.9M.
- Capital expenditures will not exceed depreciation expense.
- Assumes current deficits from operations will not grow in future years.
- The projection shows the NNB will not be compliant with the Permanent Agreement terms in FY2029.
- The delayed St. Rose IGT continues to add pressure to AHS's NNB activity.
  - FY27 reflects $25 LOC + cash deficit thru 6/30
  - FY28 and FY29 assume improved performance and reduced IGT to cover Med-Cal losses.
- Long range strategic plan is in development and will enhance long range forecasting and planning.

St. Rose Hospital
An ALAMEDA HEALTH SYSTEM Affiliate

September 2026 Financial Report

Board of Directors – October 27, 2026



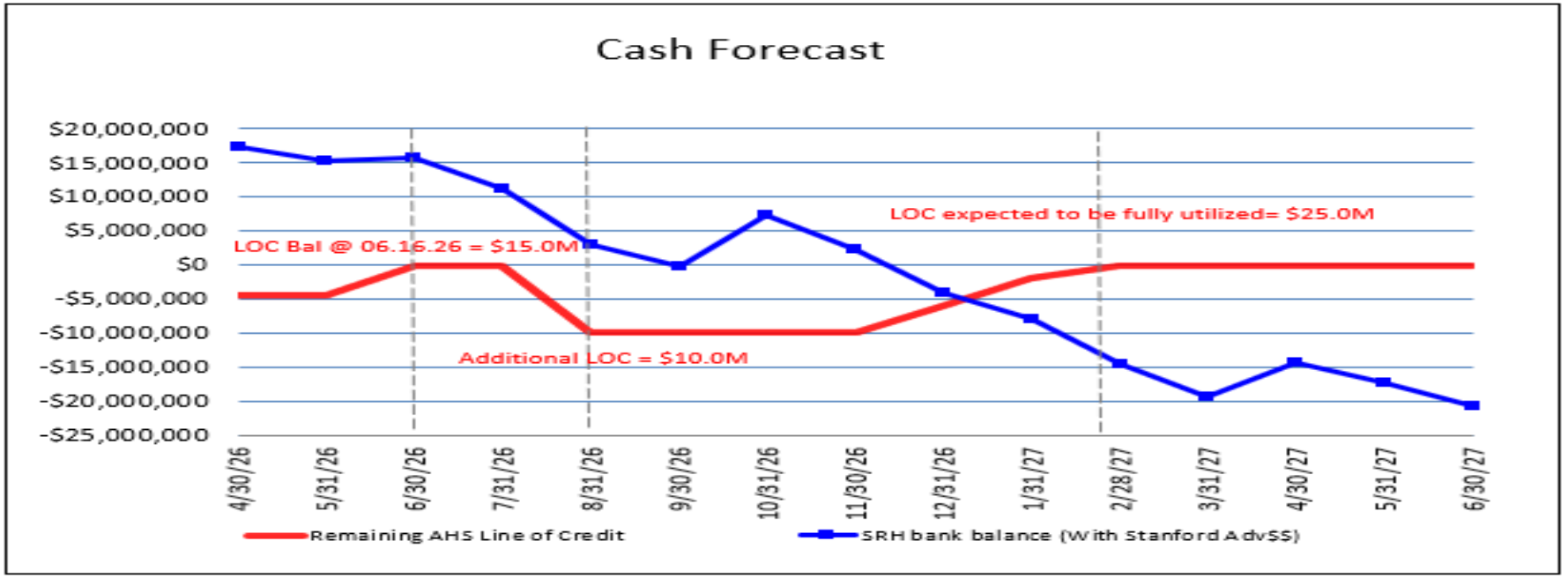
September 2026 Consolidated Results
Financial Summary & YTD Highlights

- SRH's YTD net loss ($9.3M), $415K favorable to budget
  - Net patient service revenue variance, unfavorable - $14K.
  - The QAF IX budget was based on the approved fee-for-service schedule.
  - Other revenue unfavorable to budget - $40K driven by timing differences in recognizing revenue associated with Stanford's reserve bed contract.
  - Expenses favorable to budget, $72K, however registry costs remain high.
  - Non operating income, favorable $387K driven by reimbursement from the AHS Foundation for Cath Lab project
- MOB's YTD net income ($204K), $50K favorable to budget.
  - The favorable variance was primarily driven by repairs and maintenance coming in below the higher budget allocations in anticipation of gradually addressing deferral from prior years spending freeze.
- Foundation's YTD net income ($60K) , $29K favorable to budget, supported primarily by two notable donations $76K.

	September 30,2026				FY2027 Year-To-Date			
CONSOLIDATED	**Actual**	**Budget**	**Var ($)**	**Var (%)**	**Actual**	**Budget**	**Var ($)**	**Var (%)**
Total Net Patient Service Revenue	$8,809	$8,894	($85)	-1.0%	$27,370	$27,384	($14)	-0.1%
Total Other Revenue	$264	$313	($49)	-15.7%	$974	$926	48	5.2%
TOTAL OPERATING REVENUE	**$9,073**	**$9,207**	**($134)**	**-1.5%**	**$28,344**	**$28,310**	**$34**	**0.1%**
Less: Operating Expenses	$12,563	$12,692	$129	1.0%	$37,613	$37,710	$97	0.3%
EBITDA	**($3,490)**	**($3,484)**	**($6)**	**0.2%**	**($9,269)**	**($9,400)**	**$131**	**-1.4%**
Total Non-Operating Exp/(Income)	($610)	($620)	$10	-1.6%	($220)	$133	($354)	-265.3%
NET INCOME/(LOSS)	**($2,880)**	**($2,864)**	**($16)**	**0.5%**	**($9,049)**	**($9,533)**	**$484**	**-5.1%**

September 2026
Cash Flow Projection

- No additional draw from the AHS LOC since June 2026, total utilization $15.0M. AHS increased the LOC by $10.0M, for a total of $25.0M.
  - No repayment of the LOC is included in cash forecast.
  - Utilization of the additional LOC is expected to begin in December 2026 and expected to be fully utilized by February 2027.
- Forecast include prepayment received in March from the Stanford collaboration ($16.1M), which is currently fully utilized. No repayments are included in the cash forecast.
- AHS Management fee is accruing; however, no payments are included in the cash forecast.
- Full IGT funding ($36.0M) is delayed pending CMS approval with timing is unknown.
  - When approved, the local share will be provided by AHS ($9.5M), Eden ($750K), Sup Marquez ($1.0M).



City of Alameda
Health Care District

November 2, 2026

TO: Board of Directors

FROM: Jeff Cambra, President

RE: President's Message –

On October 13, 2026, the board of directors of the City of Alameda Health Care District ("District") participated in a board retreat in order to better define its mission and included a discussion of budget priorities based on the outcome of the mission discussion. In reviewing the post-retreat comments from individual board members, it became clear that our District did not fit squarely within the experiences of the facilitator – Larry Walker who had led these types of discussions for hundreds of other health care districts and was well qualified to facilitate a health care district retreat.

Perhaps the single biggest distinction that came out of the retreat is that the District does not directly operate the hospital and has limited input into the day-to-day operations. Under the terms of a joint powers authority agreement, the District contracted the delivery of medical services to Alameda Health Systems (AHS) who is responsible for both the physical and fiscal aspects of running Alameda Hospital.

Regardless of who is operating the hospital, the District board still has the responsibility to oversee the activities of the hospital to be sure that they are consistent with the mandate of the City of Alameda voters who established the District.

Another distinction is that the District's mission is contained within the voter approved formation documents approved by voters and recorded on June 17, 2002. Section 3.4 of those documents reads,

> 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)

From my perspective, the retreat was very valuable in reaffirming the narrow voter mandate and that even though AHS is operating the hospital, the District is still subject to all the challenges that both the "owner" and the "operator" of a hospital face.

As one board member put it, "Overall, I felt the retreat helped bring greater focus and alignment to the board and gave our ED a clearer understanding of our expectations and priorities."

Based on the discussion that took place during the retreat, I will include a mid-year budget review in the January agenda so that the board will have the opportunity to adjust expense categories to reflect the board's priorities.

I want to thank our staff and Mr. Walker for all the time and effort that went into organizing the retreat. It was a valuable exercise that served to focus the board and affirm its priorities.

City of Alameda
Health Care District

Date: November 9, 2026

To: City of Alameda Health Care District Board of Directors

From: Peter Hohl, Executive Director

Subject: Executive Director Report – November 2026

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1. ***AHS Side Letter #2***
   The District and AHS signed Side Letter #2, which updates project cost projections, adds the facade replacement to the overall seismic project, and provides for AHS to fund the seismic project should COP funding be inadequate. AHS' funding obligation is limited to the amount the seismic project spends on the facade replacement project.

2. ***Follow up the October 13 Board Meeting – Board Governance Discussion***
   The Discussion regarding Board governance and governance gaps at the October 13th Board meeting resulted in clarity regarding how the Board views its mission and purpose. The next step is to translate this clarity into an updated mission statement. To that end, the January Board meeting will include a mission statement agenda topic with the goal of finalizing an updated mission statement.

   The District's Executive Director will circulate a draft mission statement to Board members prior to the January meeting that will be based on outcomes from the October 13th Board meeting. Board member comments will be solicited prior to the January meeting with all comments incorporated into a redline version of the draft mission statement. This should simplify and expedite the finalization of a new mission statement.

3. ***Status of the Transfer of Funds into LAIF***
   LAIF has scans of all the documents from US Bank to open an account on behalf of the District. Once they approve the documents, US Bank will send them originals of the same documents with wet signatures. Once LAIF receives those documents, they will open the account. It typically takes 4-5 days to open an account.

4. ***Seismic Project Ground Breaking Celebration***

The District is planning a seismic project ground breaking celebration on the campus of Alameda hospital. Invited attendees will be District Board members and District Staff, Supervisor Lena Tam, the Alameda City Council, AHS leadership, Fire Chief Nick Luby, Porter representatives, Overaa representatives, and Ratcliff representatives. *District Board members will be polled for the best date for their attendance and that will determine the date of the event.*

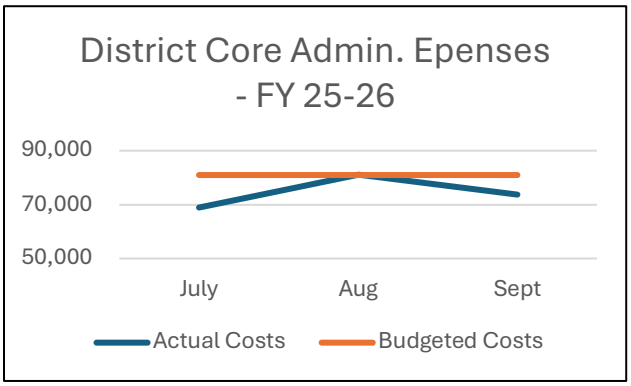
5. ***Additional Crime Insurance Coverage***

At the October 13th Board meeting, a Board member suggested increasing the District's Crime insurance coverage to reflect the closing of Series B COPs. The table below details the cost of increasing the District's crime insurance coverage. The current coverage limit is $1 million and the annual premium is $1,845.

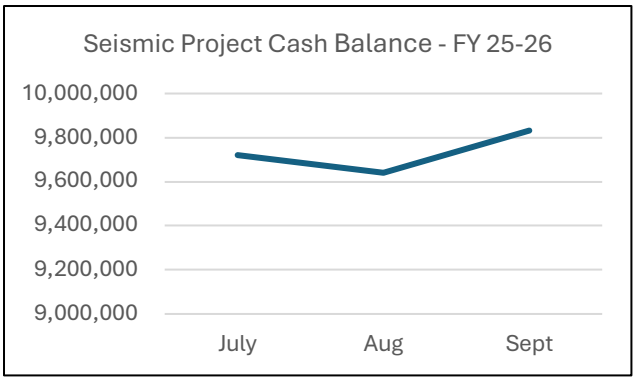
Coverage Limit	Deductible	Annual Premium
$1,000,000	*$2,500*	*$1,845*
$2,000,000	$2,500	$3,500
$3,000,000	$2,500	$4,500
$5,000,000	$2,500	$6,500

Numbers are preliminary and subject to change

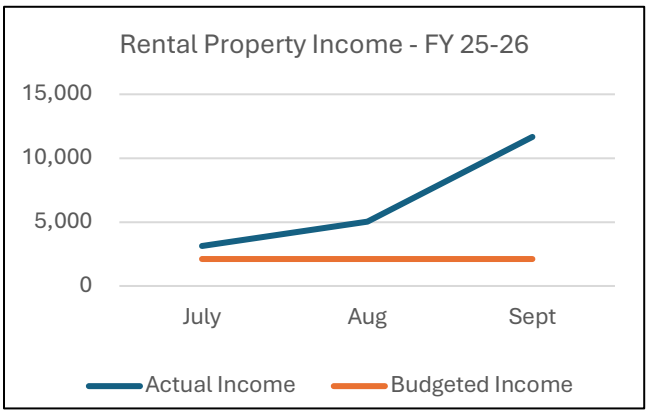
6. ***July - September 2026 Financial Results***



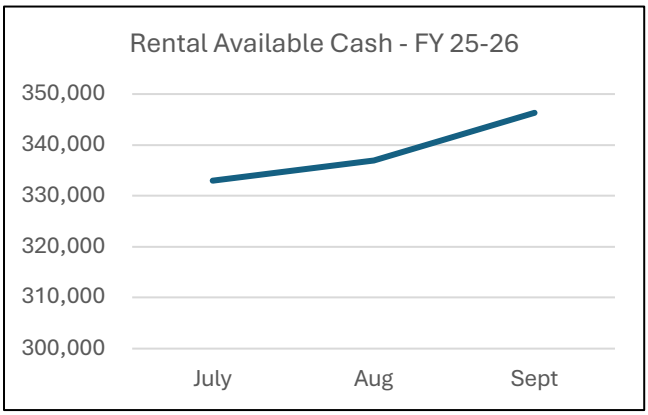
- District CORE administrative expenses for the 1st quarter of fiscal year 26-27 are $19,203 below budget



- The seismic project cash balance at the end of the 1st quarter of fiscal year 26-27 was $9.8 million



- The rental properties earned $19,800 in the 1st quarter of fiscal year 26-27, which was $13,470 better than budget
- Delayed repairs to unit H are responsible for the positive variance



- Net rental cash available for repairs at the end of the 1st quarter of fiscal year 26-27 was $346,318

7. New Format for Financial Reports

Fiscal Year 2026 – 2027 financial reports have been redesigned to incorporate detailed comparisons with the Board approved budget. The redesigned reports are intended to provide the Board with greater insight and depth into District spending versus what the Board has approved. A redesigned report for the month of August 2026, is provided below as an example:

City of Alameda Health Care District

FY 2026-27 District CORE | Budget vs. Actuals
AUGUST 2026

Account / Description	AUGUST 2026 Actual	AUGUST 2026 Budget	AUGUST 2026 Over / (Under) Budget	FISCAL YTD Actual	FISCAL YTD Budget	FISCAL YTD Over / (Under) Budget
Revenue						
Total Revenue	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**
Gross Profit	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**
Expenditures						
Operating Expenses						
5260 Dues and Subscriptions	$0	$1,250	($1,250)	$0	$2,500	($2,500)
5270 District Stipend	$0	$350	($350)	$420	$700	($280)
5280 Other Purchased Services	$584	$1,703	($1,119)	$1,129	$3,406	($2,277)
5290 Insurance	$14,496	$14,355	$142	$29,491	$28,709	$782
5300 Internet/Phone Expense	$481	$293	$188	$961	$586	$375
5350 Payroll & Employee benefit Expenses	$22,300	$25,332	($3,032)	$44,877	$50,664	($5,787)
5360 Payroll Taxes	$1,706	$1,938	($232)	$3,412	$3,876	($464)
5365 Payroll Processing Fee	$53	$150	($97)	$106	$300	($194)
5380 Travel	$34	$792	($757)	$94	$1,583	($1,490)
5390 Food/Meals	$129	$333	($205)	$931	$667	$264
5410 Accounting Fees	$1,700	$2,758	($1,058)	$3,400	$5,517	($2,117)
5430 Legal & Professional Fees	$22,585	$9,333	$13,252	$31,011	$18,667	$12,344
5450 Education and Conferences	$0	$1,421	($1,421)	$0	$2,842	($2,842)
5460 Community Involvement and Promotion	$1,645	$2,083	($438)	$2,145	$4,165	($2,020)
5461 Community Donations	$0	$1,667	($1,667)	$0	$3,333	($3,333)
5470 Office Supplies	$123	$417	($294)	$728	$833	($105)
5480 Office Expenses	$0	$0	$0	$217	$0	$217
5510 Lease Expense Building	$2,088	$2,088	$0	$4,709	$4,176	$533
5550 Interest Expense	$3,601	$3,750	($149)	$7,212	$7,500	($288)
5800 Depreciation Exp Building	$9,567	$10,546	($979)	$19,134	$21,092	($1,958)
5810 Depreciation Exp Equipment	$12	$79	($68)	$23	$158	($135)
5999 Misc. Operating Expenses	$0	$333	($333)	$0	$667	($667)
Total Operating Expenses	**$81,103**	**$80,970**	**$132**	**$150,000**	**$161,941**	**($11,941)**
Net Operating Revenue	**($81,103)**	**($80,970)**	**($132)**	**($150,000)**	**($161,941)**	**$11,941**
Other Revenue						
Nonoperating Revenue						
4300 District Tax Revenue	$508,241	$508,241	$0	$1,016,481	$1,016,481	$0
Total Other Revenue	**$508,241**	**$508,241**	**$0**	**$1,016,481**	**$1,016,481**	**$0**
Other Expenditures						
Nonoperating Expenses						
6100 AHS transfers	$1,500,000	$0	$1,500,000	$1,500,000	$0	$1,500,000
Total Other Expenditures	**$1,500,000**	**$0**	**$1,500,000**	**$1,500,000**	**$0**	**$1,500,000**
Net Other Revenue	**($991,760)**	**$508,241**	**($1,500,000)**	**($483,519)**	**$1,016,481**	**($1,500,000)**
Net Revenue	**($1,072,862)**	**$427,270**	**($1,500,132)**	**($633,519)**	**$854,540**	**($1,488,059)**

8. ***Executive Director Approval of Time Sensitive Change Orders***
   Two change orders for the Seismic Project were approved by the Executive Director under authority granted previously by the District Board. Both change orders were time sensitive (work was scheduled to begin prior to the District's 11/9 Board meeting), were below the $25,000 threshold set by the Board, and were budgeted costs. AHS has approved both change orders.

