

State Controller's Office - Local Government Programs and Services Division

Special Districts - Government Compensation Report - Calendar Year 2024

[Click Here for GCC Reporting Instructions](#)

Preparer Contact Information

Entity Name	Alameda - City of Alameda Health Care District		
Human Resources Web Page	none		
Employees Hold more than One Position?	No	(Enter 'Yes' or 'No')	'Save As' Filename 2024-12140101000
Do the amounts in the Defined Benefit Plan column include payment toward the pension unfunded liability?	No	(Enter 'Yes' or 'No')	

Preparer Name	Alixandria Williams
Phone Number	925-705-5981
E-mail Address	alixw@alamedahealthcaredistrict.org

"----- Employer Contribution: -----"

-- Total Wages Subject to Medicare (Box 5 of W-2) --

Line #	Elected Position Enter 'Y'	Department	Classification	Multiple Positions Footnote	Annual Salary Minimum	Annual Salary Maximum	Annual		Lump Sum Pay	Other Pay	Applicable Defined Benefit Pension Formula	Retirement			Health, Dental, Vision
							Regular Pay	Overtime Pay				Plan: Share Paid by Employer	Defined Benefit Plan: Employer's Share	Deferred Compensation /Defined Contribution Plan	
1.		Governing Board	Board Member							800					
2.		Governing Board	Board Member							800					
3.		Governing Board	Board Member							800					
4.		Governing Board	Board Member							800					
5.		Governing Board	Board Member							800					