



REDWOOD COAST MEDICAL SERVICES, INC
BOARD OF DIRECTORS - MEETING AGENDA
In person: Elaine Jacob Center | Online: Zoom
February 25, 2026 5:00 PM – 7:00 PM

Business Item	Person	Vote(s) Required	Page #
AGENDA & MINUTES <ul style="list-style-type: none"> Review and vote on acceptance of Meeting Agenda and the Minutes of January 28, 2026 	Leslie Bates	Vote	Page 1-5
OPERATIONS & HUMAN RESOURCES REPORT <ul style="list-style-type: none"> Update 	Laura Curtis		Page 6-7
MEDICAL TEAM REPORT <ul style="list-style-type: none"> Update 	Kalev Golubjatnikov		
DEVELOPMENT, GRANTS, OUTREACH & RISK/COMPLIANCE REPORT <ul style="list-style-type: none"> Updates grant, outreach, and Risk Compliance activities Report on updated Sliding Fee Discount Program 2026 Vote on acceptance of updated Sliding Fee Discount Program 2026 Board Training: HRSA Compliance Ch. 14 	Dawn McQuarrie	Vote	Page 8-14
COMMUNICATIONS COMMITTEE REPORT <ul style="list-style-type: none"> Update 	Susan Hamlin (In.) Hall Kelley (Ext.)		
CEO REPORT <ul style="list-style-type: none"> Organizational Update 	Linda Royal		
CAPITAL CAMPAIGN COMMITTEE REPORT <ul style="list-style-type: none"> Update 	Jim Nybakken		
FINANCE COMMITTEE REPORT <ul style="list-style-type: none"> Report on January Financials Vote on acceptance of the January Financials 	Drew McCalley	Vote	Page 15-27
MENDONOMA HEALTH ALLIANCE REPORT <ul style="list-style-type: none"> Update 	Janis Dolphin		
EXECUTIVE COMMITTEE REPORT <ul style="list-style-type: none"> Update 	Leslie Bates		
PUBLIC COMMENT/SHOUT OUTS	Leslie Bates		

The mission of Redwood Coast Medical Services (RCMS) is to provide high quality, family-oriented, community based medical care, dental care and behavioral health services, including a broad range of preventive health services to residents and visitors within the coastal areas of Southern Mendocino and Northern Sonoma Counties. Services are designed to meet identified needs of the communities served, are integrated with other existing health care services and systems and are evaluated on a regular basis to assure that community health needs are being met. As a non-profit corporation receiving public funds, RCMS provides services to qualifying individuals on a sliding fee scale as well as to patients with MediCal and MediCare coverage, private insurance or self pay status. RCMS plays a special role as the sole provider of medical care in the community and in responding to public health emergencies.



Redwood Coast Medical Services, Inc.
 Board of Directors Meeting – Zoom Online Meeting
Meeting Minutes of January 28, 2026

BOARD MEMBER	P	A/E	BOARD MEMBER	P	A/E
Leslie Bates	X		Drew McCalley	X	
Janis Dolphin	X		Jim Nybakken	X	
Susan Hamlin	X		Andrea Polk	X	
Hall Kelley	X		Laurie Voss		X
Kimberley Lakes	X		Harriet Wright	X	
Patricia Lynch		X			

STAFF PRESENT	
Linda Royal	
Laura Curtis	
Kalev Golubjatnikov	
Dawn McQuarrie	
Karen Wilder	

Public Attendees: 1

CALL TO ORDER: Leslie Bates called the meeting to order at 5:04 pm.

APPROVAL OF AGENDA AND MINUTES: After review and minor corrections, Drew McCalley moved to accept the agenda and the minutes of December 17, 2025. Seconded: Dolphin. Vote: Unanimously accepted.

HUMAN RESOURCES COMMITTEE REPORT: Laura Curtis, Director of Operations & Human Resources

- The new Medical Assistant (MA) has hit the ground running and is doing well.
- Identified good candidates for the Front Desk vacancy and Behavioral Health Coordinator.
- Discussed the requirements for board certified physicians due mostly to strict insurance requirements for Medicaid managed patient panels.
- Provider Lon Transue has left the organization. In the interim we will be bringing in a locum tenens full-time to help fill the gap until the vacancy can be filled. Currently talking to 2 provider candidates that may be able to fill the open positions.
- Currently creating a template that takes into account the exam room spaces and the best way to maximize the provider schedules.
- Currently recruiting for a Chief Medical Officer with a 70% administrative and 30% clinical split so that the position can effectively manage their time while also addressing the needs of the other providers.
- Clinical Operations Manager has also submitted resignation, but internal candidates have applied for the role.

MEDICAL TEAM REPORT: Kalev Golubjatnikov, Medical Team Lead

- Reported on the quality improvements over the past year, particularly in cervical cancer screening and colorectal cancer screening. One area to improve and focus on for the year ahead will be diabetes and cholesterol management.
- Set back with the diabetes education referral program. Partnership Health is denying claims to this service so we are searching for one that is approved and that patients can be referred to without a problem.
- Continuing to develop organization wide practices on diabetes care practices.
- Transitioning to 20-minute appointment slots to help improve access to care (less waiting for patients).
- Taking measures to ensure a whole-person approach to screenings that takes into account social determinants of health.
- Online training programs have been identified so Community Health Workers and Medical Assistants can now be dual certified. Medical Assistant Coordinators will be required to take the training within 1 year.
- Continuing to see flu cases in the community and offering the flu vaccine for anyone that hasn't had one.



DEVELOPMENT, GRANTS, OUTREACH, AND RISK/COMPLIANCE REPORT: Dawn McQuarrie, Programs Manager

- The annual Uniform Data System (UDS) report is in full swing and on track to submit by February 15.
- Discussed the 2025 4th Quarter Risk Assessment Report for 2025. The team identified computer risks at the Sea Watch facility and rectified the issues.

Board Training: Uniform Data System (UDS):

- The Uniform Data System (UDS) is a federally required annual reporting system for Health Center Program awardees and look-alikes.
- RCMS collects and submits standardized data within its HRSA-approved scope of project to report on patient demographics, services provided, clinical quality, staffing, and financial performance.
- UDS data are used by HRSA and health centers to assess program effectiveness, monitor trends over time, compare quality measures to national benchmarks, and support efforts to improve access, quality of care, and health outcomes.

COMMUNICATIONS COMMITTEE REPORT: Susan Hamlin, Internal Committee & Hall Kelley, External Committee

- Susan Hamlin, who is leading the internal committee, is working closely with Laura Curtis and Linda Royal to help employees understand all the benefits available to them. Susan will also be continuing the employee interviews when possible.
- Hall Kelley reported on the actions of the external communications committee:
 - Members: Barbara Brittell, Linda Royal, Dawn McQuarrie, Leslie Bates, and another joining soon.
 - Discussed plans to develop a coordinated effort for consistent communication to the community.
 - Hall is continuing to regularly publish print publications in the community such as the ICO and the Sea Ranch Soundings.
 - Discussed plans to develop a working relationship with the ICO for ongoing editorials.
 - Discussed plans for ongoing utilization of The Pulse e-news and social media channels.

CEO REPORT: Linda Royal, CEO

- Discussed questions related to opposing dangerous ballot measures that could threaten community health centers and the boards position on the issue. The California Primary Care Association (CPCA) will be invited back to do further board education.
- Thank you to all the Board members who attended the All Staff Meeting this month. It was very important and appreciated that you all were there interacting with the staff.
- Discussed the new Organizational Chart that considers each department and sets up appropriate staffing, supervision, and assures that the teams are aligned and supported.
- Outreach will be moving to the main clinic in Gualala and will also complete the Community Health Worker certification so that their services are embedded in patient care and more accessible for patients.
- Continuing to coordinate with the Behavioral Health team on the best way to maximize visits.
- Other clinical priorities include plans to develop home health succession for retiring staff, and to get a 3rd provider for Urgent Care so that there is always a backup.
- Recruiting for Key Roles: Director of Clinical Operations and Chief Medical Officer
- Reviewed openings on Board delegated committees and encouraged participation.
- Plans are underway for the annual Black & White Night in March and sponsorships are being secured.
- Continuing to work on collaborations with community organizations such as the Lions Club who have a free eye glass program.
- Further education is needed for Enhanced Care Management (ECM) and ways to provide this care in-house. Discussed the benefits to the patients.