   The first change order is with Overaa & Co. for the SMRF Joint Evaluation project. Completion of the project without disrupting ongoing clinical services requires the renovation of room 2113. The renovation is necessary to accommodate the temporary relocation of clinical services including Cardiovascular Services (EKG, ECHO and Vascular Ultrasound). The change order is in the amount of $21,310.

   The second change order was also with Overaa & Co. for Hazardous Materials Testing and Support. The change order is for hazardous material roof assembly testing. Roof areas were excluded from the original survey because necessary roofing support was not available at that time to ensure appropriate restoration of sampling locations. The change order is in the amount of $11,855.

   Additional information on both changes orders is included at the end of this Executive Director report.

City of Alameda
Health Care District

Date: November 9, 2026

To: City of Alameda Health Care District Board of Directors

Cc: Peter J. Hohl, Executive Director

From: Kristen Thorson, Project Manager, Porter Consulting LLC

Subject: Overaa & Co. Change Order 001 – Room 2113 ($21,310)
Project 2 – SMRF Joint Evaluation Project
INFORMATIONAL ONLY

The following is a summary of Change Order 001 to C. Overaa & Co ("Overaa Construction") Due the time sensitivity of advancing the work, the change order in the amount of $21,310 has been approved under the Executive Directors authority.

BACKGROUND

PROJECT 2/3: SMRF JOINT EVALUATION PROJECT

1. Overaa Construction COR 001 – Room 2113 Renovation Details
    - To facilitate completion of the SMRF Joint Evaluation project while maintaining ongoing clinical services, renovation of Room 2113 is required to accommodate the temporary relocation of clinical operations including Cardiovascular Services (EKG, ECHO & Vascular Ultrasound).
    - A California Department of Public Health (CDPH) program flexibility application is currently being processed to support this relocation of the cardiovascular services.
    - This renovated room may also be used as a staging area for other temporary moves related to the project.
    - Although there are other rooms on the same floor that may be in better condition, Room 2113 was strategically selected to maintain separation between construction activities and active outpatient clinical and patient-care areas. This location supports patient safety, infection control, operational continuity, and efficient construction sequencing.
    - The renovation cost of $21,310 has been reviewed and validated by Porter Consulting and will be absorbed within the existing Hard Construction budget allocation of $1,520,000.

- AHS has consented to this scope and change order under the JPA Amendment.
- No increase to the total authorized project budget of $2,370,200 is required.

BUDGET ANALYSIS

Project 2 SMRF Joint Evaluation					
				Overaa	
	Budget	Committed	Remaining	COR 001 (2113)	Remaining
Hard Construction	$ 1,520,000	$ 464,013	$ 1,055,987	$ 21,310	$ 1,034,677
A & E Fees	$ 288,600	$ 174,400	$ 114,200	$ -	$ 114,200
Consultants	$ -	$ -	$ -	$ -	$ -
Permits & Fees	$ 45,600	$ 15,972	$ 29,628	$ -	$ 29,628
Inspection & Testing	$ 100,000	$ 104,368	$ (4,368)		$ (4,368)
Project Management	$ 264,000	$ 263,437	$ 563	$ -	$ 563
Equipment & Furnishings	$ -	$ -	$ -	$ -	$ -
Subtotal	$ 2,218,200	$ 1,022,191	$ 1,196,009	$ 21,310	$ 1,174,699
Owner Contingency	$ 152,000	$ -	$ 152,000	$ -	$ 152,000
Total	$ 2,370,200	$ 1,022,191	$ 1,348,009	$ 21,310	$ 1,326,699
*Inspection and Testing budget adjustment to fund overage from contingency to be completed in separate accounting transaction.					

City of Alameda
Health Care District

Date: November 9, 2026

To: City of Alameda Health Care District Board of Directors

Cc: Peter J. Hohl, Executive Director

From: Kristen Thorson, Project Manager, Porter Consulting LLC

Subject: Change Order: Hazardous Materials Testing & Support – C. Overaa & Co. and Terracon

Project 4 – Materials Testing and Condition Assessment Project

Informational Only

The following is a summary of Change Order 002 to C. Overaa & Co ("Overaa Construction") and Change Order 003 for Terracon. Due the time sensitivity of advancing the work, the change orders in the amount of $11,855 has been approved under the Executive Directors authority.

BACKGROUND

PROJECT 4: Materials Testing and Condition Assessment (MTCAP)

1. Overaa Construction Change Order Request (COR) 002
2. Terracon Change Order 003 – HazMat Roof Assembly Testing
   - In 2025, a comprehensive hazardous materials assessment and survey was completed for the building interiors, along with limited assessment of groundwater and soil conditions. Roof areas were excluded from the original survey because the necessary roofing support was not available to restore the sampling locations and maintain watertight conditions.
   - Several planned projects will impact the existing roof assemblies, including MTCAP, SPC-4D, and the new SNF Project across the Stephens, West, and South Wings.
   - Given the age of the buildings and the potential for hazardous materials within the existing roof assemblies, Overaa requested that additional testing be performed prior to construction activities. Porter Consulting reviewed and concurred with the recommendation, recognizing the importance of identifying potential hazardous materials to inform construction planning and reduce the risk of unforeseen conditions during subsequent work.
   - The proposed scope includes:

- Fifteen (15) roof openings, consisting of three (3) separate openings at each of five (5) sampling point groups, approximately 12 inches by 12 inches each.
- Coordination with Terracon to collect samples immediately as each opening is made.
- Two (2) working days of roofing support, including restoration of each opening to maintain watertight conditions as sampling progresses.
- Multiple samples across the identified locations provide broader representation of existing roof assembly conditions and account for potential variations in materials.
- Overaa's scope includes the roofing access, coordination, and restoration work.

- Advancing this work under COR 02 will provide information needed to evaluate potential hazardous materials impacts before the affected roof areas are disturbed by the various projects. It also allows sampling and roof restoration to be coordinated as a single effort, minimizing repeated roof openings and potential water intrusion.
- Hazardous materials sampling, testing, analysis, reporting, and handling will be performed by Terracon.
- AHS has consented to this scope and change orders under the JPA Amendment.

BUDGET ANALYSIS

Phase 2 (SPC Stephens & West Wing) - MTCAP			BUDGET	HAZMAT ROOF	BUDGET
	BUDGET	COMMITTED	REMAINING	ASSEMBLY TESTING	REMAINING AFTER CO
Hard Construction	9,480,290	403,875	9,076,415	8,355	9,068,060
A & E Fees	1,232,438	1,038,852	193,586	0	193,586
Consultants	237,007	191,437	45,570	0	45,570
Permits & Fees	334,409	28,507	305,902	0	305,902
Inspection & Testing	868,962	749,593	119,369	3,500	115,869
Project Management	888,401	388,401	500,000	0	500,000
Equipment & Furnishings	0	0	0	0	0
Subtotal	13,041,507	2,800,665	10,240,842	11,855	10,228,987
Owner Contingency	2,834,270		2,834,270	0	2,834,270
Total	15,875,777	2,800,665	13,075,112	11,855	13,063,257

*SPC4D includes costs associated with SPC4D Evaluation, MTCAP Program development, MTCAP construction and final MTCAR.

Alameda Hospital Seismic, Operational Upgrade and Façade Replacement Projects

City of Alameda Health Care District | Board Update

November 9, 2026

City of Alameda
Health Care District

Project Updates

Construction, Design, Permitting

Construction Update	Building permits obtained for SNF Make Ready, SMRF Joint Evaluation, and MTCAP. Construction started November 2, 2026. Work will proceed in multiple phases with ongoing coordination.
Design and HCAI Review	**NPC 4:** HCAI remarks received; responses provided during the week of November 2, 2026. **NPC 5:** Awaiting HCAI remarks in backcheck review. **SPC 4D:** Third evaluation review submission to the HCAI Seismic Compliance Unit planned for November 2026. Construction documents continue to be developed including the geotechnical ground improvement scope. **Façade Replacement:** Contract proposals for Board consideration and approval

Project Updates

Hospital Coordination and Activities

Off-Site Parking and Shuttle Service	Service launched October 19, 2026, with a limited initial ridership. A gradual increase in use is anticipated as project activity increases.
Hospital Impacts & Processes	Weekly and ad hoc meetings with AHS and Alameda Hospital leadership continue to support coordination of upcoming construction activities, anticipated operational impacts, and access requirements. These meetings provide an opportunity to plan and coordinate work in advance, maintain necessary access to hospital departments and services, and identify measures to minimize disruptions to ongoing hospital operations. CDPH Program Flexibility and coordination with DHCS are in progress for temporary relocation of clinical areas for MTCAP Project. (Cardiovascular and Subacute) Construction staging in parking lot secured, reduction of 5 parking spaces.

Project Financials

Expenditures to Date	Since the September Board meeting, $209,772 in invoices was paid on the seismic and operational upgrades, excluding façade replacement. An additional $96,784 was allocated from the Cost of Issuance at the closing of Series B.
Budgets/Financial Tracking	The project management platform, Build Evo, continues to be updated through a systematic process to reallocate hard construction related costs from the original four-project structure into the current ten-project structure. Most soft costs will remain within their original project categories but will continue to be tracked and monitored by effort. This approach will improve financial reporting by providing a clearer breakdown of construction budgets, commitments, and expenditures for each project, while maintaining visibility into overall project costs.

Compliance Plan Milestones

Key recent and upcoming regulatory milestones

Milestone	Description	Target date	Actual date	Status
SPC/Demo/RACs Permit Issuance	Obtain Materials Testing Building Permit	11/03/2026	10/23/2026	**Complete**
NPC 5 Permit Issuance	Obtain NPC 5 Upgrade Major Project Permit(s)	02/17/2027	—	**Tracking**
NPC 4/4D Permit Issuance	Obtain NPC 4/4D Upgrade Major Project Permit(s)	04/18/2027	—	**Tracking**

City of Alameda
Health Care District

November 2,2026

TO: Board of Directors

FROM: Jeff Cambra, President

RE: Communication Committee Report

The Communications Committee has not taken any action since the last board meeting. However, Peter has assembled a well thought out “contacts” list in order to distribute District news to the community.
He also created and sent out the first communication announcing the seismic upgrade project.

The Committee will be working with staff to implement the previously approved social media campaign as time permits.

City of Alameda
Health Care District

November 2, 2026

TO: Board of Directors

FROM: Jeff Cambra, President

RE: Property Management Committee (PMC)

Background
The District owns an eight-unit apartment building at 1359 Pearl Street, Alameda, CA 94501 and a small commercial building located at 2711 Encinal Avenue, Alameda, Ca 94501. Ms. Alice Jaber established her Trust in 1992, naming Alameda Hospital as a major beneficiary. Upon her death, and pursuant to the terms of the Trust, these two properties were distributed to the City of Alameda Health Care District, as the successor-in-interest to Alameda Hospital (the nonprofit corporation) in appreciation of the care given by Alameda Hospital.

Fence Replacement
Drysdale Property Management has had challenges obtaining a process server to provide legal service of the letter giving each of the adjacent property owners notice of the need to replace the fence and asking for a contribution to the cost. It has located a new process server, and the PLC expects that each adjacent property owner will have received the notice by the time the board meets.

Unit H
The District has contracted with Hazardous Materials Assessment, Inc. and obtained Asbestos Survey #26.254 which confirmed the presence of asbestos in the resilient flooring in the kitchen area. Since asbestos was detected, the District is required to hire a contractor that holds a C-22 Asbestos Abatement license before it can obtain a demolition permit. The PMC has contacted three local contractors who hold the required license and requested bids to remove the flooring.

The PMC anticipates having the three bids by mid-November and will submit them to staff for review, selection, and to formalize the contract for work. In the meantime, the PMC will work with staff and the architect to prepare the new floorplan for the unit which will be presented to the board for comment and approval.

City of Alameda
Health Care District

MEETING MINUTES: SEPTEMBER 14, 2026

LOCATION: CONFERENCE ROOM A

BOARD MEMBERS PRESENT:

Mr. Cambra, Ms. Codiga, Dr. Chen, Mr. Sayen, Dr. Deutch

DISTRICT REPRESENTATIVES PRESENT:

Mr. Driscoll, Mr. Hohl, Ms. Williams

OTHERS PRESENT:

Adam Bauer, Salma Adin, Grace Mesina

CALL TO ORDER

The meeting was called to order at 4:34 p.m., with a quorum present.

GUEST PRESENTATIONS

SERIES B COP AND RESOLUTION NO. 2026-07:

Mr. Bauer, Bond Advisor with Fieldman, Rolapp & Associates, reviewed the proposed 2026 Series B financing, with a maximum authorization of $58 million. The District maintained its Moody's Aa2 credit rating, supported by its parcel tax pledge, financial operations, and regional tax base. Bond pricing was anticipated on September 24, with closing on October 7.

Mr. Bauer reviewed updated good faith estimates, sources and uses, and debt service obligations. Projected debt service coverage would decline from approximately 6.0 times to 1.33 times following issuance. He also reviewed the Acquisition Agreement, Trust Agreement, Certificate Purchase Agreement, and Preliminary Official Statement, which would be finalized after pricing.

The financing includes approximately $8 million for façade improvements, including windows and doors. Bond proceeds would be held in separate accounts under the Trust Agreement, with potential investment through the State's Local Agency Investment Fund (LAIF) until needed for project expenditures. Mr. Bauer explained that the primary market involves the initial sale of bonds, while the secondary market allows existing bondholders to resell their bonds. He noted that secondary-market transactions can be reviewed through the Municipal Securities Rulemaking Board (MSRB).

Legal Counsel confirmed review of the financing packet and noted that the resolution was substantially consistent with the 2024 authorization. Approval would allow designated District officers to execute related documents, subject to final figures and minor revisions. Counsel also explained that, if seismic project funds became insufficient, Alameda Hospital would contribute up to the amount spent on façade improvements, as Mr. Hohl would discuss later in the meeting.

Motion: A motion to approve Resolution No. 2026-07 was made by Dr. Deutch.

Second: Ms. Codiga.

Result: Motion carried unanimously.

AHS COP APPROVAL:

Mr. Hohl reviewed project financing history, revised costs, and funding projections. In May 2024, the Alameda Health System (AHS) Finance Committee approved an estimated $54.1 million budget, based on approximately $6 million in annual parcel tax revenue, $3.6 million in debt service, and $2.4 million remaining for District expenses and hospital operations at an assumed 5.3% interest rate.

The budget rose to $56.42 million before the 2024 Series A COPs closing. SNF improvements, professional services, off-site parking, and moment frame work increased it to approximately $68 million. Water intrusion repairs and SNF operational upgrades added approximately $8.75 million, bringing the revised budget to $77 million. Projected annual funding for District expenses and hospital operations declined to slightly over $1.5 million.

Series A financing generated approximately $15.24 million, including proceeds, premium, and investment earnings. The anticipated $58 million Series B issuance and $3 million in projected earnings would leave an estimated $1.14 million shortfall. The $9.4 million project contingency could be adjusted to address the gap. If contingency funds were exhausted, AHS would contribute up to its agreed maximum commitment associated with façade improvements.