CAPITAL CAMPAIGN COMMITTEE REPORT: Jim Nybakken, Committee Chair

- Solar & Battery Backup Program:
 - Loan for the project has been fully executed, and all of the paperwork has been submitted to secure the federal reimbursement for the program.
 - Engineering team is in the process of finalizing plans and coordinating with all the entities that need to be contacted to assure project compliance and safety.
 - Installation to begin in August with energization estimated approximately 2 months following.
- Facility Modernization Project: Reported on the recent meeting with the architectural firm:
 - Revised entry way plans to include 4 additional parking spaces on the west side of the expansion.
 - County has agreed to grant a hardship to help accommodate plans for the additional spaces.
 - The proposed plans will require that the existing buffer zones be reduced.
- Capital Campaign Committee: Plans are ongoing and any additional help from the board in terms of hosting events and other activities is welcome. Continuing to develop commitment documents and pitch kit materials for potential donors. Also seeking comments from grateful patients for campaign materials.

FINANCE COMMITTEE REPORT: Drew McCalley, Treasurer

- RCMS remains in a strong financial position.
- Total Patient Visits were behind budget goals for the month in Primary Care and Behavioral Health.
- Key ratios are running within or exceeding the target goals. Accounts receivable did increase slightly in the 100+ day category.
- Payor mix remained on trend and discussed the target for unduplicated patients.
- The bottom line was -\$75k for the month, which is notably better than anticipated had it not been for the Employee Retention Tax Credit that was received.
- The budget was negatively impacted in the following areas:
 - Sliding fee scale write-off in December
 - Being under budget goals in Patient Service Visits
 - Unrealized loss of \$45k in investments
- Discussed the ongoing deficit in visits and the possibility of re-forecasting the budget to be more reflective of current reality.
- Discussed reasons why there are challenges meeting visit goals and possible solutions. Ultimately, organizational workflows need to be restructured so that providers have more support and so the support staff are given the right tools and training to implement.
- Reviewed the quarterly Urgent Care Report, continuing to operate at a loss in that department.
- Reviewed the Quarterly Investment Report, although there was an unrealized loss in December, overall, the investments generated an additional \$200k for the year.

Recommendation to Adopt December 2025 Financials

On behalf of the Finance Committee, Drew McCalley made the recommendation for the Board to accept the December 2025 financials as presented.

Motion: Bates Second: Dolphin

Vote: Motion passed unanimously.

MENDONOMA HEALTH ALLIANCE REPORT: Janis Dolphin, MHA Board Member

- MHA recently added 3 new board members.
- 2 more Narcan kiosks are going up at the Point Arena Apartments and Manchester KOA.



- 2/11/26 Sundstrom office Drug Take Back event from 12pm-2pm. Also partnering with Mendocino County Maternal and Child & Adolescent Health Program to offer car seat inspections and installations.
- Next Matter of Balance Course is scheduled for Feb 4-March 25
- MHA Dental clinics will now be offered in Gualala twice a year, dates to be determined.
- Mobile clinic saw 5 patients last month, continuing to finalize contracts to properly bill for the patient encounters. In the meantime, they continue to provide free screenings and outreach for their services.
- Operating in Manchester on Tuesdays and Thursdays and Point Arena on Mondays.
- Part-time Provider and Data Analyst have been hired.
- Providing women's health care and medication assisted treatment support.
- Contracted with a company to handle all their claim submissions.
- Mobile Clinic Outreach event at the Point Arena Pier on January 29 from 9am-4pm.
- Continuing to do well on their fundraising efforts with over \$500k raised.

EXECUTIVE COMMITTEE REPORT: Leslie Bates, Board Chair

- Report on the topics that were discussed in the Executive Committee meeting:
 - Reported that staffing-related issues were discussed.
 - Discussed changing board recruitments efforts by inviting prospective Board members to join a committee before making the commitment to the board. Discussed ways the board can improve the recruitment process overall.
 - No actions or votes took place.
- Annual Board retreat is planned for February 7.

PUBLIC COMMENT/SHOUT OUTS:

- Susan Hamlin: Thank you, to the Urgent Care team who helped me with my knee injury. They were wonderful and we are lucky to have such a well-trained team.
- Leslie Bates: Thank you to Linda Royal for the excellent All Staff Meeting.
- Drew McCalley: Thank you to all the RCMS team members for showing up and participating in the meeting.

Meeting adjourned at 7:05 PM.

Karen Wilder, for Janis Dolphin, Board Secretary for the RCMS Board of Directors

Ops & HR Report – February 2026

Prepared by: Laura Curtis, Director of Operations and Human Resources

Recruitment

- Open Positions:
Primary Care MD/DO | Urgent Care MD/DO | APP | Front Desk | Per Diem Xray| Part Time Home Health RN | MAC Team member
- Maryann has officially started as Director of Population Health & Quality. This role strengthens our focus on preventative care, quality metrics, and health outcome improvement.
- Jennifer Black will be stepping into the Director of Clinical Operations role. We are thrilled and look forward to the operational consistency and clinical support this role will provide.
- Dr. Tom Bertolli has graciously agreed to step into the Interim CEO role during this transition period. We appreciate his leadership and commitment to organizational continuity.
- Angie Lara is transitioning into a MAC role, working closely with Maryann to support population health initiatives and care gap closure.
- Elaine Wright +has provided notice from the Accounts Payable position. Favi Aguilar will be stepping into the AP role to ensure continuity in finance operations.
- We are currently interviewing for an RX Nurse position.
- We have a strong candidate in process for a Home Health RN role.

Turnover Trends and Retention Goals

- First Year Turn Over: 26.66% (February 2025 –January 2026 timeframe) a decrease of 4.5%
- Overall Turnover: 17.8%, a 3.8% increase from last month

Compliance

- PHP will be doing a site visit for our Point Arena office in March. This is an every three year visit.
- I will be working closely with Dawn for our upcoming FTCA application.

Focus Areas:

- We have held meetings with the Board HR Committee to review workforce priorities, employee benefits strategy, and organizational development initiatives. The committee remains engaged and supportive in strengthening RCMS as an employer of choice.
- The Internal Communications Committee has also convened to improve transparency, cross-department communication, and consistent messaging across

the organization. Work is underway to enhance structured communication channels and staff engagement efforts.

- We are relocating archived records from the downstairs storage area to a secure offsite location. This transition improves compliance, security, and accessibility while freeing up valuable on-site space.
- The vacated area will be converted into a centralized inventory location. This will allow for improved supply oversight, cost control, and streamlined ordering processes across departments.
- We are proactively reviewing and refining operational workflows in anticipation of the upcoming Savanna consultant onsite training. Our goal is to maximize the value of this engagement by ensuring staff are prepared, processes are clearly outlined, and training time is used effectively.

Anniversaries:

Kathy Hall 42 years | Antonia Franci 12 years 4 years | Dr. Afsoon Foorohar 9 years | Corky Hadden 8 years | Cindy Ellison 8 years | Holly Silva 8 years | Leon Koenck 6 years | Anna Leyva 4 years | Emma Smith 1 year

Grants, Development, Outreach, and Compliance Report

February 25, 2026

Grants/Funding

- Uniform Data Systems (UDS) – submitted February 13
- Federal Torts Claim Act (FTCA) – opens February 27
- Looking at potential grants
- Attended meetings for all grants

Marketing

- We are leveraging print media, social media, flyers, radio, TV monitors, and The Pulse
- We respond to all messages received via Facebook and website

Outreach and Enrollment

- Javier Chavez and Harm Wilkinson continue to assist our community members
- Community education is an ongoing activity

Surveys

- None to report

Compliance

- Continuing to update and streamline PnPs
- Attending meeting and trainings

Risk Management

- None to report

Other/Policies and Procedures

- Sliding Fee Discount Program 2026

Board Training

Chapter 14: Collaborative Relationships



Sliding Fee Discount Program 2026 Policy

Department	Clinic	First Approval Date	July 1, 2001
Scope	Entire Clinic	Previous Revision Date	January 2025
BoD Adoption Date		Committee Approval Date	
Next Review Date		Date(s) Announced to Staff	

Purpose / Policy	<p>To assure access to health care services by families and individuals at a cost based on the eligible person's ability to pay.</p> <p>A Sliding Fee Discount Program will be provided to uninsured and underinsured patients and their family members with income levels at or below 200% of the current federal poverty guidelines, based on their family's size. The health center will request a nominal fee for medical, behavioral health services, and exam, cleanings, and restorative services per provider visit. This policy is intended to adjust charges based on the patient's ability to pay in order to eliminate any financial barrier to care.</p>
Mandated by	HRSA
Definitions	
Attachments / References	<p>Federal Poverty Levels 2026 (updated annually)</p> <p>Sliding Fee Scale Application (English)</p> <p>Sliding Fee Scale Application (Spanish)</p> <p>Sliding Fee Scale Attestation Form (English)</p> <p>Sliding Fee Scale Attestation Form (Spanish)</p>

PROCEDURE

1. The Sliding Fee Discount Schedule for the Sliding Fee Discount Program will be updated on an annual basis.
 - A. Each year RCMS will obtain the updated federal poverty income guidelines from the Federal Register and update the sliding fee discount schedule and ensure that the appropriate changes are made in the billing system. In conjunction with the Sliding Fee Discount Schedule review, the policies and procedures related to administration of the Sliding Fee Discount Program (SFDP) will be reviewed and updated, if needed.
 - B. The annual update to the sliding fee discount schedule and any policy updates will be presented to the board of directors for review.
 - C. No later than April 1 of each year, the updated Sliding Fee Discount Schedule will be put into effect.
 - D. At a minimum, once every three years, the clinic evaluates its SFDP by one of the following methods:
 - a. Taking a survey of the sliding fee patient population, particularly regarding the magnitude of the fees collected, to ensure they do not present a barrier to care. The data gathered will allow the clinic to evaluate the effectiveness of the sliding fee discount program and to identify potential barriers to care and make changes as needed.

- appropriate for the patient, the total family size and income levels shall be compared to the Sliding Fee Discount Schedule (see attached).
- F. Patients unable or unwilling to provide written verification of income may still be eligible to participate in the SFDP and will be required to pay full fees, until such time as they provide written verification of income or attestation. At the time written verification of income is provided, any eligible discount will be applied to previous services retroactively up to 30 days.
 - G. Patients applying for the SFDP will be informed that they are obligated to contact the health center if their income level or family size changes.
 - H. The Front Office Supervisor has the authority to reduce or waive any fee(s) for any patient of the health center, regardless of their insurance status or pay class, including the nominal fee, in cases where it is determined that the charge(s) represents a barrier to care. The nominal fee may be waived under circumstances of indigence (suffering extreme poverty), particularly when combined with immigration status, mental health issues, homelessness with no income or other assets, unemployment with no other assets, and disability with no other assets; also, in cases of patients having no income due to serious medical issues or personal emergencies due to serious, expensive medical diagnoses, major accidents, catastrophes, earthquakes, fires, or floods, or any other unusual circumstance determined by the Front Office Supervisor to be causing a financial barrier to the patient's ability to access health care.
4. RCMS will maintain uniform minimum payment terms for SFDP services.
- A. When a SFDP patient is in need of additional services (lab or x-rays) the fee paid is inclusive of those services for SFDP patients.
 - B. Services covered by the SFDP must be medically necessary, as determined by the provider. If certain expensive procedures or lab tests with less expensive options are requested by a patient, these procedures or test may be exempted from sliding fee discounts, but the patient and provider will have an agreement in advance of these if requested by the patient.
5. RCMS will maintain consistent expectations for payment on outstanding balances and clearly communicate these expectations.
- A. RCMS staff will request and expect payment at time of visit. Patients who cannot make the nominal charge payment at the time of service will be asked to bring payment to the next visit. If it is determined that the nominal fee is presenting a barrier to care, the fee will be waived in accordance with paragraph 3H.
 - B. SFDP patient accounts are handled in a manner consistent with payment and collection policies offered by other businesses that extend credit. Patients on the SFDP will be billed at least monthly. All accounts must be kept current, and the Billing Department will work with patients to establish payment plans. After 30 days of no activity on an account, staff will contact the patient to establish a payment plan. After 90 days of insufficient activity, except for those patients whose income is equal or less than 100% of the federal poverty level.
 - C. RCMS reserves the right to engage/disengage a collection agency if deemed necessary.



Federal Poverty Levels 2026

By Family Size and Income for determining patient sliding scale eligibility
Effective 02/01/2026

	SS (A)	SS (B)	SS (C)	SS (D)
Medical:	\$20.00	\$30.00	\$40.00	\$50.00
Behavioral Health:	\$20.00	\$30.00	\$40.00	\$50.00
Dental:	\$50.00	\$60.00	\$70.00	\$80.00

Family Size	A	B	C	D
	0-100% Medical: \$20.00 Behavioral Health: \$20.00 Dental: \$50.00	100.01-133.00% Medical: \$30.00 Behavioral Health: \$30.00 Dental: \$60.00	133.01-166.00% Medical: \$40.00 Behavioral Health: \$40.00 Dental: \$70.00	166.01-200.00% Medical: \$50.00 Behavioral Health: \$50.00 Dental: \$80.00
1	\$0 – 15,960	15,961 – 21,227	21,228 – 26,494	26,495 – 31,920
2	0 – 21,640	21,641 – 28,781	28,782 – 35,922	35,923 – 43,280
3	0 – 27,320	27,321 – 36,336	36,337 – 45,351	45,352 – 54,640
4	0 – 33,000	33,001 – 43,890	43,891 – 54,780	54,781 – 66,000
5	0 – 38,680	38,381 – 51,444	51,445 – 64,209	64,210 – 77,360
6	0 – 44,360	44,361 – 58,999	59,000 – 73,638	73,639 – 88,720
7	0 – 50,040	50,041 – 66,553	66,554 – 83,066	83,067 – 100,080
8	0 – 55,720	55,721 – 74,108	74,109 – 92,495	92,496 – 111,440
For each additional family member, add:	5,680	5,681	7,555	9,430

Patients with an income over 200% of the Federal Poverty Guidelines do not qualify for the Sliding Fee Discount Program.

OUR MISSION: The mission of Redwood Coast Medical Services (RCMS) is to provide high quality, family-oriented, community based primary medical and dental care, including a broad range of preventive health services to residents and visitors within the coastal areas of Southern Mendocino and Northern Sonoma Counties.

RCMS is a not-for-profit health center providing a full range of healthcare services at its three clinics located in Gualala and Point Arena. Services are designed to meet identified needs of the community services, are integrated with other existing healthcare services and systems, and are evaluated on a regular basis to assure that community health needs are being met.

Chapter 14: Collaborative Relationships

Note: This chapter contains revisions based on the Bipartisan Budget Act of 2018. [View the revisions.](#)

Authority

Section 330(k)(3)(B) of the PHS Act; and 42 CFR 51c.303(n), 42 CFR 56.303(n), and 42 CFR 51c.305(h)

Requirements

- The health center has made and must continue to make every reasonable effort to establish and maintain collaborative relationships, including with other health care providers that provide care within the catchment area [[service area](#)], local hospitals, and specialty providers in the catchment area of the center, to provide access to services not available through the health center and to reduce the non-urgent use of hospital emergency departments.
- To the extent possible, the health center must coordinate and integrate project activities with the activities of other federally-funded, as well as State and local, health services delivery projects and programs serving the same population.

Demonstrating Compliance

A health center would demonstrate compliance with these requirements by fulfilling all of the following:

- a. The health center documents its efforts to collaborate with other providers or programs in the service area, including local hospitals, specialty providers, and social service organizations (including those that serve special populations), to provide access to services not available through the health center in order to support
 - Reductions in the non-urgent use of hospital emergency departments;
 - Continuity of care across community providers; and
 - Access to other health or community services that impact the patient population.
- b. The health center documents its efforts to coordinate and integrate activities with other federally-funded, as well as State and local, health services delivery projects and programs serving similar patient populations in the service area (at a minimum, this would include establishing and maintaining relationships with other health centers in the service area).

- c. If the health center expands^{1,2} its HRSA-approved [scope of project](#):
- The health center obtains letters or other appropriate documents specific to the request or application that describe areas of coordination or collaboration with health care providers serving similar patient populations in the service area (health centers, rural health clinics, local hospitals including critical access hospitals, health departments, other providers including specialty providers, as applicable); or
 - If such letters or documents cannot be obtained from these providers, the health center documents its attempts to coordinate or collaborate with these health care providers (health centers, rural health clinics, local hospitals including critical access hospitals, health departments, other providers including specialty providers, as applicable) on the specific request or application proposal.

Related Considerations

The following points describe areas where health centers have discretion with respect to decision-making or that may be useful for health centers to consider when implementing these requirements:

- The health center determines how to document collaboration or coordination with providers and organizations in its service area (for example, through a memorandum of agreement, letters, membership on a city-wide community health planning council).

¹ Expanding the HRSA-approved scope of project may occur by adding sites or services through change-in-scope requests, New Access Point competitive applications, or other supplemental funding applications.

² Additional requirements for documented collaboration may apply based on specific Notices of Funding Opportunity (NOFOs), Notices of Award (NOAs), [look-alike](#) designation instructions, or other Federal statutes, regulations, or policies.

REDWOOD COAST MEDICAL SERVICES, INC.