Parcel tax forecasts conservatively assumed 50 additional parcels annually, compared with a historical average of 104. Revenues would first fund debt service and District expenses, with the balance allocated to AHS. Unspent project proceeds could reduce COP debt, fund eligible hospital capital improvements, or offset HCAI project costs.

AHS REPORTS

ALAMEDA HOSPITAL UPDATES

Ms. Adin reviewed performance goals tied to CMS Star Ratings, focusing on patient safety, quality of care, and satisfaction. Most falls occur during toileting or shift changes. Prevention efforts include hourly rounding, bedside shift reports, and evaluation of bedside commode alarms.

The goal is to reduce patient transfer times from 2 hours and 39 minutes to 2 hours and 24 minutes. FY 2027 patient satisfaction targets include:

- Likelihood to Recommend: Improve by 2.9 percentage points to reach the 50th percentile.
- Emergency Department Overall Rating: Increase from 52.62% to 53.6%.
- Nurse Communication: Increase from 72.41% to 73.4%.
- Physician Communication: Increase from 72% to 72.4%.

Approximately 568 Emergency Department patients completed surveys during FY 2026, or roughly 30% of discharges. Improvement areas include staff responsiveness, discharge information, care coordination, and symptom communication. Dr. Deutch emphasized patients' understanding of discharge instructions; Ms. Adin noted that staff are implementing the teach-back method, which

asks patients to explain their discharge instructions in their own words to confirm understanding. She will provide hourly rounding metrics at the next Board meeting.

AH/AHS FINANCE REPORT:

Ms. Mesina presented July 2026 financial results, the first month of the fiscal year. Net patient revenue exceeded projections due to increased acute patient days, but collection rates were slightly lower because of a shift toward Medi-Cal and self-pay and away from Medicare and commercial insurance.

- Financial Performance: Positive but slightly below the $589,000 budget.
- Acute Patient Days: Approximately 186 above budget.
- Average Length of Stay: 4.7 days versus a 4.2-day budget.
- Case Mix Index: 1.453 versus a 1.360 budget.
- Skilled Nursing Patient Days: Slightly below budget.

The Left Without Being Seen measure now includes only patients leaving after triage. The prior-year comparison used the former method and will be corrected in the next report.

ALAMEDA MEDICAL STAFF UPDATE:

Dr. Kalluri discussed replacement of the CT scanner, which is nearing the end of its useful life. Replacement, previously scheduled for 2028, would require facility modifications, regulatory approvals, and coordination with seismic work. Dr. Deutch requested a formal assessment of the CT scanner and mammography unit, including their condition, replacement priorities, and costs. Ms. Adin stated that AHS had budgeted $90 million for systemwide replacement of aging radiology equipment and that Alameda Hospital's CT scanner was on the list.

UROLOGY COVERAGE:

Dr. Kalluri reported an unexpected interruption in urology coverage, raising concerns about patient safety and continuity of care. Certain urgent procedures require in-person specialist intervention; a recent transfer to San Leandro Hospital caused delays. She noted that Alameda Hospital medical staff had not been consulted before the change and that discussions with leadership and Dr. Victorino were underway.

DISTRICT AND OPERATIONAL UPDATES

PRESIDENT'S REPORT

Mr. Cambra recognized approval of Series B financing as a significant milestone after years of planning and coordination and thanked the Board, Mr. Hohl, and the Porter team for their contributions.

EXECUTIVE DIRECTOR'S REPORT

Mr. Hohl reported that three Board members ran unopposed and would retain their seats for another term. He congratulated them on their reelection. He also noted his participation in a Chamber of Commerce leadership program and the upcoming Association of California Healthcare Districts (ACHD) conference.

The City of Alameda Code Enforcement Office had received noise complaints related to hospital operations and anticipated seismic construction. District staff contacted Code Enforcement and were evaluating further coordination to address concerns and future complaints.

The annual audit was underway, with results expected at the next Board meeting. June and fiscal year-end highlights included:

- Administrative Expenses: Approximately $270,000 below the fiscal-year budget.
- Seismic Project: Approximately $338,000 spent in June, with nearly $10 million in cash remaining.
- Rental Properties: Approximately $8,000 in June revenue and $74,000 for the fiscal year, with $413,000 available for property upgrades.

The October 13 special Board meeting will include a detailed budget review and continuation of strategic discussions from the retreat. Board members were asked to identify their top three to five priorities from the facilitator's presentation materials and submit their selections to Mr. Hohl by September 29.

ALAMEDA HOSPITAL LIAISON REPORT:

Dr. Deutch reported that Alameda Hospital offers screening but not diagnostic mammograms, requiring patients who need follow-up to seek care elsewhere. Mammography services have also declined from five days per week to Mondays only, potentially limiting access and demand. He requested information about the mammography unit's condition, replacement timeline, and capital funding, alongside the CT scanner, which he considered the higher clinical priority.

AHS BOARD LIAISON REPORT:

Mr. Sayen discussed proposed SEIU-sponsored legislation that could change AHS governance and expand Alameda County Board of Supervisors oversight, particularly of labor negotiations. Implementation remains uncertain, with further discussion expected.

Additionally, Mr. Sayen noted the departure of Chief Operating Officer Mark Fratzke; Mr. Jackson and another staff member would assume duties temporarily. Mr. Sayen also discussed federal reimbursement delays and policy changes affecting AHS revenue, noting that the system might otherwise be approaching financial break-even. Efforts to resolve issues with the Centers for Medicare & Medicaid Services (CMS) were ongoing.

COMMUNICATIONS SUBCOMMITTEE:

Mr. Cambra reported the District's participation in the Downtown Alameda Business Association Art and Wine Festival on July 25–26. More than 100 informational quizzes were distributed to educate residents about the District's role, hospital governance, and available services.

PROPERTY MANAGEMENT REPORT:

Mr. Cambra reported that the walk-in refrigeration system at the Signal Coffee commercial property was nearing the end of its useful life. Replacement estimates were approximately $18,000 for a complete system meeting current refrigerant requirements or $9,000 for a partial replacement using recycled refrigerant. The Committee discussed the tenant's request for assistance and the

challenge of finding a replacement tenant if the space became vacant. Both options remained under consideration.

For the Pearl Street properties, the City required a J-number from the Bay Area Air Quality Management District before issuing a demolition permit due to potential asbestos concerns. A certified environmental inspection had been completed, and the District would apply for the J-number.

Unit B's tenant requested replacement of carpeting more than ten years old. Consistent with District practice, durable vinyl plank flooring was proposed at an estimated cost of $14,000.

Motion: A motion to approve the replacement of flooring in Unit B with vinyl plank flooring was made by Mr. Sayen.

Second: Ms. Codiga.

Result: Motion carried with one abstention (Dr. Chen).

SEISMIC UPDATE

Ms. Thorson reported that construction, originally expected to begin in September, had shifted to October pending permits and documentation. Initial work includes preparations for the Skilled Nursing Facility (SNF), structural evaluations, and materials testing to assess the hospital's seismic safety. NPC4 improvements were incorporated into SNF preparations to avoid duplicate work and minimize disruption to hospital operations.

NPC4 and NPC5 plans were scheduled for resubmission in September, while Project 7 (SNF) had received regulatory approval and would be coordinated with façade replacement. Design work for the SPC4D seismic retrofit continued to advance. Results from the Materials Testing, Condition, and Assessment Program (MTCAP), expected approximately six months after construction begins, will be essential to finalizing seismic evaluations and obtaining approvals for the Stevens and Westminster Wings.

Ms. Thorson reported that HCAI, the state agency overseeing hospital construction compliance, approved the seismic compliance plan on September 2, with minor schedule revisions, and granted an extension through July 30, 2030. Approximately $2 million in project expenses, including professional and engineering costs, had been submitted for potential seismic grant reimbursement, although funding had not been confirmed. Ms. Thorson reported no major outstanding issues and emphasized schedule monitoring and coordination with hospital leadership to minimize disruption.

CONSENT AGENDA

JULY 2026 MEETING MINUTES:

Motion: A motion to approve the July 2026 meeting minutes was made by Dr. Deutch.

Second: Mr. Sayen.

Result: Motion carried with one abstention (Dr. Chen).

JUNE 2026 FINANICAL STATEMENTS:

The Board unanimously approved the June 2026 financial statements, with no abstentions. No formal motion was made.

ACTION ITEMS

SEISMIC PROJECT SIDE LETTER AGREEMENT #2:

Mr. Hohl presented a proposed side letter agreement with AHS addressing seismic project cost overruns associated with water intrusion work. The District would initially fund repairs with Certificates of Participation (COP) proceeds. If project funds were insufficient, AHS would contribute up to $8.75 million toward the remaining shortfall.

The agreement would provide protection because additional Series C financing was no longer expected to be available. The seismic project has a separate $9 million contingency and the water intrusion project has a $1.5 million contingency. AHS Legal Counsel had agreed in principle, subject to minor revisions. Mr. Hohl sought authority to execute the final agreement provided its terms did not materially change.

Motion: A motion to approve the Seismic Project Side Letter Agreement was made by Dr. Chen.

Second: Dr. Deutch.

Result: Motion approved.

JABER TRUST FUND DISTIBUTION:

Mr. Hohl reviewed Jaber Trust Fund restrictions requiring distributions to support eligible patient care and diagnostic purposes. Under the agreement with AHS, funds are treated similarly to parcel tax revenues, subject to the Trust Agreement's restrictions.

Distributions are limited to 20% of annual net property revenue and 20% of available cash, adjusted for prior approved distributions. The proposed FY 2025–2026 distribution was $121,983. With previously approved but unpaid amounts for FY 2023–2024 and FY 2024–2025, approximately $361,000 was available for distribution; about $400,000 would remain for property expenses and repairs.

Dr. Deutch emphasized preserving funds for essential medical equipment, including potential CT scanner and mammography replacements. The Board discussed possible annual distributions of $100,000–$110,000, while acknowledging AHS's authority to select eligible uses.

Motion: A motion to approve the FY 2025–2026 Jaber Trust Fund distribution of $121,983 was made by Ms. Codiga.

Second: Dr. Deutch.

Result: Motion carried unanimously.

SPECIAL INSPECTION AND TESTING SERVICES:

Following a competitive Request for Proposals, Ms. Thorson recommended awarding Macroscope Engineering Laboratories a $352,260 contract for special inspections and testing. The services cover SNF Make Ready, SMRF Joint Evaluation, and MTCAP Phase 1, including construction observation, material verification, and required compliance testing.

Motion: A motion to approve the $352,260 contract award to Macroscope Engineering Laboratories was made by Ms. Codiga.

Second: Dr. Chen.

Result: Motion carried unanimously.

REVISED CONFLICT OF INTERETS POLICY:

Mr. Tom Driscoll presented a reorganized Conflict of Interest Policy to improve clarity while maintaining the requirement for review every two years. The packet included a redlined version. Additional Form 700 filing guidance would be provided separately in a memorandum.

Motion: A motion to approve the revised Conflict of Interest Policy was made by Dr. Deutch.

Second: Mr. Sayen.

Result: Motion carried unanimously.

SPC4D SEISMIC RETROFIT – GROUP IMPROVEMENTS:

Ms. Thorson reported that ground improvements were needed for the Stevens and West Wings to meet 2030 seismic standards. The proposed scope includes evaluating methods, engineering calculations, a geotechnical report amendment for regulatory review, and updates to construction documents. Work would occur along the West Wing and portions of the Stevens Wing, with potential challenges from existing mechanical equipment.

The scope was not in the original consultant proposal but was reflected in Series B financing estimates as the design evolved. The design was approximately 80–90% confirmed. Ms. Thorson recommended an $80,480 geotechnical change order and noted that additional construction administration services might be needed after plans and schedules were finalized.

Motion: A motion to approve the $80,480 change order for SPC4D geotechnical engineering services was made by Ms. Codiga.

Second: Dr. Chen.

Result: Motion carried unanimously.

ADJOURNMENT:

The meeting was adjourned at 7:52 p.m.

City of Alameda
Health Care District

MEETING MINUTES: OCTOBER 13, 2026

LOCATION: CONFERENCE ROOM A

BOARD MEMBERS PRESENT:
Mr. Cambra, Ms. Codiga, Dr. Chen, Mr. Sayen, Dr. Deutsch

DISTRICT REPRESENTATIVES PRESENT:
Mr. Hohl, Ms. Williams

OTHERS PRESENT:
Mr. Walker

CALL TO ORDER
The meeting was called to order at 4:34 p.m., with a quorum present.

DEBRIEF 2026 SERIES B COPs:

Mr. Hohl reported on the successful closing of the 2026 Series B Certificates of Participation (COPs) financing. He provided a historical overview of interest rates, noting that the initial financial projections developed in 2024 assumed a rate of 5.3%, while the financing ultimately closed at a favorable rate of 4.24%.

For the 2026 financing, interest rates began at 4.7% in July, increased to 4.86% at the time of the AHS Finance Committee presentation, and were approximately 4.85% at the District's September Board meeting. By September 23, rates had risen to 5.07%. Market uncertainty prompted discussions about potentially postponing or withdrawing the financing; however, the District ultimately proceeded, closing at an interest rate of **5.23%**. Mr. Hohl noted that rates continued to rise following the closing, reaching **5.46% as of the previous Thursday**, with the likelihood of further increases.

Mr. Hohl also reviewed projected parcel tax revenues and debt service obligations, including anticipated funding available for District expenses and AHS operations. He noted that available funding in the earlier years is projected to be approximately $150,000 to $170,000 less annually than previously presented to the AHS Finance Committee and Board. However, higher projected funding in later years is expected to result in approximately $3.7 million in additional available funds over the 30-year period. These funds would first cover District expenses, with the remaining balance available for AHS operations.

DISTRICT PURPOSE AND MISSION:

Mr. Hohl reviewed the District's current mission statement and presented a potential alternative to provide greater clarity regarding the District's purpose and role, noting that it was intended for future Board consideration.

Board discussion emphasized the importance of accurately reflecting the District's current responsibilities, suggesting that "monitoring" may be more appropriate than "oversight," which implies a level of operational control the District no longer exercises.

BOARD SELF-ASSESSMENT REVIEW:

Mr. Walker presented the results of the Board Self-Assessment, which evaluated 81 criteria across eight governance areas. The Board received an overall Performance Effectiveness Factor of 79%. He reviewed identified governance gaps and encouraged the Board to consider opportunities to strengthen its effectiveness and strategic direction.

Discussion focused on increasing Board visibility and community engagement, improving public awareness of Alameda Hospital's services, and clarifying the District's governance responsibilities. Members emphasized preserving hospital operations, maintaining access to healthcare services, and ensuring parcel tax revenues continue to benefit Alameda residents. The Board also acknowledged its limited operational authority and the importance of continued coordination with AHS.

The Board's current long-term strategic priority remains the completion of the Alameda Hospital 2030 Seismic Project and meeting the associated compliance deadline, with future consideration of broader strategic goals and opportunities to support community health.

DISTRICT BUDGET AND BUDGETING APPROACH:

Mr. Hohl reviewed provisions of the Joint Powers Agreement (JPA) and its amendment governing District expenditures, including spending authority and insurance obligations. The discussion emphasized financial oversight and safeguarding District funds as financial responsibilities increase.

Mr. Hohl outlined the District's primary budget categories, including staffing, insurance, legal and professional services, memberships, property-related expenses, and Board development. The Board discussed required versus discretionary expenditures, including the scope of legal services, and opportunities to evaluate costs while maintaining necessary professional support.

Additional expenses reviewed included California Special Districts Association membership, City rental program requirements, and homeowners association fees associated with District properties. The Board also discussed conference registration and travel expenses, acknowledging the value of professional development and networking while considering the relevance and cost of participation.

The discussion was informational, and no formal action was taken. Further budget discussion was anticipated at the November Board meeting.

ADJOURNMENT:
The meeting was adjourned at 8:03 p.m.