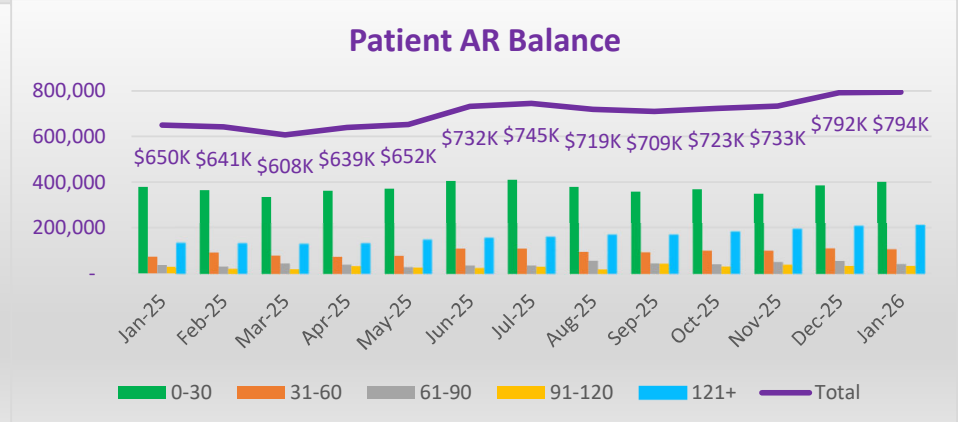
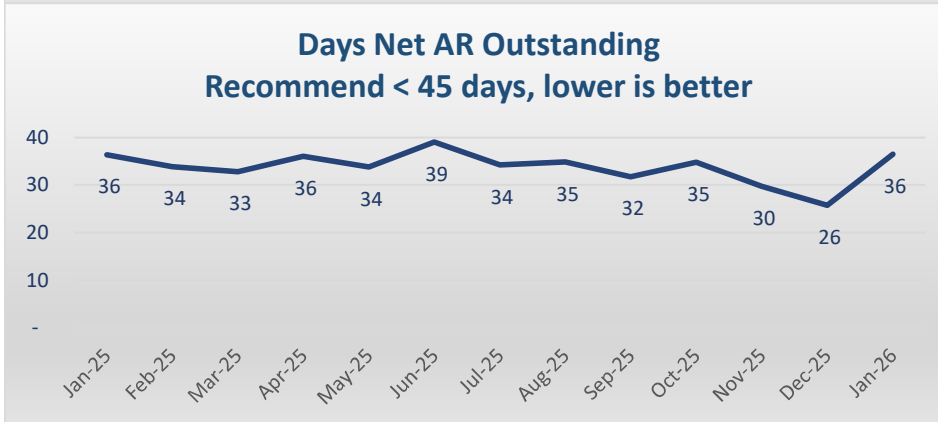
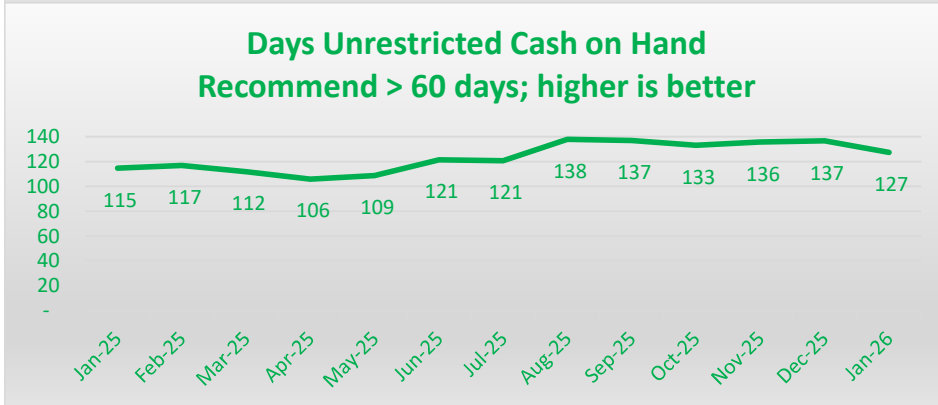
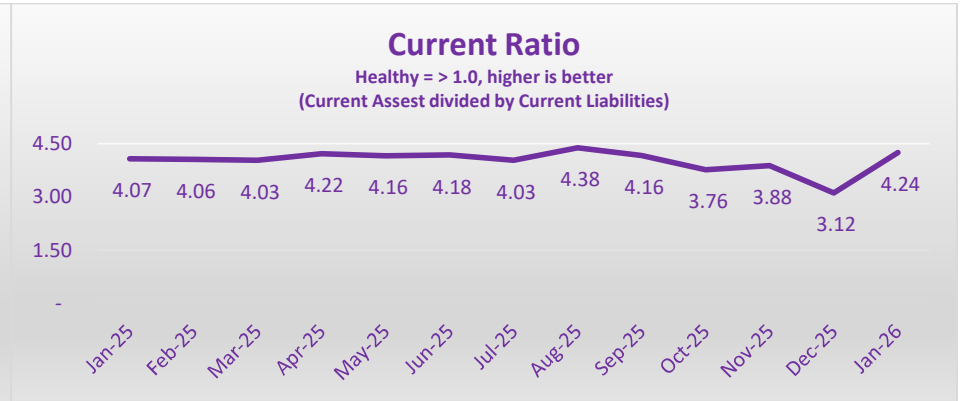
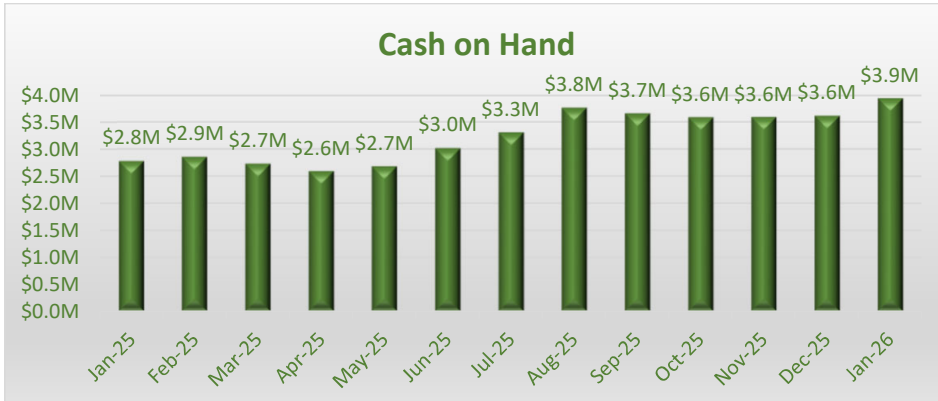
EXECUTIVE SUMMARY - PRELIMINARY

January 2026

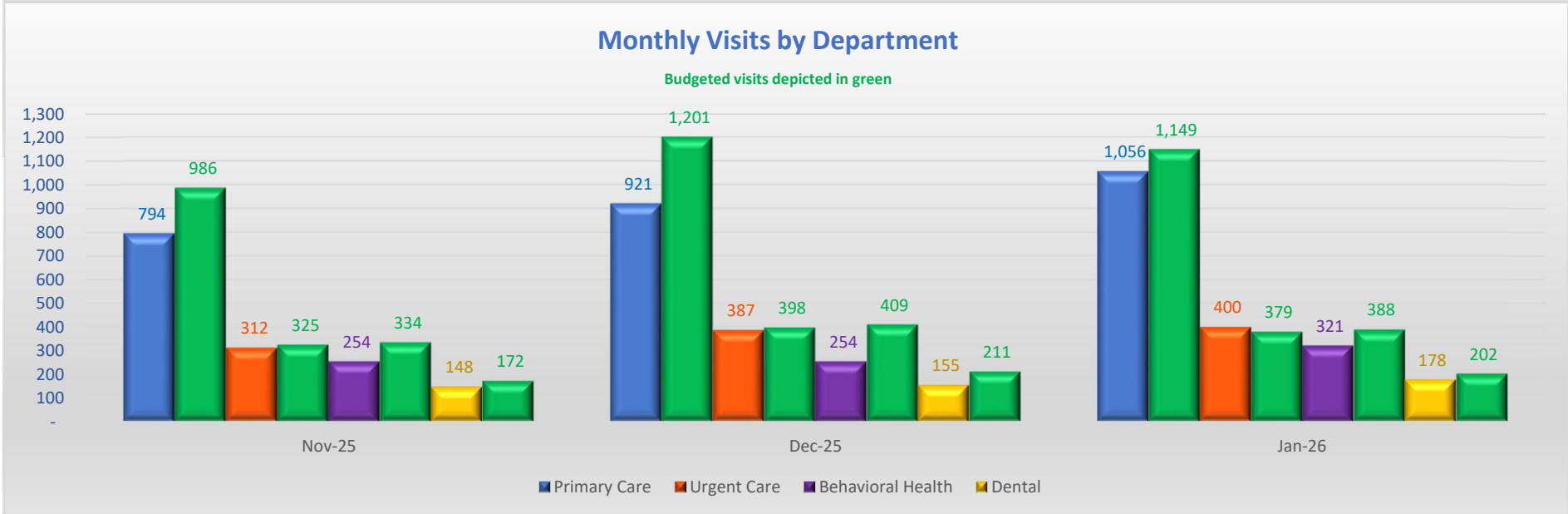
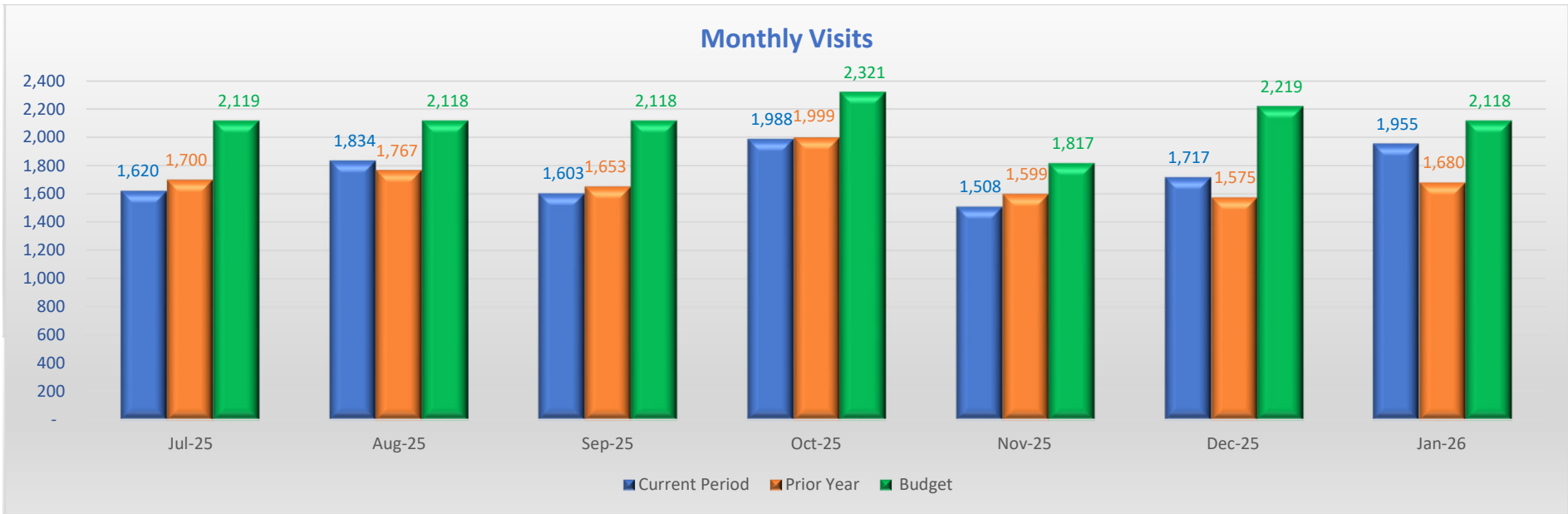
STATEMENT OF FINANCIAL POSITION					
ASSETS	Jan-26	Jan-25	Change	Dec-25	Change
Current Assets	4,707,408	3,569,259	31.89%	3,876,090	21.45%
Long-Term Assets	3,024,773	2,831,677	6.82%	2,958,662	2.23%
TOTAL ASSETS	7,732,181	6,400,936	20.80%	6,834,752	13.13%
LIABILITIES AND NET ASSETS					
Current Liabilities	812,544	854,159	-4.87%	882,867	-7.97%
Estimated Medi-Cal Liabilities	296,652	22,347	1227.50%	44,038	573.63%
Long-Term Leases	618,815	2,250	27406.68%	97,844	532.45%
Total Liabilities	1,728,011	878,756	96.64%	1,024,749	68.63%
Net Assets	6,004,170	5,522,181	8.73%	5,810,003	3.34%
TOTAL LIABILITIES AND NET ASSETS	7,732,181	6,400,936	20.80%	6,834,752	13.13%

STATEMENT OF ACTIVITIES - YTD					
REVENUES	Actual	Budget	Variance	Prior Year	Change
Patient Service Revenue	2,940,798	3,480,076	-15.50%	2,518,845	16.75%
Grant & Other Revenue	3,013,916	2,025,683	48.79%	2,006,997	50.17%
NET REVENUE	5,954,714	5,505,759	8.15%	4,525,842	31.57%
OPERATING EXPENSES					
Salaries and Benefits	4,165,976	4,185,602	-0.47%	3,785,344	10.06%
Contracted Services	30,828	35,013	-11.95%	40,651	-24.16%
Facility Costs	136,789	151,559	-9.75%	140,519	-2.65%
Supplies	324,175	300,909	7.73%	308,178	5.19%
Depreciation & Amortization	100,799	103,635	-2.74%	105,974	-4.88%
Other Operating Expenses	1,055,683	986,436	7.02%	930,004	13.51%
TOTAL OPERATING EXPENSES	5,814,251	5,763,154	0.89%	5,310,670	9.48%
OPERATING EXCESS/(DEFICIENCY)	140,463	(257,395)	-154.57%	(784,828)	-117.90%
Net Capital Income/(Expenses)	352,391	326,541	7.92%	490,575	-28.17%
TOTAL EXCESS/(DEFICIENCY)	492,855	69,146	612.77%	(294,253)	-267.49%

REDWOOD COAST MEDICAL SERVICES, INC.
 EXECUTIVE SUMMARY - PRELIMINARY
 January 2026



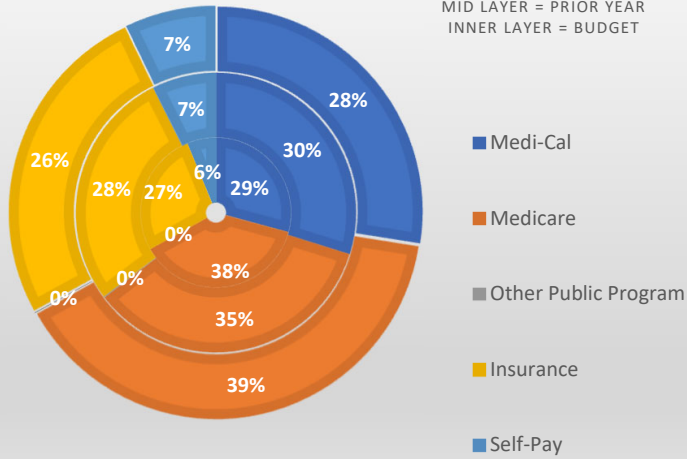
REDWOOD COAST MEDICAL SERVICES, INC.
 EXECUTIVE SUMMARY - PRELIMINARY
 January 2026