City of Alameda
Health Care District

CITY OF ALAMEDA HEALTH CARE DISTRICT

UNAUDITED FINANCIAL STATEMENTS

FOR THE PERIOD

(July 1- 31, 2026)

City of Alameda Health Care District

FY 2026-27 District CORE | Budget vs. Actuals

JULY 2026

Account / Description	JULY 2026 Actual	JULY 2026 Budget	JULY 2026 Over / (Under) Budget	FISCAL YTD Actual	FISCAL YTD Budget	FISCAL YTD Over / (Under) Budget
Revenue						
Total Revenue	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**
Gross Profit	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**
Expenditures						
Operating Expenses						
5260 Dues and Subscriptions	$0	$1,250	($1,250)	$0	$1,250	($1,250)
5270 District Stipend	$420	$350	$70	$420	$350	$70
5280 Other Purchased Services	$545	$1,703	($1,158)	$545	$1,703	($1,158)
5290 Insurance	$14,995	$14,355	$640	$14,995	$14,355	$640
5300 Internet/Phone Expense	$480	$293	$187	$480	$293	$187
5350 Payroll & Employee benefit Expenses	$22,576	$25,332	($2,756)	$22,576	$25,332	($2,756)
5360 Payroll Taxes	$1,706	$1,938	($232)	$1,706	$1,938	($232)
5365 Payroll Processing Fee	$53	$150	($97)	$53	$150	($97)
5380 Travel	$59	$792	($733)	$59	$792	($733)
5390 Food/Meals	$802	$333	$469	$802	$333	$469
5410 Accounting Fees	$1,700	$2,758	($1,058)	$1,700	$2,758	($1,058)
5430 Legal & Professional Fees	$8,426	$9,333	($907)	$8,426	$9,333	($907)
5450 Education and Conferences	$0	$1,421	($1,421)	$0	$1,421	($1,421)
5460 Community Involvement and Promotion	$500	$2,083	($1,582)	$500	$2,083	($1,582)
5461 Community Donations	$0	$1,667	($1,667)	$0	$1,667	($1,667)
5470 Office Supplies	$605	$417	$189	$605	$417	$189
5480 Office Expenses	$217	$0	$217	$217	$0	$217
5510 Lease Expense Building	$2,621	$2,088	$533	$2,621	$2,088	$533
5550 Interest Expense	$3,611	$3,750	($139)	$3,611	$3,750	($139)
5800 Depreciation Exp Building	$9,568	$10,546	($978)	$9,568	$10,546	($978)
5810 Depreciation Exp Equipment	$12	$79	($68)	$12	$79	($68)
5999 Misc. Operating Expenses	$0	$333	($333)	$0	$333	($333)
Total Operating Expenses	**$68,897**	**$80,970**	**($12,074)**	**$68,897**	**$80,970**	**($12,074)**
Net Operating Revenue	**($68,897)**	**($80,970)**	**$12,074**	**($68,897)**	**($80,970)**	**$12,074**
Other Revenue						
Nonoperating Revenue						
4300 District Tax Revenue	$508,241	$508,241	$0	$508,241	$508,241	$0
Total Other Revenue	**$508,241**	**$508,241**	**$0**	**$508,241**	**$508,241**	**$0**
Other Expenditures						
Nonoperating Expenses						
6100 AHS transfers	$0	$0	$0	$0	$0	$0
Total Other Expenditures	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**
Net Other Revenue	**$508,241**	**$508,241**	**$0**	**$508,241**	**$508,241**	**$0**
Net Revenue	**$439,344**	**$427,270**	**$12,074**	**$439,344**	**$427,271**	**$12,074**

City of Alameda Health Care District
FY 2026-27 Jaber Properties | Budget vs. Actuals
JULY 2026

Account / Description	JULY 2026 Actual	JULY 2026 Budget	JULY 2026 Over / (Under) Budget	FISCAL YTD Actual	FISCAL YTD Budget	FISCAL YTD Over / (Under) Budget
Revenue						
Operating Revenue						
4100 Rental Revenues	$16,745	$18,000	($1,255)	$16,745	$18,000	($1,255)
4110 Laundry Income	$260	$146	$114	$260	$146	$114
Total Operating Revenue	**$17,005**	**$18,146**	**($1,141)**	**$17,005**	**$18,146**	**($1,141)**
Gross Profit	**$17,005**	**$18,146**	**($1,141)**	**$17,005**	**$18,146**	**($1,141)**
Expenditures						
Operating Expenses						
5000 Rental Property Expenses						
5105 Landscaping	$275	$942	($667)	$275	$942	($667)
5110 Mngt fees Jaber	$856	$933	($77)	$856	$933	($77)
5120 Repairs & Mntc- Jaber	$764	$8,333	($7,569)	$764	$8,333	($7,569)
5130 Utilities	$1,287	$1,208	$79	$1,287	$1,208	$79
5135 Legal & Professional Fees	$2,503	$0	$2,503	$2,503	$0	$2,503
5140 Ins- General, D&O, Property	$0	$744	($744)	$0	$744	($744)
5165 Depreciation Exp Building Rental	$4,387	$3,708	$679	$4,387	$3,708	$679
5170 Misc. Expenses-Rental	$3,808	$167	$3,641	$3,808	$167	$3,641
Total 5000 Rental Property Expenses	**$13,880**	**$16,035**	**($2,155)**	**$13,880**	**$16,035**	**($2,155)**
Total Expenditures	**$13,880**	**$16,035**	**($2,155)**	**$13,880**	**$16,035**	**($2,155)**
Net Revenue	**$3,125**	**$2,111**	**$1,014**	**$3,125**	**$2,111**	**$1,014**

Notes	
FY 25-26 Ending Cash Balance (After AHS Payment)	$413,100
Plus: FY 26-27 YTD Net Revenue	$3,125
Less: FY 26-27 due AHS for 20% of Net Revenue	$625
Less: FY 26-27 due AHS for 20% of Cash Balance	$82,620
Estimated Cash Balance for Repairs	$332,980

City of Alameda Health Care District

FY 2026-27 Consolidated | Budget vs. Actuals

JULY 226

Account / Description	JULY 2026 Actual	JULY 2026 Budget	JULY 2026 Over / (Under) Budget	FISCAL YTD Actual	FISCAL YTD Budget	FISCAL YTD Over / (Under) Budget
Revenue						
Operating Revenue						
4100 Rental Revenues	$16,745	$18,000	($1,255)	$16,745	$18,000	($1,255)
4110 Laundry Income	$260	$146	$114	$260	$146	$114
4500 Gains, Interest, etc	$26,348	$31,000	($4,652)	$26,348	$31,000	($4,652)
Total Revenue	$43,353	$49,146	($5,793)	$43,353	$49,146	($5,793)
Expenditures			$0			$0
Operating Expenses						
5000 Rental Property Expenses						
5105 Landscaping	$275	$942	($667)	$275	$942	($667)
5110 Mngt fees Jaber	$856	$933	($77)	$856	$933	($77)
5120 Repairs & Mntc- Jaber	$764	$8,333	($7,569)	$764	$8,333	($7,569)
5130 Utilities	$1,287	$1,208	$79	$1,287	$1,208	$79
5135 Legal & Professional Fees	$2,503		$2,503	$2,503		$2,503
5140 Ins- General, D&O, Property	$0	$744	($744)	$0	$744	($744)
5165 Depreciation Exp Building Rental	$4,387	$3,708	$679	$4,387	$3,708	$679
5170 Misc. Expenses-Rental	$3,808	$167	$3,641	$3,808	$167	$3,641
Total 5000 Rental Property Expenses	$13,880	$16,035	($2,155)	$13,880	$16,035	($2,155)
5260 Dues and Subscriptions	$0	$1,250	($1,250)	$0	$1,250	($1,250)
5270 District Stipend	$420	$350	$70	$420	$350	$70
5280 Other Purchased Services	$545	$1,703	($1,158)	$545	$1,703	($1,158)
5290 Insurance	$14,995	$14,355	$640	$14,995	$14,355	$640
5300 Internet/Phone Expense	$480	$293	$187	$480	$293	$187
5350 Payroll & Employee benefit Expenses	$22,576	$25,332	($2,756)	$22,576	$25,332	($2,756)
5360 Payroll Taxes	$1,706	$1,938	($232)	$1,706	$1,938	($232)
5365 Payroll Processing Fee	$53	$150	($97)	$53	$150	($97)
5380 Travel	$59	$792	($733)	$59	$792	($733)
5390 Food/Meals	$802	$333	$469	$802	$333	$469
5410 Accounting Fees	$1,700	$2,758	($1,058)	$1,700	$2,758	($1,058)
5430 Legal & Professional Fees	$8,426	$9,333	($907)	$8,426	$9,333	($907)
5450 Education and Conferences	$0	$1,421	($1,421)	$0	$1,421	($1,421)
5460 Community Involvement and Promotion	$500	$2,083	($1,583)	$500	$2,083	($1,583)
5461 Community Donations	$0	$1,667	($1,667)	$0	$1,667	($1,667)
5470 Office Supplies	$605	$417	$188	$605	$417	$188
5480 Office Expenses	$217	$0	$217	$217	$0	$217
5510 Lease Expense Building	$2,621	$2,088	$533	$2,621	$2,088	$533
5550 Interest Expense	$3,611	$3,750	($139)	$3,611	$3,750	($139)
5800 Depreciation Exp Building	$9,568	$10,546	($978)	$9,568	$10,546	($978)
5810 Depreciation Exp Equipment	$12	$79	($68)	$12	$79	($68)
5999 Misc. Operating Expenses	$0	$333	($333)	$0	$333	($333)
Total Expenditures	$82,777	$97,006	($14,229)	$82,777	$97,006	($14,229)
Net Operating Revenue	($39,424)	($47,860)	$8,436	($39,424)	($47,860)	$8,436
Other Revenue						$0
Nonoperating Revenue						$0
4300 District Tax Revenue	$508,241	$514,583	($6,343)	$508,241	$514,583	($6,342)
Total Nonoperating Revenue	$508,241	$514,583	($6,343)	$508,241	$514,583	($6,342)
Total Other Revenue	$508,241	$514,583	($6,343)	$508,241	$514,583	($6,342)
Other Expenditures						
Nonoperating Expenses						
6100 AHS transfers	$0	$0	$0	$0	$0	$0
Total Nonoperating Expenses	$0	$0	$0	$0	$0	$0
Total Other Expenditures	$0	$0	$0	$0	$0	$0
Net Other Revenue	$508,241	$514,583	($6,343)	$508,241	$514,583	($6,342)
Net Revenue	$468,817	$466,723	$2,093	$468,817	$466,723	$2,094

CITY OF ALAMEDA HEALTH CARE DISTRICT
Seismic Project Summary of Additions and Outlays
Fiscal Year 2026 - 2027

	2026						2027						
	July	**Aug.**	**Sept.**	**Oct.**	**Nov.**	**Dec.**	**Jan.**	**Feb.**	**Mar.**	**Apr.**	**May**	**June**	**Total**
Beginning COP Balance (per bank statement)	9,831,969												
Additions													
Deposits	0												0
Interest, Dividends, Other Income	25,124												25,124
Other	0												0
Total Additions	25,124	0	0	0	0	0	0	0	0	0	0	0	25,124
Outlays													
NPC 4 - Equipment Bracing/Anchoring	25,385												25,385
NPC 5 - Tanks - Water and Sewage	29,937												29,937
SNF Operational Upgrade	31,423												31,423
SPC - Stephens	25,812												25,812
SPC - West Wing	24,858												24,858
Façade Replacement	0												0
Fees and Expenses	0												0
Total Outlay	137,415	0	0	0	0	0	0	0	0	0	0	0	137,415
Change in Net Position	(112,291)	0	0	0	0	0	0	0	0	0	0	0	(112,291)
Ending COP Balance (per bank statement)	**9,719,678**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	

City of Alameda Health Care District

Statement of Financial Position

As of Jul 31, 2026

	TOTAL	
	As of Jul 31, 2026	As of Jul 31, 2025 (PY)
Assets		
Current Assets		
Bank Accounts		
1001 Bank of Marin - District Operations	2,955,264	1,136,204
1002 Bank of Marin - Rental Property	690,754	694,031
1003 Drysdale Property Management Acct	1,951	3,728
1004 US Bank - Trust Account	10,200,363	12,413,414
Total Bank Accounts	**$13,848,332**	**$14,247,377**
Other Current Assets		
1069 Property Tax Receivable	810,249	822,060
1070 Lease Receivable-current	45,028	
1101 Prepaid and other assets	138,289	147,269
1102 Prepaid and other assets - J	0	0
Total Other Current Assets	**$993,565**	**$969,329**
Total Current Assets	**$14,841,897**	**$15,216,706**
Fixed Assets		
1230 Leasehold Improvements	14,481	14,481
1250 Construction in Progress	5,539,062	2,957,272
Hospital Property		
1200 Land	267,945	267,945
1210 Land Improvements	286,897	286,897
1221 Hospital Buildings	22,864,173	22,864,173
1222 Building Improvements	1,571,566	1,571,566
1225 Fixed Equipment	3,747,274	3,747,274
1260 Accumulated Depr-Land Improvements	(286,897)	(286,897)
1271 Accumulated Depr-Hospital Buildings	(24,023,899)	(23,903,657)
1275 Accumulated Depr-Fixed Equipment	(3,742,585)	(3,739,481)
1280 Accumulated Depr-Leasehold Improvement	(14,840)	(14,840)
Total for Hospital Property	**$669,634**	**$792,980**
Jaber Property		
1201 Land Jaber Property	610,000	610,000
1228 Equipment-Jaber	6,529	
1229 Other Bldgs - Rental Property	1,073,488	1,073,488
1232 Improvement-Jaber	148,931	
1279 Accumulated Depr-Other Bldgs Rental Prop	(860,201)	(814,718)
Total for Jaber Property	**$978,748**	**$868,771**
SNF (CW&S) Property		
1202 Land(CW&S)	212,113	212,113
1231 Other Assets SNF(CW&S)	134,336	134,336
1281 Accumulated Depr-Other Assets SNF(CW&S)	(129,929)	(124,603)
Total for SNF (CW&S) Property	**$216,520**	**$221,846**
Total Fixed Assets	**$7,418,444**	**$4,855,349**

City of Alameda Health Care District

Statement of Financial Position

As of Jul 31, 2026

	TOTAL	
	As of Jul 31, 2026	As of Jul 31, 2025 (PY)
Other Assets		
1199 Lease Receivable	39,942	127,101
Total Other Assets	**$39,942**	**$127,101**
Total Assets	**$22,300,283**	**$20,199,156**
Liabilities and Equity		
Liabilities		
Current Liabilities		
Accounts Payable		
2020 Accounts Payable (A/P)	0	31,035
Total Accounts Payable	**$0**	**$31,035**
Credit Cards		
2030 Credit Card Payable	3,582	288
Total Credit Cards	**$3,582**	**$288**
Other Current Liabilities		
2017 Deferred revenue-Current	42,045	
2018 Cur Portion of Bank Loan	27,380	25,040
2019 Cur Portion of Bond Oblgs	305,000	295,000
2021 Accrued Liabilities	36,500	1,500
2022 Interest Payable	191,042	195,271
2025 Accrued Payroll Liabilities	0	
Total Other Current Liabilities	**$601,967**	**$516,811**
Total Current Liabilities	**$605,549**	**$548,134**
Long-term Liabilities		
2199 Deferred revenue	35,037	119,127
2250 Bond Obligations	12,795,000	13,095,000
2251 Bond Premium	1,374,239	1,433,559
2270 Debt Obligations	724,040	751,423
Total Long-term Liabilities	**$14,928,316**	**$15,399,109**
Total Liabilities	**$15,533,865**	**$15,947,243**
Equity		
3100 Unrestricted Net Assets	1,014,965	1,534,323
3200 Net Assets Trust	0	(87,700)
3300 Restricted net assets	1,253,937	1,724,329
3400 Invested Capital, net of deb	3,176,199	2,278,048
Retained Earnings	838,371	0
Net Income	482,945	(1,197,087)
Total Equity	**$6,766,418**	**$4,251,913**
Total Liabilities and Equity	**$22,300,283**	**$20,199,156**

City of Alameda Health Care District

Statement of Cash Flows

July 2026

Account Name	Total
OPERATING ACTIVITIES	
Net Income	482,945
Adjustments to reconcile Net Income to Net Cash provided by operations:	
1069 Property Tax Receivable	(508,240)
1101 Prepaid and other assets	7,025
1232 Jaber Property:Improvement-Jaber	(97,123)
2021 Accrued Liabilities	(4,318)
2025 Accrued Payroll Liabilities	(14,129)
2030 Credit Card Payable	2,241
Total Adjustments to reconcile Net Income to Net Cash provided by operations:	**($614,545)**
Net cash provided by operating activities	**($131,599)**
INVESTING ACTIVITIES	
1250 Construction in Progress	(137,415)
1271 Hospital Property:Accumulated Depr-Hospital Buildings	9,167
1275 Hospital Property:Accumulated Depr-Fixed Equipment	12
1279 Jaber Property:Accumulated Depr-Other Bldgs Rental Prop	4,387
1281 SNF (CW&S) Property:Accumulated Depr-Other Assets SNF(CW&S)	401
Net cash provided by investing activities	**($123,450)**
FINANCING ACTIVITIES	
2270 Debt Obligations	(2,222)
Net cash provided by financing activities	**($2,222)**
NET CASH INCREASE FOR PERIOD	**($257,271)**
Cash at beginning of period	**$14,105,603**
CASH AT END OF PERIOD	**$13,848,332**