REDWOOD COAST MEDICAL SERVICES, INC.
 EXECUTIVE SUMMARY - PRELIMINARY
 January 2026

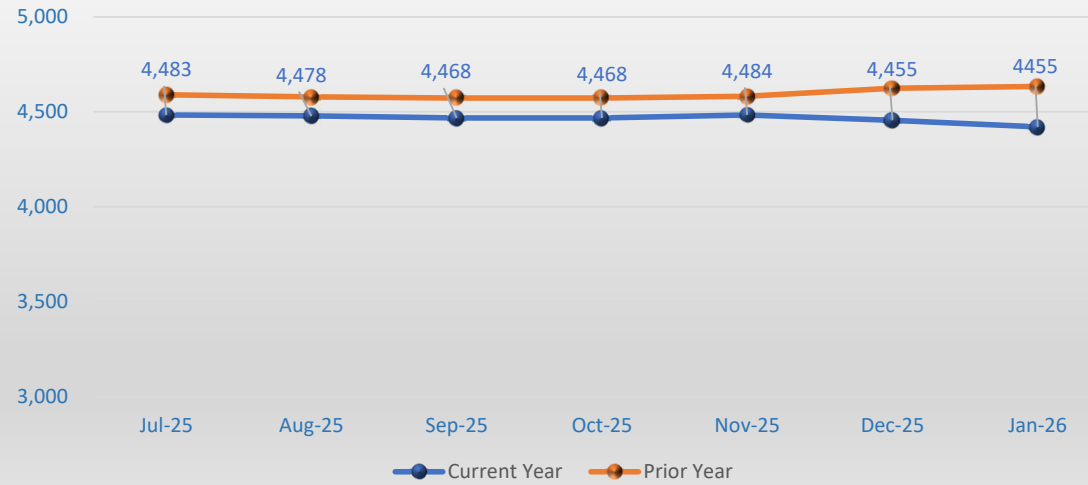
YTD PAYOR MIX

OUTER LAYER = CURRENT YEAR
 MID LAYER = PRIOR YEAR
 INNER LAYER = BUDGET

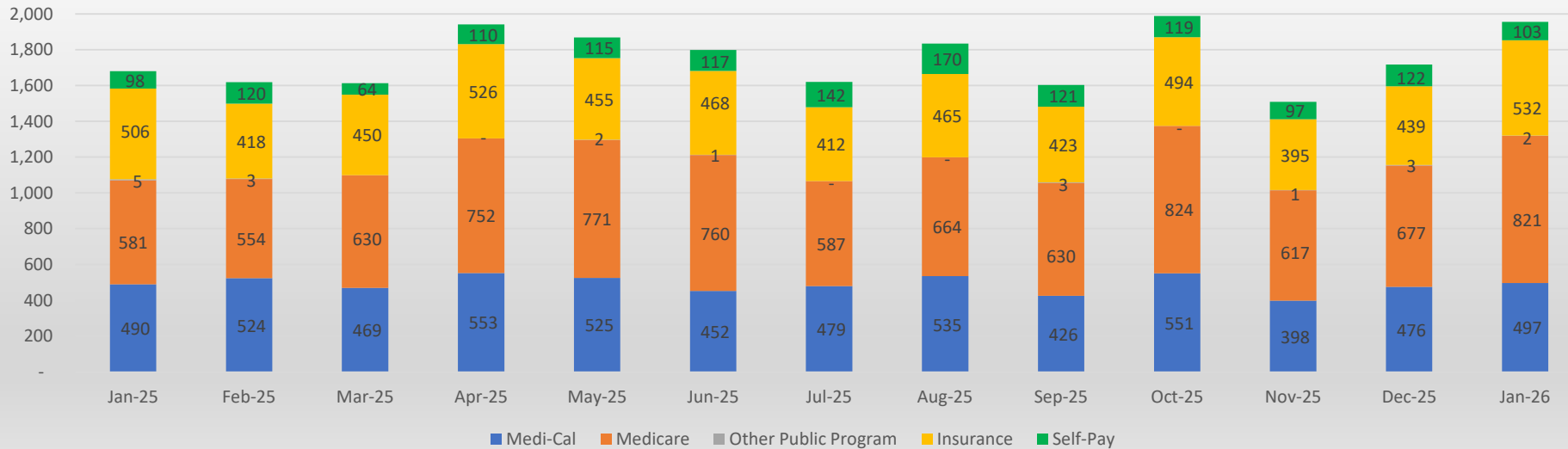


Unduplicated Patients

SAC = 5,000



Monthly Visits by Financial Class





FINANCIAL NARRATIVE - PRELIMINARY
January 2025

Financial results:

We recorded a bottom-line profit of \$78,174 for January, which was \$50,538 more than the budgeted profit of \$27,636. Our year-to-date bottom-line profit was \$492,855, which was \$423,709 better than the budgeted bottom-line profit of \$69,146.

- Net Patient Revenue (NPR) of \$578,286 was \$84,057 more than the budgeted NPR of \$494,229.

NPR Variance	\$ 84,057.17
Due to higher/(lower) visits	\$ (38,035.57)
Due to higher/(lower) rate per visit	\$ 122,092.74

- January visits of 1,955 were 163 fewer than budgeted visits of 2,118.
- The average rate per visit of \$295.80 was \$62.45 higher than the budgeted average rate per visit of \$233.35.
 - We received our Medicare Cost Report settlement for last fiscal year that ended June 30, 2025, of \$26,061.
- Grants and Other Revenue of \$273,941 were \$4,621 higher than budgeted.
 - Other Grant Revenue was \$35,182 higher than budgeted due to receiving a Partnership Equity and Practice Transformation grant award.
 - 340B revenue was \$11,118 lower than budgeted.
 - ARCH QIP revenue was \$13,940 lower than budgeted due to a lower-than-anticipated incentive for July through September 2025.
- Fundraising and Capital Activity Revenue of \$93,275 was \$8,106 lower than budgeted.
 - Net Fundraising activity of \$64,565 was \$36,366 lower than budgeted.
 - Our overall investment value increased by \$17,710 during the month.
- Operating Expenses of \$867,228 were \$30,034 higher than budgeted.
 - Total compensation was \$13,470 more than budgeted due to more PTO earned than used during the month.

- Accounting fees were \$4,099 more than budgeted.
- Government compliance fees were \$2,880 less than budgeted.
- Lab services were \$11,568 over budget due to the receipt of invoices for multiple prior months.
- Recruiting expenses were \$2,917 less than budgeted.
- Clinical supplies were \$38,811 over budget due to the receipt of invoices for multiple prior months.
- Pharmaceutical supplies were \$4,636 more than budgeted due to the receipt of invoices for prior months.
- Transcription services were \$10,842 less than budgeted due to having overestimated costs for several months.

Changes in financial position:

- Total Cash and Investments were \$3,933,660 as of the end of January.
 - Unrestricted (including Management Restricted) Cash and Investments were \$3,384,041.
 - Restricted Cash and Investments were \$549,619.
 - Cash and Investments increased by \$326,262 during the month.
 - Days Unrestricted Cash on Hand were 127 as of the end of January.

REDWOOD COAST MEDICAL SERVICES, INC.

Statement of Financial Position - Preliminary

As of 1/31/2026

	<u>Current Year</u>	<u>Prior Year</u>	<u>Change</u>
Current Assets			
Cash & Investments			
Cash on Hand	984,274.06	504,240.22	480,033.84
Mgmt Restricted Cash - Clinic Modernization	405,755.57	470,754.95	(64,999.38)
Investments	1,994,011.09	1,801,681.25	192,329.84
Total Cash & Investments	<u>3,384,040.72</u>	<u>2,776,676.42</u>	<u>607,364.30</u>
Restricted Cash			
Restricted Cash - Solar Project	549,619.00	0.00	549,619.00
Total Restricted Cash	<u>549,619.00</u>	<u>0.00</u>	<u>549,619.00</u>
Patient Accounts Receivable			
Accounts Receivable	799,286.90	644,869.37	154,417.53
Allowance for Doubtful Accounts	(301,052.00)	(219,093.00)	(81,959.00)
Total Patient Accounts Receivable	<u>498,234.90</u>	<u>425,776.37</u>	<u>72,458.53</u>
Other Current Assets			
Medi-Cal Receivable - Prior Year	50,599.03	43,362.00	7,237.03
Grants Receivable	6,233.00	22,104.84	(15,871.84)
QIP Receivable	93,540.00	122,883.39	(29,343.39)
Other Accounts Receivable	1,194.00	97,631.00	(96,437.00)
Prepaid Expenses	117,947.15	74,824.96	43,122.19
Other Assets	6,000.00	6,000.00	0.00
Total Other Current Assets	<u>275,513.18</u>	<u>366,806.19</u>	<u>(91,293.01)</u>
Total Current Assets	<u>4,707,407.80</u>	<u>3,569,258.98</u>	<u>1,138,148.82</u>
Long Term Assets			
Fixed Assets			
Property & Equipment	5,118,840.27	5,103,050.03	15,790.24
Accumulated Depreciation	(2,692,039.43)	(2,590,730.03)	(101,309.40)
Total Fixed Assets	<u>2,426,800.84</u>	<u>2,512,320.00</u>	<u>(85,519.16)</u>
Construction in Progress			
Construction in Progress	480,324.02	279,245.05	201,078.97
Total Construction in Progress	<u>480,324.02</u>	<u>279,245.05</u>	<u>201,078.97</u>
Right of Use Assets			
Right-of-Use Assets	223,943.76	230,106.00	(6,162.24)
Accumulated Amortization-ROU	(106,295.18)	(189,993.59)	83,698.41
Total Right of Use Assets	<u>117,648.58</u>	<u>40,112.41</u>	<u>77,536.17</u>
Total Long Term Assets	<u>3,024,773.44</u>	<u>2,831,677.46</u>	<u>193,095.98</u>
Total Assets	<u>7,732,181.24</u>	<u>6,400,936.44</u>	<u>1,331,244.80</u>

REDWOOD COAST MEDICAL SERVICES, INC.

Statement of Financial Position - Preliminary

As of 1/31/2026

	<u>Current Year</u>	<u>Prior Year</u>	<u>Change</u>
Current Liabilities			
Accounts Payable	59,335.51	100,985.62	(41,650.11)
Accrued Expenses	128,948.67	35,843.34	93,105.33
Patient Refunds Due	4,874.06	4,266.29	607.77
Accrued Compensation and Related Liabilities	485,145.55	468,867.27	16,278.28
Medi-Cal Payable - Current Year	58,280.38	393.00	57,887.38
Medi-Cal Payable - Prior Year	238,371.21	21,953.71	216,417.50
Other Liabilities	49,201.00	49,201.00	0.00
Current Portion of LT Leases	50,782.08	44,172.16	6,609.92
Deferred Revenue	34,257.40	150,823.43	(116,566.03)
Total Current Liabilities	<u>1,109,195.86</u>	<u>876,505.82</u>	<u>232,690.04</u>
Long Term Debt			
Leases Payable - Long Term	69,196.05	2,249.69	66,946.36
Notes Payable	549,619.00	0.00	549,619.00
Total Long Term Debt	<u>618,815.05</u>	<u>2,249.69</u>	<u>616,565.36</u>
Total Liabilities	<u>1,728,010.91</u>	<u>878,755.51</u>	<u>849,255.40</u>
Net Assets			
Unrestricted Net Assets	5,511,315.66	5,816,433.70	(305,118.04)
Current Year Net Excess/Deficit	492,854.67	(294,252.77)	787,107.44
Total Net Assets	<u>6,004,170.33</u>	<u>5,522,180.93</u>	<u>481,989.40</u>
Total Liabilities & Net Assets	<u><u>7,732,181.24</u></u>	<u><u>6,400,936.44</u></u>	<u><u>1,331,244.80</u></u>

REDWOOD COAST MEDICAL SERVICES, INC.

Statement of Activities

From 1/1/2026 Through 1/31/2026

	<u>MTD Actual</u>	<u>MTD Budget</u>	<u>Variance</u>	<u>YTD Actual</u>	<u>YTD Budget</u>	<u>Variance</u>
Patient Revenue						
Medi-Cal	187,113.20	206,397.00	(19,283.80)	1,213,747.76	1,445,449.00	(231,701.24)
Medicare	201,163.20	183,512.00	17,651.20	1,177,965.62	1,283,037.00	(105,071.38)
Family Pact	284.05	258.00	26.05	2,200.66	1,806.00	394.66
Insurance	84,162.66	82,533.00	1,629.66	434,216.16	578,312.00	(144,095.84)
Self Pay & Other	24,953.80	35,964.00	(11,010.20)	247,170.15	254,150.00	(6,979.85)
Sliding Scale & Other Write-Offs	54,417.26	(14,018.00)	68,435.26	(178,797.90)	(99,759.00)	(79,038.90)
Cost Report & Other Settlements	26,061.00	0.00	26,061.00	36,929.00	20,000.00	16,929.00
Patient Refunds	131.00	(417.00)	548.00	7,366.31	(2,919.00)	10,285.31
Total Patient Revenue	<u>578,286.17</u>	<u>494,229.00</u>	<u>84,057.17</u>	<u>2,940,797.76</u>	<u>3,480,076.00</u>	<u>(539,278.24)</u>
Operating Expenses						
Operating Expenses	867,228.05	837,194.00	(30,034.05)	5,814,250.65	5,763,154.00	(51,096.65)
Total Operating Expenses	<u>867,228.05</u>	<u>837,194.00</u>	<u>(30,034.05)</u>	<u>5,814,250.65</u>	<u>5,763,154.00</u>	<u>(51,096.65)</u>
Net Before Other Revenue	<u>(288,941.88)</u>	<u>(342,965.00)</u>	<u>54,023.12</u>	<u>(2,873,452.89)</u>	<u>(2,283,078.00)</u>	<u>(590,374.89)</u>
Grants & Other Revenue						
Grant Revenue-Federal 330	154,627.00	154,628.00	(1.00)	1,082,389.00	1,082,396.00	(7.00)
Grant Revenue-USAC	0.00	1,633.00	(1,633.00)	0.00	11,431.00	(11,431.00)
Grant Revenue-Other	40,594.87	5,413.00	35,181.87	76,167.87	179,028.00	(102,860.13)
340B Revenue (net)	3,461.68	14,580.00	(11,118.32)	142,609.17	102,066.00	40,543.17
Contract Revenue-CLSD	66,666.66	66,667.00	(0.34)	466,666.62	466,669.00	(2.38)
Partnership QIP Revenue	3,958.00	4,083.00	(125.00)	23,854.00	28,581.00	(4,727.00)
ARCH QIP Revenue	(1,440.00)	12,500.00	(13,940.00)	42,086.00	87,500.00	(45,414.00)
QIP-Other	0.00	341.00	(341.00)	0.00	2,387.00	(2,387.00)
Rental Income	1,477.00	3,125.00	(1,648.00)	19,194.00	21,875.00	(2,681.00)
Other Income	16.71	0.00	16.71	1,069,120.53	0.00	1,069,120.53
Interest & Dividends Earned	4,479.27	6,250.00	(1,770.73)	91,829.05	43,750.00	48,079.05
Total Grants & Other Revenue	<u>273,841.19</u>	<u>269,220.00</u>	<u>4,621.19</u>	<u>3,013,916.24</u>	<u>2,025,683.00</u>	<u>988,233.24</u>
Net Operating Income/(Loss)	<u>(15,100.69)</u>	<u>(73,745.00)</u>	<u>58,644.31</u>	<u>140,463.35</u>	<u>(257,395.00)</u>	<u>397,858.35</u>
Fundraising & Capital Activity						
Fundraising Income	66,609.00	105,687.00	(39,078.00)	317,844.39	356,683.00	(38,838.61)
Fundraising Expense	(2,044.00)	(4,756.00)	2,712.00	(31,814.03)	(33,292.00)	1,477.97
Donations	11,000.00	450.00	10,550.00	16,629.61	3,150.00	13,479.61
Realized/Unrealized Gains/(Losses)	17,709.51	0.00	17,709.51	49,731.35	0.00	49,731.35
Total Fundraising & Capital Activity	<u>93,274.51</u>	<u>101,381.00</u>	<u>(8,106.49)</u>	<u>352,391.32</u>	<u>326,541.00</u>	<u>25,850.32</u>
Net Excess of Revenue over Expenses	<u>78,173.82</u>	<u>27,636.00</u>	<u>50,537.82</u>	<u>492,854.67</u>	<u>69,146.00</u>	<u>423,708.67</u>

REDWOOD COAST MEDICAL SERVICES, INC.