City of Alameda
Health Care District

CITY OF ALAMEDA HEALTH CARE DISTRICT

UNAUDITED FINANCIAL STATEMENTS

FOR THE PERIOD

(August 1- 31, 2026)

City of Alameda Health Care District

FY 2026-27 District CORE | Budget vs. Actuals
AUGUST 2026

Account / Description	AUGUST 2026 Actual	AUGUST 2026 Budget	AUGUST 2026 Over / (Under) Budget	FISCAL YTD Actual	FISCAL YTD Budget	FISCAL YTD Over / (Under) Budget
Revenue						
Total Revenue	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**
Gross Profit	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**
Expenditures						
Operating Expenses						
5260 Dues and Subscriptions	$0	$1,250	($1,250)	$0	$2,500	($2,500)
5270 District Stipend	$0	$350	($350)	$420	$700	($280)
5280 Other Purchased Services	$584	$1,703	($1,119)	$1,129	$3,406	($2,277)
5290 Insurance	$14,496	$14,355	$142	$29,491	$28,709	$782
5300 Internet/Phone Expense	$481	$293	$188	$961	$586	$375
5350 Payroll & Employee benefit Expenses	$22,300	$25,332	($3,032)	$44,877	$50,664	($5,787)
5360 Payroll Taxes	$1,706	$1,938	($232)	$3,412	$3,876	($464)
5365 Payroll Processing Fee	$53	$150	($97)	$106	$300	($194)
5380 Travel	$34	$792	($757)	$94	$1,583	($1,490)
5390 Food/Meals	$129	$333	($205)	$931	$667	$264
5410 Accounting Fees	$1,700	$2,758	($1,058)	$3,400	$5,517	($2,117)
5430 Legal & Professional Fees	$22,585	$9,333	$13,252	$31,011	$18,667	$12,344
5450 Education and Conferences	$0	$1,421	($1,421)	$0	$2,842	($2,842)
5460 Community Involvement and Promotion	$1,645	$2,083	($438)	$2,145	$4,165	($2,020)
5461 Community Donations	$0	$1,667	($1,667)	$0	$3,333	($3,333)
5470 Office Supplies	$123	$417	($294)	$728	$833	($105)
5480 Office Expenses	$0	$0	$0	$217	$0	$217
5510 Lease Expense Building	$2,088	$2,088	$0	$4,709	$4,176	$533
5550 Interest Expense	$3,601	$3,750	($149)	$7,212	$7,500	($288)
5800 Depreciation Exp Building	$9,567	$10,546	($979)	$19,134	$21,092	($1,958)
5810 Depreciation Exp Equipment	$12	$79	($68)	$23	$158	($135)
5999 Misc. Operating Expenses	$0	$333	($333)	$0	$667	($667)
Total Operating Expenses	**$81,103**	**$80,970**	**$132**	**$150,000**	**$161,941**	**($11,941)**
Net Operating Revenue	**($81,103)**	**($80,970)**	**($132)**	**($150,000)**	**($161,941)**	**$11,941**
Other Revenue						
Nonoperating Revenue						
4300 District Tax Revenue	$508,241	$508,241	$0	$1,016,481	$1,016,481	$0
Total Other Revenue	**$508,241**	**$508,241**	**$0**	**$1,016,481**	**$1,016,481**	**$0**
Other Expenditures						
Nonoperating Expenses						
6100 AHS transfers	$1,500,000	$0	$1,500,000	$1,500,000	$0	$1,500,000
Total Other Expenditures	**$1,500,000**	**$0**	**$1,500,000**	**$1,500,000**	**$0**	**$1,500,000**
Net Other Revenue	**($991,760)**	**$508,241**	**($1,500,000)**	**($483,519)**	**$1,016,481**	**($1,500,000)**
Net Revenue	**($1,072,862)**	**$427,270**	**($1,500,132)**	**($633,519)**	**$854,540**	**($1,488,059)**

City of Alameda Health Care District
FY 2026-27 Jaber Properties | Budget vs. Actuals
AUGUST 2026

Account / Description	AUGUST 2026 Actual	AUGUST 2026 Budget	AUGUST 2026 Over / (Under) Budget	FISCAL YTD Actual	FISCAL YTD Budget	FISCAL YTD Over / (Under) Budget
Revenue						
Operating Revenue						
4100 Rental Revenues	$16,695	$18,000	($1,305)	$33,440	$36,000	($2,560)
4110 Laundry Income	$178	$146	$32	$438	$292	$146
Total Operating Revenue	**$16,873**	**$18,146**	**($1,273)**	**$33,878**	**$36,292**	**($2,414)**
Gross Profit	**$16,873**	**$18,146**	**($1,273)**	**$33,878**	**$36,292**	**($2,414)**
Expenditures						
Operating Expenses						
5000 Rental Property Expenses						
5105 Landscaping	$310	$942	($632)	$585	$1,884	($1,299)
5110 Mngt fees Jaber	$854	$933	($80)	$1,710	$1,866	($156)
5120 Repairs & Mntc- Jaber	$5,128	$8,333	($3,205)	$5,892	$16,666	($10,774)
5130 Utilities	$1,180	$1,208	($28)	$2,467	$2,416	$51
5135 Legal & Professional Fees	$0	$0	$0	$2,503	$0	$2,503
5140 Ins- General, D&O, Property	$0	$744	($744)	$0	$1,488	($1,488)
5165 Depreciation Exp Building Rental	$4,392	$3,708	$684	$8,778	$7,416	$1,362
5170 Misc. Expenses-Rental	$0	$167	($167)	$3,808	$334	$3,474
Total 5000 Rental Property Expenses	**$11,863**	**$16,035**	**($4,172)**	**$25,743**	**$32,070**	**($6,327)**
Total Expenditures	**$11,863**	**$16,035**	**($4,172)**	**$25,743**	**$32,070**	**($6,327)**
Net Revenue	**$5,010**	**$2,111**	**$2,899**	**$8,135**	**$4,222**	**$3,913**

Notes	
FY 25-26 Ending Cash Balance (After AHS Payment)	$413,100
Plus: FY 26-27 YTD Net Revenue	$8,135
Less: FY 26-27 due AHS for 20% of Net Revenue	$1,627
Less: FY 26-27 due AHS for 20% of Cash Balance	$82,620
Estimated Cash Balance for Repairs	$336,988

City of Alameda Health Care District

FY 2026-27 Consolidated | Budget vs. Actuals

AUGUST 226

Account / Description	AUGUST 2026 Actual	AUGUST 2026 Budget	AUGUST 2026 Over / (Under) Budget	FISCAL YTD Actual	FISCAL YTD Budget	FISCAL YTD Over / (Under) Budget
Revenue						
Operating Revenue						
4100 Rental Revenues	$16,695	$18,000	($1,305)	$33,440	$36,000	($2,560)
4110 Laundry Income	$178	$146	$32	$438	$292	$146
4500 Gains, Interest, etc	$27,099	$31,000	($3,901)	$53,446	$62,000	($8,554)
Total Revenue	$43,972	$49,146	($5,174)	$87,324	$98,292	($10,968)
Expenditures			$0			$0
Operating Expenses						
5000 Rental Property Expenses						
5105 Landscaping	$310	$942	($632)	$585	$1,883	($1,298)
5110 Mngt fees Jaber	$854	$933	($80)	$1,710	$1,867	($157)
5120 Repairs & Mntc- Jaber	$5,128	$8,333	($3,206)	$5,892	$16,667	($10,775)
5130 Utilities	$1,180	$1,208	($28)	$2,467	$2,417	$50
5135 Legal & Professional Fees	$0		$0	$2,503	$0	$2,503
5140 Ins- General, D&O, Property	$0	$744	($744)	$0	$1,488	($1,488)
5165 Depreciation Exp Building Rental	$4,392	$3,708	$684	$8,778	$7,417	$1,361
5170 Misc. Expenses-Rental	$0	$167	($167)	$3,808	$333	$3,475
Total 5000 Rental Property Expenses	$11,863	$16,035	($4,173)	$25,743	$32,071	($6,328)
5260 Dues and Subscriptions	$0	$1,250	($1,250)	$420	$2,500	($2,080)
5270 District Stipend	$0	$350	($350)	$1,129	$700	$429
5280 Other Purchased Services	$584	$1,703	($1,119)	$29,491	$3,406	$26,085
5290 Insurance	$14,496	$14,355	$142	$961	$28,709	($27,748)
5300 Internet/Phone Expense	$481	$293	$188	$276	$586	($310)
5350 Payroll & Employee benefit Expenses	$22,300	$25,332	($3,032)	$44,601	$50,664	($6,063)
5360 Payroll Taxes	$1,706	$1,938	($232)	$3,412	$3,876	($464)
5365 Payroll Processing Fee	$53	$150	($97)	$106	$300	($194)
5380 Travel	$34	$792	($757)	$94	$1,583	($1,489)
5390 Food/Meals	$129	$333	($205)	$931	$667	$264
5410 Accounting Fees	$1,700	$2,758	($1,058)	$3,400	$5,517	($2,117)
5430 Legal & Professional Fees	$22,585	$9,333	$13,252	$31,011	$18,667	$12,344
5450 Education and Conferences	$0	$1,421	($1,421)	$0	$2,842	($2,842)
5460 Community Involvement and Promotion	$1,645	$2,083	($438)	$2,145	$4,165	($2,020)
5461 Community Donations	$0	$1,667	($1,667)	$0	$3,333	($3,333)
5470 Office Supplies	$123	$417	($294)	$728	$833	($105)
5480 Office Expenses	$0	$0	$0	$217	$0	$217
5510 Lease Expense Building	$2,088	$2,088	$0	$4,709	$4,176	$533
5550 Interest Expense	$3,601	$3,750	($149)	$7,212	$7,500	($288)
5800 Depreciation Exp Building	$9,567	$10,546	($979)	$19,134	$21,092	($1,958)
5810 Depreciation Exp Equipment	$12	$79	($68)	$23	$158	($135)
5999 Misc. Operating Expenses	$0	$333	($333)	$0	$667	($667)
Total Expenditures	$92,966	$97,006	($4,040)	$175,743	$194,012	($18,269)
Net Operating Revenue	($48,994)	($47,860)	($1,134)	($88,419)	($95,720)	$7,301
Other Revenue						$0
Nonoperating Revenue						$0
4300 District Tax Revenue	$508,241	$514,583	($6,343)	$1,016,481	$1,029,167	($12,686)
Total Nonoperating Revenue	$508,241	$514,583	($6,343)	$1,016,481	$1,029,167	($12,686)
Total Other Revenue	$508,241	$514,583	($6,343)	$1,016,481	$1,029,167	($12,686)
Other Expenditures						
Nonoperating Expenses						
6100 AHS transfers	$1,500,000	$0	$1,500,000	$1,500,000	$0	$1,500,000
Total Nonoperating Expenses	$1,500,000	$0	$1,500,000	$1,500,000	$0	$1,500,000
Total Other Expenditures	$1,500,000	$0	$1,500,000	$1,500,000	$0	$1,500,000
Net Other Revenue	($991,760)	$514,583	($1,506,343)	($483,519)	$1,029,167	($1,512,686)
Net Revenue	($1,040,754)	$466,723	($1,507,477)	($571,938)	$933,447	($1,505,385)

CITY OF ALAMEDA HEALTH CARE DISTRICT
Seismic Project Summary of Additions and Outlays
Fiscal Year 2026 - 2027

	2026						2027						
	July	**Aug.**	**Sept.**	**Oct.**	**Nov.**	**Dec.**	**Jan.**	**Feb.**	**Mar.**	**Apr.**	**May**	**June**	**Total**
Beginning COP Balance (per bank statement)	9,831,969	9,719,678											
Additions													
Deposits	0	0											0
Interest, Dividends, Other Income	25,124	25,833											50,957
Other	0	0											0
Total Additions	25,124	25,833	0	0	0	0	0	0	0	0	0	0	50,957
Outlays													
NPC 4 - Equipment Bracing/Anchoring	25,385	34,783											60,168
NPC 5 - Tanks - Water and Sewage	29,937	5,837											35,774
SNF Operational Upgrade	31,423	30,256											61,679
SPC - Stephens	25,812	23,763											49,575
SPC - West Wing	24,858	10,506											35,364
Façade Replacement	0	0											0
Fees and Expenses	0	0											0
Total Outlay	137,415	105,145	0	0	0	0	0	0	0	0	0	0	242,560
Change in Net Position	(112,291)	(79,312)	0	0	0	0	0	0	0	0	0	0	(191,603)
Ending COP Balance (per bank statement)	**9,719,678**	**9,640,365**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	

City of Alameda Health Care District

Statement of Financial Position

As of Aug 31, 2026

	TOTAL	
	As of Aug 31, 2026	As of Aug 31, 2025 (PY)
Assets		
Current Assets		
Bank Accounts		
1001 Bank of Marin - District Operations	1,389,961	1,058,583
1002 Bank of Marin - Rental Property	704,238	709,273
1003 Drysdale Property Management Acct	(1,148)	4,240
1004 US Bank - Trust Account	10,424,325	12,761,055
Total Bank Accounts	**$12,517,377**	**$14,533,151**
Other Current Assets		
1069 Property Tax Receivable	1,014,931	1,028,541
1070 Lease Receivable-current	45,028	
1101 Prepaid and other assets	123,792	137,138
1102 Prepaid and other assets - J	0	0
Total Other Current Assets	**$1,183,752**	**$1,165,679**
Total Current Assets	**$13,701,128**	**$15,698,830**
Fixed Assets		
1230 Leasehold Improvements	14,481	14,481
1250 Construction in Progress	5,644,207	2,957,272
Hospital Property		
1200 Land	267,945	267,945
1210 Land Improvements	286,897	286,897
1221 Hospital Buildings	22,864,173	22,864,173
1222 Building Improvements	1,571,566	1,571,566
1225 Fixed Equipment	3,747,274	3,747,274
1260 Accumulated Depr-Land Improvements	(286,897)	(286,897)
1271 Accumulated Depr-Hospital Buildings	(24,033,065)	(23,913,755)
1275 Accumulated Depr-Fixed Equipment	(3,742,596)	(3,739,560)
1280 Accumulated Depr-Leasehold Improvement	(14,840)	(14,840)
Total for Hospital Property	**$660,456**	**$782,803**
Jaber Property		
1201 Land Jaber Property	610,000	610,000
1228 Equipment-Jaber	6,529	
1229 Other Bldgs - Rental Property	1,073,488	1,073,488
1232 Improvement-Jaber	148,931	
1279 Accumulated Depr-Other Bldgs Rental Prop	(864,593)	(818,411)
Total for Jaber Property	**$974,356**	**$865,077**
SNF (CW&S) Property		
1202 Land(CW&S)	212,113	212,113
1231 Other Assets SNF(CW&S)	134,336	134,336
1281 Accumulated Depr-Other Assets SNF(CW&S)	(130,329)	(125,050)
Total for SNF (CW&S) Property	**$216,120**	**$221,398**
Total Fixed Assets	**$7,509,619**	**$4,841,031**

City of Alameda Health Care District

Statement of Financial Position

As of Aug 31, 2026

	TOTAL	
	As of Aug 31, 2026	As of Aug 31, 2025 (PY)
Other Assets		
1199 Lease Receivable	39,942	127,101
Total Other Assets	**$39,942**	**$127,101**
Total Assets	**$21,250,689**	**$20,666,962**
Liabilities and Equity		
Liabilities		
Current Liabilities		
Accounts Payable		
2020 Accounts Payable (A/P)	0	25,391
Total Accounts Payable	**$0**	**$25,391**
Credit Cards		
2030 Credit Card Payable	1,474	2,003
Total Credit Cards	**$1,474**	**$2,003**
Other Current Liabilities		
2017 Deferred revenue-Current	42,045	
2018 Cur Portion of Bank Loan	27,380	25,040
2019 Cur Portion of Bond Oblgs	305,000	295,000
2021 Accrued Liabilities	32,000	3,000
2022 Interest Payable	191,042	195,271
2025 Accrued Payroll Liabilities	0	
Total Other Current Liabilities	**$597,467**	**$518,311**
Total Current Liabilities	**$598,942**	**$545,704**
Long-term Liabilities		
2199 Deferred revenue	35,037	119,127
2250 Bond Obligations	12,795,000	13,095,000
2251 Bond Premium	1,374,239	1,433,559
2270 Debt Obligations	721,807	749,426
Total Long-term Liabilities	**$14,926,083**	**$15,397,112**
Total Liabilities	**$15,525,025**	**$15,942,816**
Equity		
3100 Unrestricted Net Assets	1,014,965	1,534,323
3200 Net Assets Trust	0	(87,700)
3300 Restricted net assets	1,253,937	1,724,329
3400 Invested Capital, net of deb	3,176,199	2,278,048
Retained Earnings	838,371	0
Net Income	(557,808)	(724,854)
Total Equity	**$5,725,664**	**$4,724,146**
Total Liabilities and Equity	**$21,250,689**	**$20,666,962**

City of Alameda Health Care District

Statement of Cash Flows
July-August, 2026

Account Name	Total
OPERATING ACTIVITIES	
Net Income	(557,808)
Adjustments to reconcile Net Income to Net Cash provided by operations:	
1069 Property Tax Receivable	(712,923)
1101 Prepaid and other assets	21,521
1232 Jaber Property:Improvement-Jaber	(97,123)
2021 Accrued Liabilities	(8,818)
2025 Accrued Payroll Liabilities	(14,129)
2030 Credit Card Payable	134
Total Adjustments to reconcile Net Income to Net Cash provided by operations:	**($811,338)**
Net cash provided by operating activities	**($1,369,147)**
INVESTING ACTIVITIES	
1250 Construction in Progress	(242,560)
1271 Hospital Property:Accumulated Depr-Hospital Buildings	18,333
1275 Hospital Property:Accumulated Depr-Fixed Equipment	23
1279 Jaber Property:Accumulated Depr-Other Bldgs Rental Prop	8,778
1281 SNF (CW&S) Property:Accumulated Depr-Other Assets SNF(CW&S)	801
Net cash provided by investing activities	**($214,624)**
FINANCING ACTIVITIES	
2270 Debt Obligations	(4,455)
Net cash provided by financing activities	**($4,455)**
NET CASH INCREASE FOR PERIOD	**($1,588,226)**
Cash at beginning of period	**$14,105,603**
CASH AT END OF PERIOD	**$12,517,377**

City of Alameda
Health Care District

CITY OF ALAMEDA HEALTH CARE DISTRICT

UNAUDITED FINANCIAL STATEMENTS

FOR THE PERIOD

(September 1- 30, 2026)

City of Alameda Health Care District

FY 2026-27 District CORE | Budget vs. Actuals
SEPTEMBER 2026

Account / Description	SEPTEMBER 2026 Actual	SEPTEMBER 2026 Budget	SEPTEMBER 2026 Over / (Under) Budget	FISCAL YTD Actual	FISCAL YTD Budget	FISCAL YTD Over / (Under) Budget
Revenue						
Total Revenue	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**
Gross Profit	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**
Expenditures						
Operating Expenses						
5260 Dues and Subscriptions	$3,498	$1,250	$2,248	$3,498	$3,750	($252)
5270 District Stipend	$630	$350	$280	$1,050	$1,050	$0
5280 Other Purchased Services	$610	$1,703	($1,093)	$1,738	$5,109	($3,371)
5290 Insurance	$14,496	$14,355	$141	$43,987	$43,064	$923
5300 Internet/Phone Expense	$481	$293	$188	$1,442	$879	$563
5350 Payroll & Employee benefit Expenses	$24,006	$25,332	($1,326)	$67,177	$75,997	($8,820)
5360 Payroll Taxes	$0	$1,938	($1,938)	$5,118	$5,814	($696)
5365 Payroll Processing Fee	$53	$150	($97)	$159	$450	($291)
5380 Travel	$26	$792	($766)	$120	$2,375	($2,255)
5390 Food/Meals	$341	$333	$8	$1,272	$1,000	$272
5410 Accounting Fees	$12,350	$2,758	$9,592	$15,750	$8,275	$7,475
5430 Legal & Professional Fees	$1,416	$9,333	($7,917)	$32,427	$28,000	$4,427
5450 Education and Conferences	$0	$1,421	($1,421)	$0	$4,262	($4,262)
5460 Community Involvement and Promotion	$0	$2,083	($2,083)	$2,145	$6,248	($4,103)
5461 Community Donations	$0	$1,667	($1,667)	$0	$5,000	($5,000)
5470 Office Supplies	$540	$417	$123	$1,269	$1,250	$19
5480 Office Expenses	$0	$0	$0	$217	$0	$217
5510 Lease Expense Building	$2,088	$2,088	$0	$6,797	$6,264	$533
5550 Interest Expense	$3,590	$3,750	($160)	$10,802	$11,250	($448)
5800 Depreciation Exp Building	$9,567	$10,546	($979)	$28,701	$31,638	($2,937)
5810 Depreciation Exp Equipment	$12	$79	($67)	$35	$237	($202)
5999 Misc. Operating Expenses	$0	$333	($333)	$0	$1,000	($1,000)
Total Operating Expenses	**$73,704**	**$80,970**	**($7,266)**	**$223,704**	**$242,911**	**($19,207)**
Net Operating Revenue	**($73,704)**	**($80,970)**	**$7,266**	**($223,704)**	**($242,911)**	**$19,207**
Other Revenue						
Nonoperating Revenue						
4300 District Tax Revenue	$508,241	$508,241	$0	$1,524,722	$1,524,722	$0
Total Other Revenue	**$508,241**	**$508,241**	**$0**	**$1,524,722**	**$1,524,722**	**$0**
Other Expenditures						
Nonoperating Expenses						
6100 AHS transfers	$0	$0	$0	$1,500,000	$0	$1,500,000
Total Other Expenditures	**$0**	**$0**	**$0**	**$1,500,000**	**$0**	**$1,500,000**
Net Other Revenue	**$508,241**	**$508,241**	**$0**	**$24,722**	**$1,524,722**	**$0**
Net Revenue	**$434,537**	**$427,270**	**$7,266**	**($198,982)**	**$1,281,811**	**($1,480,793)**

City of Alameda Health Care District
FY 2026-27 Jaber Properties | Budget vs. Actuals
SEPTEMBER 2026

Account / Description	SEPTEMBER 2026 Actual	SEPTEMBER 2026 Budget	SEPTEMBER 2026 Over / (Under) Budget	FISCAL YTD Actual	FISCAL YTD Budget	FISCAL YTD Over / (Under) Budget
Revenue						
Operating Revenue						
4100 Rental Revenues	$17,495	$18,000	($505)	$50,934	$54,000	($3,066)
4110 Laundry Income	$145	$146	($1)	$583	$438	$145
Total Operating Revenue	**$17,640**	**$18,146**	**($506)**	**$51,517**	**$54,438**	**($2,921)**
Gross Profit	**$17,640**	**$18,146**	**($506)**	**$51,517**	**$54,438**	**($2,921)**
Expenditures						
Operating Expenses						
5000 Rental Property Expenses						
5105 Landscaping	$310	$942	($632)	$895	$2,826	($1,931)
5110 Mngt fees Jaber	$894	$933	($39)	$2,604	$2,799	($195)
5120 Repairs & Mntc- Jaber	$75	$8,333	($8,258)	$5,967	$24,999	($19,032)
5130 Utilities	$150	$1,208	($1,058)	$2,618	$3,624	($1,006)
5135 Legal & Professional Fees	$138	$0	$138	$2,641	$0	$2,641
5140 Ins- General, D&O, Property	$0	$744	($744)	$0	$2,232	($2,232)
5165 Depreciation Exp Building Rental	$4,407	$3,708	$699	$13,186	$11,124	$2,062
5170 Misc. Expenses-Rental	$0	$167	($167)	$3,808	$501	$3,307
Total 5000 Rental Property Expenses	**$5,975**	**$16,035**	**($10,060)**	**$31,719**	**$48,105**	**($16,386)**
Total Expenditures	**$5,975**	**$16,035**	**($10,060)**	**$31,719**	**$48,105**	**($16,386)**
Net Revenue	**$11,665**	**$2,111**	**$9,554**	**$19,798**	**$6,333**	**$13,465**

Notes	
FY 25-26 Ending Cash Balance (After AHS Payment)	$413,100
Plus: FY 26-27 YTD Net Revenue	$19,798
Less: FY 26-27 due AHS for 20% of Net Revenue	$3,960
Less: FY 26-27 due AHS for 20% of Cash Balance	$82,620
Estimated Cash Balance for Repairs	$346,318

City of Alameda Health Care District

FY 2026-27 Consolidated | Budget vs. Actuals

SEPTEMBER 2026

Account / Description	SEPTEMBER 2026 Actual	SEPTEMBER 2026 Budget	SEPTEMBER 2026 Over / (Under) Budget	FISCAL YTD Actual	FISCAL YTD Budget	FISCAL YTD Over / (Under) Budget
Revenue						
Operating Revenue						
4100 Rental Revenues	$17,495	$18,000	($505)	$50,934	$54,000	($3,066)
4110 Laundry Income	$145	$146	($1)	$583	$437	$146
4500 Gains, Interest, etc	$27,215	$31,000	($3,785)	$80,662	$93,000	($12,338)
Total Revenue	$44,855	$49,146	($4,291)	$132,179	$147,437	($15,258)
Expenditures			$0			$0
Operating Expenses						
5000 Rental Property Expenses						
5105 Landscaping	$310	$942	($632)	$895	$2,825	($1,930)
5110 Mngt fees Jaber	$894	$933	($39)	$2,604	$2,800	($196)
5120 Repairs & Mntc- Jaber	$75	$8,333	($8,258)	$5,967	$25,000	($19,033)
5130 Utilities	$150	$1,208	($1,058)	$2,618	$3,625	($1,007)
5135 Legal & Professional Fees	$138		$138	$2,641	$0	$2,641
5140 Ins- General, D&O, Property	$0	$744	($744)	$0	$2,231	($2,231)
5165 Depreciation Exp Building Rental	$4,407	$3,708	$699	$13,186	$11,125	$2,061
5170 Misc. Expenses-Rental	$0	$167	($167)	$3,808	$500	$3,308
Total 5000 Rental Property Expenses	$5,975	$16,035	($10,061)	$31,719	$48,106	($16,387)
5260 Dues and Subscriptions	$3,498	$1,250	$2,248	$3,498	$3,750	($252)
5270 District Stipend	$630	$350	$280	$1,050	$1,050	$0
5280 Other Purchased Services	$610	$1,703	($1,093)	$1,738	$5,109	($3,371)
5290 Insurance	$14,496	$14,355	$142	$43,987	$43,064	$923
5300 Internet/Phone Expense	$481	$293	$188	$1,442	$879	$563
5350 Payroll & Employee benefit Expenses	$22,300	$25,332	($3,032)	$67,177	$75,997	($8,820)
5360 Payroll Taxes	$1,706	$1,938	($232)	$5,118	$5,814	($696)
5365 Payroll Processing Fee	$53	$150	($97)	$159	$450	($291)
5380 Travel	$26	$792	($766)	$120	$2,375	($2,255)
5390 Food/Meals	$341	$333	$8	$1,272	$1,000	$272
5410 Accounting Fees	$12,350	$2,758	$9,592	$15,750	$8,275	$7,475
5430 Legal & Professional Fees	$1,416	$9,333	($7,917)	$32,427	$28,000	$4,427
5450 Education and Conferences	$0	$1,421	($1,421)	$0	$4,262	($4,262)
5460 Community Involvement and Promotion	$0	$2,083	($2,083)	$2,145	$6,248	($4,103)
5461 Community Donations	$0	$1,667	($1,667)	$0	$5,000	($5,000)
5470 Office Supplies	$540	$417	$123	$1,269	$1,250	$19
5480 Office Expenses	$0	$0	$0	$217	$0	$217
5510 Lease Expense Building	$2,088	$2,088	$0	$6,797	$6,264	$533
5550 Interest Expense	$140,048	$331,250	($191,202)	$147,260	$338,750	($191,490)
5800 Depreciation Exp Building	$9,567	$10,546	($979)	$28,701	$31,638	($2,937)
5810 Depreciation Exp Equipment	$12	$79	($68)	$35	$237	($202)
5999 Misc. Operating Expenses	$0	$333	($333)	$0	$1,000	($1,000)
Total Expenditures	$216,136	$424,506	($208,369)	$391,881	$618,517	($226,636)
Net Operating Revenue	($171,281)	($375,360)	$204,079	($259,702)	($471,080)	$211,378
Other Revenue						$0
Nonoperating Revenue						$0
4300 District Tax Revenue	$508,241	$514,583	($6,343)	$1,524,722	$1,543,750	($19,028)
Total Nonoperating Revenue	$508,241	$514,583	($6,343)	$1,524,722	$1,543,750	($19,028)
Total Other Revenue	$508,241	$514,583	($6,343)	$1,524,722	$1,543,750	($19,028)
Other Expenditures						
Nonoperating Expenses						
6100 AHS transfers	$0	$0	$0	$1,500,000	$0	$1,500,000
Total Nonoperating Expenses	$0	$0	$0	$1,500,000	$0	$1,500,000
Total Other Expenditures	$0	$0	$0	$1,500,000	$0	$1,500,000
Net Other Revenue	$508,241	$514,583	($6,343)	$24,722	$1,543,750	($1,519,028)
Net Revenue	$336,959	$139,223	$197,736	($234,980)	$1,072,670	($1,307,650)

CITY OF ALAMEDA HEALTH CARE DISTRICT
Seismic Project Summary of Additions and Outlays
Fiscal Year 2026 - 2027

	2026						2027						
	July	**Aug.**	**Sept.**	**Oct.**	**Nov.**	**Dec.**	**Jan.**	**Feb.**	**Mar.**	**Apr.**	**May**	**June**	**Total**
Beginning COP Balance (per bank statement)	9,831,969	9,719,678	9,640,365										
Additions													
Deposits	0	0	0										0
Interest, Dividends, Other Income	25,124	25,833	25,757										76,714
Other	0	0	0										0
Total Additions	25,124	25,833	25,757	0	0	0	0	0	0	0	0	0	76,714
Outlays													
NPC 4 - Equipment Bracing/Anchoring	25,385	34,783	0										60,168
NPC 5 - Tanks - Water and Sewage	29,937	5,837	0										35,774
SNF Operational Upgrade	31,423	30,256	0										61,679
SPC - Stephens	25,812	23,763	0										49,575
SPC - West Wing	24,858	10,506	0										35,364
Façade Replacement	0	0	0										0
Fees and Expenses	0	0	0										0
Total Outlay	137,415	105,145	0	0	0	0	0	0	0	0	0	0	242,560
Change in Net Position	(112,291)	(79,312)	25,757	0	0	0	0	0	0	0	0	0	(165,846)
Ending COP Balance (per bank statement)	**9,719,678**	**9,640,365**	**9,666,123**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	

City of Alameda Health Care District
Statement of Financial Position
As of Sep 30, 2026

	TOTAL	
	As of Sep 30, 2026	As of Sep 30, 2025 (PY)
Assets		
Current Assets		
Bank Accounts		
1001 Bank of Marin - District Operations	1,333,871	1,000,982
1002 Bank of Marin - Rental Property	707,255	725,236
1003 Drysdale Property Management Acct	11,907	2,982
1004 US Bank - Trust Account	9,974,041	12,162,913
Total Bank Accounts	**$12,027,074**	**$13,892,114**
Other Current Assets		
1069 Property Tax Receivable	1,522,874	1,543,124
1070 Lease Receivable-current	45,028	
1101 Prepaid and other assets	109,296	121,030
1102 Prepaid and other assets - J	0	0
Total Other Current Assets	**$1,677,198**	**$1,664,155**
Total Current Assets	**$13,704,271**	**$15,556,268**
Fixed Assets		
1230 Leasehold Improvements	14,481	14,481
1250 Construction in Progress	5,644,207	3,115,647
Hospital Property		
1200 Land	267,945	267,945
1210 Land Improvements	286,897	286,897
1221 Hospital Buildings	22,864,173	22,864,173
1222 Building Improvements	1,571,566	1,571,566
1225 Fixed Equipment	3,747,274	3,747,274
1260 Accumulated Depr-Land Improvements	(286,897)	(286,897)
1271 Accumulated Depr-Hospital Buildings	(24,042,231)	(23,923,853)
1275 Accumulated Depr-Fixed Equipment	(3,742,608)	(3,739,639)
1280 Accumulated Depr-Leasehold Improvement	(14,840)	(14,840)
Total for Hospital Property	**$651,279**	**$772,627**
Jaber Property		
1201 Land Jaber Property	610,000	610,000
1228 Equipment-Jaber	6,529	
1229 Other Bldgs - Rental Property	1,073,488	1,073,488
1232 Improvement-Jaber	156,146	
1279 Accumulated Depr-Other Bldgs Rental Prop	(869,000)	(822,105)
Total for Jaber Property	**$977,164**	**$861,383**
SNF (CW&S) Property		
1202 Land(CW&S)	212,113	212,113
1231 Other Assets SNF(CW&S)	134,336	134,336
1281 Accumulated Depr-Other Assets SNF(CW&S)	(130,730)	(125,498)
Total for SNF (CW&S) Property	**$215,719**	**$220,951**
Total Fixed Assets	**$7,502,848**	**$4,985,088**

City of Alameda Health Care District

Statement of Financial Position

As of Sep 30, 2026

	TOTAL	
	As of Sep 30, 2026	As of Sep 30, 2025 (PY)
Other Assets		
1199 Lease Receivable	39,942	127,101
Total Other Assets	**$39,942**	**$127,101**
Total Assets	**$21,247,062**	**$20,668,457**
Liabilities and Equity		
Liabilities		
Current Liabilities		
Accounts Payable		
2020 Accounts Payable (A/P)	0	25,391
Total Accounts Payable	**$0**	**$25,391**
Credit Cards		
2030 Credit Card Payable	2,174	6,973
Total Credit Cards	**$2,174**	**$6,973**
Other Current Liabilities		
2017 Deferred revenue-Current	42,045	
2018 Cur Portion of Bank Loan	27,380	25,040
2019 Cur Portion of Bond Oblgs	305,000	295,000
2021 Accrued Liabilities	34,000	4,500
2022 Interest Payable	0	0
2025 Accrued Payroll Liabilities	0	
Total Other Current Liabilities	**$408,425**	**$324,540**
Total Current Liabilities	**$410,599**	**$356,903**
Long-term Liabilities		
2199 Deferred revenue	35,037	119,127
2250 Bond Obligations	12,645,000	12,950,000
2251 Bond Premium	1,374,239	1,419,337
2270 Debt Obligations	719,563	747,295
Total Long-term Liabilities	**$14,773,840**	**$15,235,760**
Total Liabilities	**$15,184,439**	**$15,592,663**
Equity		
3100 Unrestricted Net Assets	1,014,965	1,534,323
3200 Net Assets Trust	0	(87,700)
3300 Restricted net assets	1,253,937	1,724,329
3400 Invested Capital, net of deb	3,176,199	2,278,048
Retained Earnings	838,371	0
Net Income	(220,850)	(373,206)
Total Equity	**$6,062,623**	**$5,075,794**
Total Liabilities and Equity	**$21,247,062**	**$20,668,457**

City of Alameda Health Care District

Statement of Cash Flows
July-September, 2026

Account Name	Total
OPERATING ACTIVITIES	
Net Income	(220,850)
Adjustments to reconcile Net Income to Net Cash provided by operations:	
1069 Property Tax Receivable	(1,220,866)
1101 Prepaid and other assets	36,018
1232 Jaber Property:Improvement-Jaber	(104,338)
2021 Accrued Liabilities	(6,818)
2022 Interest Payable	(191,042)
2025 Accrued Payroll Liabilities	(14,129)
2030 Credit Card Payable	833
Total Adjustments to reconcile Net Income to Net Cash provided by operations:	**($1,500,342)**
Net cash provided by operating activities	**($1,721,192)**
INVESTING ACTIVITIES	
1250 Construction in Progress	(242,560)
1271 Hospital Property:Accumulated Depr-Hospital Buildings	27,499
1275 Hospital Property:Accumulated Depr-Fixed Equipment	35
1279 Jaber Property:Accumulated Depr-Other Bldgs Rental Prop	13,186
1281 SNF (CW&S) Property:Accumulated Depr-Other Assets SNF(CW&S)	1,202
Net cash provided by investing activities	**($200,639)**
FINANCING ACTIVITIES	
2250 Bond Obligations	(150,000)
2270 Debt Obligations	(6,699)
Net cash provided by financing activities	**($156,699)**
NET CASH INCREASE FOR PERIOD	**($2,078,529)**
Cash at beginning of period	**$14,105,603**
CASH AT END OF PERIOD	**$12,027,074**

City of Alameda
Health Care District

Date: November 9, 2026

To: City of Alameda Health Care District Board of Directors

From: Jeff Cambra, Board President

Subject: Approval of Fiscal Year 2025-2026 Financial Audit

RECOMMENDATION

Approve the 2025-2026 Financial Audit presented by Rick Jackson of JWT & Associates, LLC.

BACKGROUND

Rick Jackson has been the District's auditor for a number of years. Mr. Jackson concluded that in JWT & Associates opinion, the financial statements reviewed as part of the fiscal year 2025-2026 audit present fairly, in all material respects, the financial position of the District as of June 30, 2026 and 2025, and the changes in financial position and its cash flows for the years then ended are in accordance with accounting principles generally accepted in the United States of America.

The audit did not identify any deficiencies in internal controls that were considered to be material weaknesses and their tests disclosed no instances of noncompliance or other matters that are required to be reported under *Government Auditing Standards*.

City of Alameda
Health Care District

Date: November 9, 2026

To: City of Alameda Health Care District Board of Directors

From: Peter Hohl, Executive Director

Subject: Porter Contact Extension

RECOMMENDATION

Approve extension of the Porter contract for their role as owner representative and project manager for the Seismic, Operational Upgrade, and Facade Replacement projects. The effective date of the contract is January 2, 2027 through July 31, 2030 at a not to exceed amount of $3,593,554.

BACKGROUND

The current Porter contract expires on January 1, 2027 and has a do not exceed amount of $2,167,535. Actual contract costs are projected to be below the do not exceed amount when the contract expires.

Porter reforecast total project costs as part of the 2026 Series B COP approval process that incorporated the Facade Replacement project and a Porter contract extension through the conclusion of the projects. The amount budgeted at that time for the Porter contract extension was $2,103,337, which included costs associated with the Facade Replacement project. When Porter began preparations for contract extension discussions with the District, they discovered this budgeted amount was insufficient for the remainder of the project and reforecast their projected costs. The new forecasted not to exceed amount is $3,593,554.

The District met with Porter representatives regarding the contract extension and the new cost projection was shared. After meeting with Porter, District staff reviewed the budgeting assumptions used during the 2026 Series B COP approval process and compared the staffing and cost projections to industry benchmarks for similarly complex and integrated projects. It was clear to the District that the staffing levels used for this forecast were not sufficient given the scale, complexity, and integration of the various projects.

District staff then compared the revised Porter cost and staffing projections versus industry standards and confirmed they were in line and appropriate for projects of this scale. The new estimate forecasts 2.7 FTEs during 2027 as multiple projects are launched during the year. Forecasted FTEs are 2.5 in 2028, 2.35 in 2029 and 1.75 in 2030. Projected costs are $1,094,278 for 2027, $1,013,220 for 2028, $954,116 for 2029, and $531,941 for 2030. Projected costs in 2030 include a $118,209 contingency for wind down in the event Porter's services are required beyond the July 31, 2030 project end date.

Contract rates per hour will remain the same as the current contract and revised contract language has been reviewed by outside counsel.

Exhibit D.1

FEE ALLOCATION / STAFF AUGMENTATION PLAN

Basis of Estimated Fee Allocation

Note: Estimated fees by project are calculated based on the anticipated project duration and Porter Consulting's monthly FTE-based fee. These allocations are approximate, as the monthly fee supports multiple concurrent projects and staffing requirements vary depending on the number and scope of projects underway. Project-level estimates are provided for budgeting purposes.

	Project Description	Original Contract	Change Order 1	Subtotal	Contract Extension	Grand Total
Project 1	Make Ready	$ -	$ 317,475.00	$ 317,475.00	$ 84,993	$ 402,468
Project 2	SMRF Phase 1	$ -	$ 263,437.00	$ 263,437.00	$ 111,047	$ 374,484
Project 3	SMRF Phase 2	$ -	$ -	$ -	$ 159,462	$ 159,462
Project 4	MTCAP Phase 1 (SPC4D)	$ -	$ -	$ -	$ 84,993	$ 84,993
Project 5	MTCAP Phase 2 (SPC4D)	$ -	$ -	$ -	$ 132,442	$ 132,442
Project 6	NPC 4	$ 187,254.00	$ -	$ 187,254.00	$ 221,943	$ 409,197
Project 7	SNF	$ 622,567.00	$ -	$ 622,567.00	$ 306,378	$ 928,945
Project 8	NPC 5	$ 388,401.00	$ -	$ 388,401.00	$ 202,081	$ 590,482
Project 9	SPC 4D Stephens/West	$ 388,401.00	$ -	$ 388,401.00	$ 1,736,144	$ 2,124,545
Project 10	Façade Replacement	$ -	$ -	$ -	$ 554,070	$ 554,070
		$ 1,586,623.00	$ 580,912.00	$ 2,167,535.00	$ 3,593,554	$ 5,761,089

Staff Augmentation Plan – Average Monthly FTE's.

Anticipated projects in construction based on current projected schedule.

Staff Augmentation January 1, 2027 - July 31, 2030	Anticipated Projects in Construction by Year			
	Make-Ready SMRF MTCAP NPC 4 NPC 5 SNF Façade	NPC 4 NPC 5 SNF Façade	Façade SPC4D Retrofit	SPC4D Retrofit Close Out
	2027	2028	2029	2030
	2.70	2.50	2.35	1.75

Estimated Fee Summary by Year (Actual and Estimated)

Estimated Fee Summary by Year		Current Contract Estimate	Actual +Est.	Delta
	2024	520,120	405,185	114,935
	2025	867,992	674,580	193,412
	2026	779,424	755,644	23,780
	2027	*1,094,278*	-	-
	2028	*1,013,220*	-	-
	2029	*954,116*	-	-
	*2030**	*531,944*	-	-
	TOTAL	$ 5,761,092	$ 1,835,409	$ 332,126

*2030 = 7 months, 2027-2029 = 12 months. Contract Ends July 30, 2030

*Actuals as of October 2026.

Exhibit D.1

SUMMARY OF SCOPE CHANGES AND SCHEDULE EXTENSIONS

Porter Consulting LLC was initially engaged in April 2024 to provide project management and construction management services for the Alameda Hospital Seismic and Operational Upgrade Program, including the NPC-5, NPC-4, SPC-4D, and new Skilled Nursing Facility (SNF) projects. The original contract term, based on schedules developed by the District and Ratcliff Architects, extends through January 1, 2027.

In November 2024, Change Order No. 1 expanded the scope to include the SNF Make Ready Project and the Steel Moment Resisting Frame (SMRF) Joint Evaluation Project, increasing the total contract amount to $2,167,535 without extending the original contract term.

As design development, regulatory coordination, and operational planning progressed through 2025 and 2026, additional requirements were identified, including SPC-4D evaluations and materials testing, NPC-5 infrastructure coordination with Alameda Health System, expanded geotechnical investigations and expanded scope with ground improvements now needed for SPC 4D compliance, and building envelope improvements identified through water intrusion investigations (Façade Replacement Project). These additional activities have been accommodated within the existing contract scope and authorized fee without further amendments.

In late 2025, Porter Consulting developed and coordinated the submission of the hospital's seismic compliance plan in collaboration with HCAI's Seismic Compliance Unit, along with the AB 869 Seismic Extension Application. The approved seismic compliance plan and extension established an accelerated schedule involving concurrent design, regulatory reviews, and construction activities, with projected completion of the SPC-4D seismic retrofit by July 30, 2030. The expanded project requirements and extended implementation schedules necessitate continued project management and construction management services beyond the original contract expiration date.

City of Alameda
Health Care District

Date: November 9, 2026

To: City of Alameda Health Care District Board of Directors

From: Peter Hohl, Executive Director

Subject: AHS Parcel Tax Reconciliation

RECOMMENDATION

Approve the transfer of $1,633,293 to Alameda Health System as a true up payment for FY 25-26 parcel taxes. Payment will be made once the December 2026 parcel tax payment is sent to the District by Trustee US Bank.

BACKGROUND

Per the attached reconciliation schedule, total FY 2026 parcel tax revenue was $6,069,071. District operating expenses in FY 2026 were $1,777,239 including COP interest payments. Adjustments were made to District operating expenses to include additional costs incurred by the District for principal payments on COPs and the Bank of Marin loan. District operating expense were further adjusted through a reduction in cost to reflect charges associated with depreciation and amortization. Total District operating expenses after all adjustments was $1,962,778 and the net amount due AHS was $4,133,293. For reference, the net amount due AHS for FY 24-25 was $4,137,551.

The District made two preliminary parcel tax payments in June and August totaling $2,500,000. The remaining balance dues AHS is $1,633,293.

City of Alameda Health Care District

Parcel Tax True Up Calculation
Fiscal Year 2026

	FY 2026	FY 2025
Parcel Tax Revenue		
Received Directly by Trust	6,069,817	6,046,733
Received Directly by District	26,254	30,877
Total Parcel Tax Revenue	6,096,071	6,077,610
Expenses		
District Operating Expenses	1,777,239	1,905,483
Bond-Related Expenses, Net[1]	0	26,170
Principle Payments on Bond	290,000	110,000
Principle Payment on Mortgage	25,256	25,377
Depreciation/Amortization	(129,717)	(126,971)
Total Expenses	1,962,778	1,940,059
Total Parcel Tax Revenue Due AHS	4,133,293	4,137,551
Less: Prior Payments		
Payment 1 - June	1,000,000	1,000,000
Payment 2 - August	1,500,000	1,500,000
Payment 3	0	298,902
Subtotal	2,500,000	2,798,902
Net Parcel Tax Owed to AHS	1,633,293	1,338,649

Notes:

[1] Reflects bond related expenses paid by the District

City of Alameda
Health Care District

Date: November 9, 2026

To: City of Alameda Health Care District Board of Directors

Cc: Peter J. Hohl, Executive Director

From: Kristen Thorson, Project Manager, Porter Consulting LLC

Subject: Approval of Change Order 003 C. Overaa & Co, Pre-Construction Services
Project 10 -Façade Replacement Project

RECOMMENDATION

Approve Change Order 003 with C. Overaa & Co. for preconstruction services associated with Project 10 – Façade Replacement, in an amount not-to-exceed $181,470, subject to final negotiation of scope, schedule, and pricing by Porter Consulting and the Executive Director.

BACKGROUND

To support and potentially expedite the Façade Replacement Project while minimizing potential cost and schedule impacts to the SNF and Make Ready projects, the Project Team engaged Overaa to provide preconstruction services during the design phase. These services include developing the construction work plan, investigating existing conditions to identify potential risks, coordinating with the Design Team on constructability, and evaluating construction phasing and sequencing. This early contractor involvement is intended to improve coordination, identify and address potential issues earlier in the process, facilitate a more efficient design and permitting process, and provide the District and AHS with market-based construction pricing based on the 100% construction documents at the time of HCAI regional project plan submittal. While these efforts are expected to support more efficient project delivery, actual cost and schedule outcomes will depend on design development, regulatory review, and existing conditions and schedule coordination.

In addition to the planning and coordination activities described above, Overaa's proposed services include weekly meetings with the architect and consultants; integration with the overall seismic program schedule; site investigations and selective exploratory openings; cost estimating; subcontractor outreach; and bid evaluation. The proposal assumes a 12-week preconstruction period, which is anticipated to align with the design process.

Coordination with Project 7 – Skilled Nursing Facility (SNF), Project 8 – NPC 5, and other ongoing construction activities is particularly important given the overlapping scopes, schedules, and operational requirements. The Façade Replacement Project is proposed to proceed concurrently with portions of the planned exterior work under the SNF Project, requiring close coordination of construction schedules, phasing, and sequencing across the projects. This coordination will be critical to identifying and

managing schedule conflicts, maintaining access to the facility, and minimizing potential disruptions to hospital operations, patients, staff, and services.

BUDGET ANALYSIS

The proposed Change Order 003 is currently a not-to-exceed (NTE) amount of $181,470, consisting of the following phases:

Phase	Cost
Preconstruction Services	$91,300
Condition Assessment	$22,740
Pricing Effort	$43,760
Fee	$23,670
Total	$181,470

The NTE amount establishes the maximum authorized cost for these services. The Project Team will continue to negotiate the final scope, duration, and pricing with Overaa prior to execution of the Change Order. The final negotiated amount may be less than, but shall not exceed, $181,470 without further Board approval.

Approval authorizes the defined preconstruction effort only. The resulting construction scope, schedule, and price will be developed through this work and submitted separately for consideration. The proposal does not establish the total cost of the Façade Replacement Project.

The current hard construction budget for the Façade Replacement Project is $5,540,704. The proposed preconstruction services represent approximately 3.3% of the hard construction budget. These services were not separately identified during the original budgeting effort.

200 Parr Boulevard
Richmond, CA 94801
Tel 510-234-0926
www.overaa.com

Pre-Construction Services Proposal, Alameda Hospital Seismic Retrofit Façade Replacement

To: Porter, Construction Manager for Alameda Healthcare District (AHD)
Attn: Matt Brondos & Kristen Thorson
From: C. Overaa & Co.
Date: November 2, 2026

Dear Matt & Kristen,

This proposal is in response to your request to provide holistic preconstruction, design assistance and estimating efforts for the replacement of the Alameda Hospital existing non-draining EIFS façade. Overaa proposes to provide these services for **$181,470** (see details in Section 5. pricing).

1. Understanding

We will work collaboratively with Porter and the Design Team through phasing plan iterations to develop a schedule and price that allow the façade work to proceed ahead of Project 7 SNF finishes while limiting hospital disruption.

2. Project 7 SNF Continuity

Project 7 currently includes replacing 8 exterior windows on Level 2 of the South Wing; that work will move into the façade scope, so the windows are integrated with the new system.

While Project 7 has Level 2 of the South Wing open to the studs (late 2026 to mid-2027), pre-con can make exploratory openings there with limited occupied-room ICRA.

Project 7 currently closes in its exterior walls starting in Sept of 2027 through November, finishing in June 2028. The façade in the SNF area must be complete, or Project 7 needs agreed hold points at its exterior walls.

3. Phasing and Sequencing

Pre-con will address the following considerations in developing the phasing plan and schedule.

#	Considerations
1	Façade and Project 7 overlap
2	Project 7 windows
3	Winter weather
4	Hospital constraints & Infection Control
5	Hazardous materials
6	NPC 5 site & procurement constraints
7	Potential utility shutdowns

4. Scope of Pre-Construction Services

#	Scope	Description
1	**Kick-off and work plan**	Review the RDH report, Terracon survey, take-off, phasing, Project 7 CDs and the Seismic 2030 schedule. Produce a façade work plan coordinated with existing work and a scope-gap/RFI log.
2	**Weekly design-assist meetings**	Meet weekly with Porter, AHD, Ratcliff, RDH, the SEOR and Infection Prevention and support decision and action logs.
3	**Phasing, sequencing and logistics**	Size sequences to agreed beds-out-of-service limits, locate vertical joints at phase transitions with constructability notes for A/E details, and support logistics planning including scaffold, laydown, hoisting, entrances and weather protection.
4	**Scheduling iterations**	Integrate the façade into the Seismic 2030 schedule with Project 7 and NPC 5 and re-run it as plan variants change.
5	**Seismic project coordination**	Coordinate Project 7 hold points, window replacements, NPC 5 feasibility and site constraints, shared crane and resources.
6	**Abatement, ICRA and safety protocols**	Support abatement protocols, ICRA/PCRA approach and safety plan inputs for exterior and interior work.
7	**Constructability reviews**	Review the 50% and 100% CD sets and log comments for the Design Team.
8	**Site visits and existing conditions**	Walk the exterior elevations, roofs, L3 patio, skylights, perimeter rooms, entrances and the Project 7 area and maintain conditions and logistics notes.
9	**Exploratory and investigative demolition**	Open and patch back select exterior and interior walls, using the open Project 7 area where possible, with scope-camera inspection. Report on studs, sill track, sheathing, interior damage and windows in support of related unit pricing.
10	**Cost estimating and pricing**	Validate the take-off and prepare estimates
11	**Bid effort**	Prepare public code compliant bid packages and scope sheets for abatement, scaffold/weather protection, framing/sheathing, EIFS, windows/glazing, sealants/flashing, roofing/skylights, L3 patio and interior patching.
12	**Subcontractor outreach**	Reach qualified trade partners, hold pre-bid walks, answer RFIs, level bids and recommend awards. Log trade feedback for the A/E.
13	**Sequence and price iterations**	Re-price as phasing, scope and alternates change with consideration for cost and schedule impacts.
14	**Final façade proposal**	Provide change-order proposal with qualifications, allowances, alternates and schedule.

5. Pricing

Phase	Scope Items	Cost
Preconstruction Services	1 – 7	$91,300
Condition Assessment	8 – 9	$22,740
Pricing Effort	10 – 14	$43,760
Fee		$23,670
Total		**$181,470**

6. Pre-Construction Team

Staff / Title	Focus
Project Executive	Oversight & seismic project continuity
Pre-Construction Manager	Leads design assist, estimate, bid effort and the Project 7 interface
Senior Superintendent	Work plan, sequencing existing work, constructability reviews
Foreman	Exploratory openings and patch-back
Project Engineer	Diagrams and work-plan development, sub-outreach, bid analysis
Estimator	Sub calls, bid analysis and leveling
Scheduler	Iterative scheduling of plan variants against the overall project
Safety Officer	Abatement protocols, scaffold, work sequencing, infection control
Team Coordinator	Meeting logistics and document control
Project Accountant	Billing

7. Clarifications

#	Clarification
1	Preconstruction duration is assumed at 12-weeks.
2	Exploratory openings are estimated at 5 foreman days, placed in the open Project 7 area or unoccupied rooms where possible, with ICRA per Overaa's standard procedures.
3	Porter/AHD will provide access, room turnover and Infection Prevention review for any opening in occupied areas.
4	Trade partner input during design is at no cost to the Owner unless a paid design-assist agreement is approved separately.
5	Design and engineering fees (Ratcliff, RDH, SEOR) and HCAI plan review fees are excluded.
6	Hazardous materials consultant, IH monitoring and laboratory testing are excluded, including mold assessment and sampling of roofs, skylights and the L3 patio.
7	Pricing of the construction-phase work is included in these pre-construction services. Execution of the construction itself is excluded and will be addressed under a separate change order.
8	Re-pricing of Project 7 or NPC 5 base scope is excluded, beyond the façade interface and the NPC 5 feasibility review.

We value the opportunity to support Porter and Alameda Healthcare District through this preconstruction effort and are ready to begin on Porter's direction. Please contact us with any questions.

Respectfully,



Jeffrey R. Gosdigian
Project Executive
C. Overaa & Co.
jeffg@overaa.com

City of Alameda
Health Care District

Date: November 9, 2026

To: City of Alameda Health Care District Board of Directors

Cc: Peter J. Hohl, Executive Director

From: Kristen Thorson, Project Manager, Porter Consulting LLC

Subject: Approve exercising Bid Alternate 4D-1 for Project 9, SPC4D Retrofit, with C. Overaa &Co.

RECOMMENDATION

Approve exercising Bid Alternate 4D-1 for Project 9, SPC4D Retrofit, authorizing C. Overaa & Co. to provide preconstruction services in an amount not to exceed $250,000 for the period January 2027 through July 2027.

BACKGROUND

As part of the Alameda Hospital 2030 Seismic and Operational Upgrades Program, Project 9 addresses the SPC4D seismic retrofit of the Stephens and West Wings.

Given the accelerated project schedule and the need to meet HCAI seismic compliance deadlines, early contractor involvement is critical to supporting timely completion of the SPC4D retrofit design and subsequent construction. During the competitive bidding process, the District established a below-the-line preconstruction services alternate to provide constructability review, validate proposed construction approaches, and identify and resolve potential field conditions, sequencing challenges, and coordination issues before construction begins. This collaborative effort is intended to reduce delays, minimize changes during construction, and support the expedited project schedule. The Architect/Engineer of Record retains responsibility for the design, with the General Contractor providing constructability input and field coordination rather than design-build services.

The District established a $250,000 limit for Bid Alternate 4D-1, Pre-Construction Services, as a separately identified, below-the-line item in the Project 9 bid schedule. C. Overaa & Co. acknowledged the alternate in its bid. The services were excluded from the initial contract authorization and are now proposed for approval by the District Board of Directors.

The services will provide contractor input during the design phase, including:

- Constructability review and coordination meetings with the design and project management teams.
- Field investigations to verify existing conditions, as directed by the Owner.
- Coordination of construction phasing, sequencing, utility systems, and fire/life safety considerations to support completion of the permit documents.

The bid schedule identified twice-monthly preconstruction meetings and establishes hourly rates

of $246.25 for the Project Manager and $251.25 for the Superintendent, valid through 2027. Field labor will be provided through approved field tickets.

Early contractor participation will help identify construction constraints and existing-condition issues before finalization of the permit documents, supporting a coordinated approach to construction planning and implementation.

BUDGET ANALYSIS

The proposed $250,000 authorization will be funded from the existing SPC4D Stephens & West Wing) Hard Construction budget.

The current Hard Construction budget has an available balance of $7,835,385. Following authorization of the preconstruction services, the remaining balance will be $7,585,385. The overall SPC 4D project budget remains unchanged at $15,875,777, with a projected uncommitted balance of $11,580,582 following this authorization. No increase to the approved project budget is requested.

Phase 2 (SPC Stephens & West Wing)	BUDGET	COMMITTED	BUDGET REMAINING	SPC4D Pre Con Overaa	BUDGET REMAINING AFTER CO
Hard Construction	9,480,290	1,644,905	7,835,385	250,000	7,585,385
A & E Fees	1,232,438	1,038,852	193,586	0	193,586
Consultants	237,007	191,437	45,570	0	45,570
Permits & Fees	334,409	28,507	305,902	0	305,902
Inspection & Testing	868,962	753,093	115,869	0	115,869
Project Management	888,401	388,401	500,000	0	500,000
Equipment & Furnishings	0	0	0	0	0
Subtotal	13,041,507	4,045,195	8,996,312	250,000	8,746,312
Owner Contingency	2,834,270		2,834,270	0	2,834,270
Total	15,875,777	4,045,195	11,830,582	250,000	11,580,582

City of Alameda
Health Care District

Date: November 9, 2026

To: City of Alameda Health Care District Board of Directors

Cc: Peter J. Hohl, Executive Director

From: Kristen Thorson, Project Manager, Porter Consulting LLC

Subject: Approval of Ratcliff Add Service #5 – Façade Replacement Project

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RECOMMENDATION

Authorize the Executive Director to negotiate and approve Ratcliff Additional Service Request (ASR) #5 for design, permitting, and construction-phase services associated with the Façade Replacement Project, in an amount not to exceed **$475,000**, subject to completion of Porter Consulting's scope and fee evaluation and final negotiations. This authorization is intended to maintain the project schedule and avoid delays associated with deferring approval until the January Board meeting.

BACKGROUND

In August, the Façade Replacement Project budget was established, including $443,256 allocated for architectural and engineering design fees. This was established by using a standard 8.0% of the anticipated hard construction of $5.54 M.

The project team is planning to incorporate the façade replacement design into the Skilled Nursing Unit Project through an Amended Construction Document (ACD) submission through HCAI. This approach is intended to streamline design coordination and the permitting process, resulting in anticipated time savings to the overall project schedule and potential reductions in project costs. The goal is to capitalize on existing project resources, established coordination efforts, and ongoing construction activities to accelerate implementation and minimize disruption to facility operations. The alternative would be to develop and submit the Façade Replacement Project as a standalone project, requiring a separate design and permitting process.

DESIGN SCOPE

The Façade Replacement Project is intended to establish a new, watertight building envelope. The anticipated scope includes:

- **Buildings:** South Wing, Radiology Addition, and bridge elements connecting to the West and Stephens Wings.
- **Roofing:** Selective re-roofing of designated portions of the existing roof assembly.
- **Skylights and Windows:** Replacement of select skylights and all windows.

- **Exterior Façade:** Installation of a new Exterior Insulation and Finish System (EIFS).
- **Waterproofing and Flashing:** New flashing, expansion joints, and miscellaneous metal fabrication necessary to provide a complete, watertight façade and window system.
- **Firestopping:** Installation or replacement of firestopping to current code at slab edges where existing firestopping is damaged, deficient, or missing.
- **Structural Repairs:** Structural repairs are anticipated; however, the extent and severity of existing structural deficiencies are currently unknown and cannot be fully determined until portions of the existing façade are removed and concealed conditions are exposed. These unknown conditions represent a potential risk to the project scope, budget, and schedule.
- **Project Coordination:** Façade replacement activities will be coordinated with the Skilled Nursing Facility (SNF) Project and the Make Ready Project to align construction sequencing, site access, contractor activities, and work in overlapping areas. This coordination is intended to reduce the overall impact of construction on facility operations, minimize disruptions, avoid duplication of work, and support efficient execution of the projects.

BUDGET ANALYSIS

Porter Consulting is evaluating the architect's proposed scope and fees relative to the anticipated project requirements, schedule, and complexity, including potential efficiencies associated with the ACD approach. As of the preparation of the Board meeting materials, the architect's feedback remains outstanding. The review is proceeding on a compressed timeline to meet the November 9, 2026 Board approval date and maintain coordination with the ongoing SNF and Make Ready Projects.

The architect's proposed fee of $471,260 exceeds the established design budget of $443,256 by $28,004, or approximately 6.3%. Porter Consulting believes opportunities exist to reduce the proposed fee through further scope clarification and negotiation; however, the final negotiated amount may remain at the currently proposed level.

To maintain the project schedule while allowing the fee evaluation and negotiations to be completed, Board authorization is requested for the Executive Director to negotiate and approve the architectural and engineering services agreement in an amount not to exceed $475,000. This amount establishes a maximum authorization rather than an anticipated final contract value and provides limited flexibility above the current proposal. The intent is to negotiate the most favorable fee consistent with the required scope and schedule, while avoiding the potential delays associated with deferring approval until January or convening a special Board meeting.

City of Alameda
Health Care District

Date: November 9, 2026

To: City of Alameda Health Care District Board of Directors

Cc: Peter J. Hohl, Executive Director

From: Kristen Thorson, Project Manager, Porter Consulting LLC

Subject: Bid Award Recommendation – Moving and Storage Services

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RECOMMENDATION

Approve the award of a contract to NCS Moving Services for moving, relocation, storage, and furniture disassembly and reassembly services in support of the Alameda Hospital 2030 Seismic and Operational Upgrade Projects, based on the evaluated bid amount of $93,044.84, with a rounded not-to-exceed contract amount of $100,000.

BACKGROUND

The Alameda Hospital Seismic and Operational Upgrade Projects will require moving, relocation, temporary storage, and furniture disassembly and reassembly services across multiple hospital departments throughout construction. These services are necessary to provide access to areas scheduled for renovation, accommodate temporary relocations, and support the return of furniture and equipment to original spaces or newly renovated spaces.

A competitive bid solicitation was published on the District's website and distributed directly to three moving service vendors. The solicitation generated multiple inquiries, and three bids were ultimately received. NCS Moving Services submitted the lowest evaluated bid in the amount of $93,044.84.

NCS Moving Services was also determined to be a responsible bidder, with demonstrated experience providing moving services in general acute care hospital environments. The company maintains the required licenses and Department of Industrial Relations (DIR) registration and has access to a storage warehouse to accommodate temporary furniture and equipment storage needs. NCS is located within Alameda County, in close proximity to Alameda Hospital, providing convenient access for coordination and mobilization as services are required.

Given the phased construction schedule and the need for moving services at various times throughout the projects, the bid was structured to establish unit pricing for anticipated services rather than a fixed scope of work. The bid included standardized quantities and service requirements to provide a consistent basis for evaluating the proposals.

The evaluated bid amount of $93,044.84 represents the cost calculated using the established bid

quantities and proposed unit rates. A rounded not-to-exceed contract amount of $100,000 is recommended to provide flexibility for variations in actual moving and storage requirements as construction progresses. All services will be performed at the contracted rates and authorized through individual task orders, with each task order identifying the specific moving requirements, schedule, and associated costs. The contract does not guarantee any minimum quantity of work or expenditure. Services will be requested only as needed, and the District is under no obligation to issue task orders or utilize the full not-to-exceed contract amount.

This approach provides flexibility to coordinate moving and storage services with the construction schedule while maintaining a consistent pricing structure and an established maximum contract authorization throughout the projects.

District staff notes that every bid submitted included an irregularity that ordinarily is non-waivable because it would confer a competitive advantage. The bid of NCS Moving and Storage was not accompanied by a bid bond executed by a surety. The bid of Corovan Moving and Storage Co. was entirely unsigned. And the "bid" of Powe & Associates was missing all forms. In light of the foregoing, District staff recommends that the Board waive the irregularity of NCS Moving and Storage's failure to include a bid bond signed by a surety, since it conferred no competitive advantage over Corovan Moving and Storage Co.'s unsigned bid or Powe & Associates "bid" omitting all forms.

BUDGET ANALYSIS

Moving and storage expenses will be tracked and recorded in the project budgets as Hard Construction (Cost of Work) expenses. Actual costs will be allocated to the individual projects based on the specific construction activities or project requirements necessitating each move.

For example, an existing office and locker room will need to be temporarily relocated to provide access for Project 2 – SMRF Joint Evaluation. A temporary location has been identified for the lockers, while an office desk will be placed in the storage facility for the duration of the work. The costs associated with relocating the lockers, transporting and storing the desk, and returning the furnishings to their original locations upon completion of the work will be allocated to Project 2 – SMRF Joint Evaluation.

Individual task orders and final costs will be tracked against the $100,000 not-to-exceed contract amount to ensure that total expenditure remains within the authorized contract limit.

City of Alameda
Health Care District

CY 2027 PROPOSED MEETING DATES

1. Monday, January 11, 2027
2. Monday, March 8, 2027
3. Monday, May 10, 2027
4. Monday, July 12, 2027
5. Monday, September 13, 2027
6. Monday, November 8, 2027