Schedule of Expenses

From 1/1/2026 Through 1/31/2026

	Actual	Budget	Variance	YTD Actual	YTD Budget	Variance
Salaries & Wages						
Salaries & Wages	517,887.76	505,366.00	(12,521.76)	3,533,079.99	3,537,597.00	4,517.01
Total Salaries & Wages	517,887.76	505,366.00	(12,521.76)	3,533,079.99	3,537,597.00	4,517.01
Benefits						
Payroll Taxes	44,162.67	36,446.00	(7,716.67)	252,750.06	255,123.00	2,372.94
Health Insurance	58,048.27	64,790.00	6,741.73	330,014.00	334,628.00	4,614.00
Workmans Compensation	4,184.84	5,390.00	1,205.16	33,393.84	37,729.00	4,335.16
Retirement	5,486.96	2,521.00	(2,965.96)	13,238.48	17,646.00	4,407.52
Other Benefits	500.00	425.00	(75.00)	3,500.00	2,879.00	(621.00)
Total Benefits	112,382.74	109,572.00	(2,810.74)	632,896.38	648,005.00	15,108.62
Contracted Services						
Contracted Physician	0.00	1,555.00	1,555.00	5,220.00	10,886.00	5,666.00
Contracted NP	3,138.00	2,227.00	(911.00)	20,795.01	15,592.00	(5,203.01)
Contracted Dentist Svcs	0.00	1,219.00	1,219.00	4,812.50	8,535.00	3,722.50
Total Contracted Services	3,138.00	5,001.00	1,863.00	30,827.51	35,013.00	4,185.49
Total Compensation	633,408.50	619,939.00	(13,469.50)	4,196,803.88	4,220,615.00	23,811.12
Facility Expenses						
Depreciation-Facility	6,410.13	6,302.00	(108.13)	44,614.52	44,114.00	(500.52)
Amortization-Facility ROU	6,220.67	6,538.00	317.33	43,544.69	45,766.00	2,221.31
Interest Expense-Facility ROU	591.81	728.00	136.19	4,732.19	5,350.00	617.81
Janitorial	3,115.00	2,834.00	(281.00)	19,721.50	19,838.00	116.50
Rent	3,690.00	3,870.00	180.00	26,430.00	27,090.00	660.00
Repairs & Maint-Facility	5,961.44	3,508.00	(2,453.44)	15,097.09	24,556.00	9,458.91
Utilities	7,364.25	8,983.00	1,618.75	58,372.82	62,881.00	4,508.18
Real Estate Taxes	1,339.00	1,692.00	353.00	12,435.52	11,844.00	(591.52)
Total Facility Expenses	34,692.30	34,455.00	(237.30)	224,948.33	241,439.00	16,490.67
Other Expenses						
Advice Line	1,930.00	1,959.00	29.00	14,390.00	13,713.00	(677.00)
Audit Fees	0.00	0.00	0.00	0.00	21,500.00	21,500.00
Bad Debt	0.00	267.00	267.00	753.51	1,869.00	1,115.49
Bank Charges	1,390.73	958.00	(432.73)	6,650.14	6,706.00	55.86
Board Expense	0.00	1,917.00	1,917.00	12,864.00	13,419.00	555.00
Billing Services	1,451.13	2,413.00	961.87	10,991.02	16,891.00	5,899.98
Computer Supplies & Support	47,933.00	49,906.00	1,973.00	354,469.53	349,342.00	(5,127.53)
Consulting Fees	3,866.75	5,242.00	1,375.25	27,982.84	36,694.00	8,711.16
Consulting Fees - Accounting	12,473.50	8,375.00	(4,098.50)	69,139.49	58,625.00	(10,514.49)
Consulting Fees - Government Compliance	(713.50)	2,166.00	2,879.50	21,563.51	15,162.00	(6,401.51)
Consulting Fees - CFO	(103.50)	1,958.00	2,061.50	5,100.67	13,706.00	8,605.33
Continuing Education	1,801.80	1,567.00	(234.80)	12,746.49	10,969.00	(1,777.49)
Depreciation Expense	1,929.13	1,965.00	35.87	13,927.30	13,755.00	(172.30)
Donations/Contributions	92.00	1,283.00	1,191.00	1,054.00	8,981.00	7,927.00
Dues & Subscriptions	1,814.24	2,342.00	527.76	15,488.98	16,394.00	905.02
Employee Recognition	1,115.00	1,666.00	551.00	1,255.00	11,662.00	10,407.00
Equipment Lease	2,701.93	2,308.00	(393.93)	19,017.31	16,156.00	(2,861.31)
Fundraising Allocation	(2,044.00)	(939.00)	1,105.00	(8,519.04)	(6,573.00)	1,946.04
Infectious Waste Disposal	503.81	1,767.00	1,263.19	9,651.19	12,369.00	2,717.81
Insurance-General	2,847.00	2,667.00	(180.00)	23,978.07	18,669.00	(5,309.07)
Insurance-D&O	2,756.00	2,550.00	(206.00)	18,868.00	17,850.00	(1,018.00)

REDWOOD COAST MEDICAL SERVICES, INC.

Schedule of Expenses

From 1/1/2026 Through 1/31/2026

	<u>Actual</u>	<u>Budget</u>	<u>Variance</u>	<u>YTD Actual</u>	<u>YTD Budget</u>	<u>Variance</u>
Insurance-Malpractice	1,123.63	1,108.00	(15.63)	7,865.41	7,756.00	(109.41)
Interest Expense	0.00	0.00	0.00	295.01	0.00	(295.01)
Lab Services	17,201.76	5,634.00	(11,567.76)	28,744.80	39,438.00	10,693.20
Legal Fees	2,008.40	4,167.00	2,158.60	140,848.50	29,169.00	(111,679.50)
Minor Equipment	0.00	600.00	600.00	1,661.61	4,200.00	2,538.39
Outreach & Hlth Ed Matls Exp	124.00	1,208.00	1,084.00	8,250.84	8,456.00	205.16
Payroll Service Fees	2,442.36	2,483.00	40.64	17,569.08	17,381.00	(188.08)
Penalties & Late Fees	27.53	0.00	(27.53)	1,161.47	0.00	(1,161.47)
Postage & Shipping	917.85	942.00	24.15	6,415.43	6,594.00	178.57
Publicity/Advertising	768.65	667.00	(101.65)	10,413.72	4,669.00	(5,744.72)
Recruiting Expense	0.00	2,917.00	2,917.00	35,607.24	20,419.00	(15,188.24)
Recruiting-Moving Expense	0.00	833.00	833.00	0.00	5,831.00	5,831.00
Provider Housing	3,553.70	3,417.00	(136.70)	20,819.71	23,919.00	3,099.29
Repairs & Maint-Equipment	1,302.52	3,043.00	1,740.48	18,983.54	21,301.00	2,317.46
Retirement Administration	233.45	483.00	249.55	2,756.64	3,381.00	624.36
Supplies-Office	2,626.97	4,067.00	1,440.03	36,358.22	28,469.00	(7,889.22)
Supplies-Clinical	70,531.28	31,720.00	(38,811.28)	246,004.86	222,040.00	(23,964.86)
Supplies-Vaccines	2,107.04	3,555.00	1,447.96	23,845.35	24,885.00	1,039.65
Supplies-Pharmaceutical	7,339.42	2,703.00	(4,636.42)	11,551.61	18,921.00	7,369.39
Taxes & Licenses	299.00	1,024.00	725.00	13,634.73	7,168.00	(6,466.73)
Telephone/Communication	5,879.15	7,158.00	1,278.85	50,160.42	50,106.00	(54.42)
Transcription Services	(7,000.00)	3,842.00	10,842.00	12,446.81	26,894.00	14,447.19
Travel & Conferences	1,895.52	4,658.00	2,762.48	32,215.62	32,606.00	390.38
X-Ray Expenses	4,000.00	4,234.00	234.00	33,515.81	29,638.00	(3,877.81)
Total Other Expenses	<u>199,127.25</u>	<u>182,800.00</u>	<u>(16,327.25)</u>	<u>1,392,498.44</u>	<u>1,301,100.00</u>	<u>(91,398.44)</u>
Total Operating Expenses	<u>867,228.05</u>	<u>837,194.00</u>	<u>(30,034.05)</u>	<u>5,814,250.65</u>	<u>5,763,154.00</u>	<u>(51,096.65)</u>
Total Operating Expenses After Allocation	<u>867,228.05</u>	<u>837,194.00</u>	<u>(30,034.05)</u>	<u>5,814,250.65</u>	<u>5,763,154.00</u>	<u>(51,096.65)</u>

REDWOOD COAST MEDICAL SERVICES, INC.

Statement of Cash Flows

As of 1/31/2026

	<u>Current Period</u>	<u>Current Year</u>
Operating Activities		
Change in Net Assets		
	78,173.82	492,854.67
Adjustments to Reconcile Change in Net Assets to Cash		
Depreciation and Amortization	14,559.93	102,086.51
(Increase)/Decrease in Accounts Receivable	(34,277.07)	(14,334.39)
(Increase)/Decrease in Grants Receivable	(3,267.00)	(13,552.81)
(Increase)/Decrease Estimated Medi-Cal Receivable	0.00	0.00
(Increase)/Decrease in Prepaid Expenses	20,326.91	44,586.43
Increase/(Decrease) in Accounts Payable	(147,158.88)	(34,416.47)
Increase/(Decrease) in Accrued Expenses	(110,754.69)	(96,163.05)
Increase/(Decrease) in Estimated Medi-Cal Payable	(30,799.00)	71,639.59
Increase/(Decrease) in Deferred Revenue	0.00	23,475.00
Total Adjustments to Reconcile Change in Net Assets to Cash	<u>(291,369.80)</u>	<u>83,320.81</u>
Total Operating Activities	<u>(213,195.98)</u>	<u>576,175.48</u>
Cash Flows from Investing Activities		
Investing Activities		
Building Improvements	0.00	(6,400.00)
Construction in Progress	(4,000.00)	(156,743.29)
Total Investing Activities	<u>(4,000.00)</u>	<u>(163,143.29)</u>
Total Cash Flows from Investing Activities	<u>(4,000.00)</u>	<u>(163,143.29)</u>
Cash Flows from Financing Activities		
Financing Activities		
Increase/(Decrease) in Notes Payable	549,619.00	549,619.00
Increase/(Decrease) in Leases Payable	(6,161.19)	(42,538.81)
Total Financing Activities	<u>543,457.81</u>	<u>507,080.19</u>
Total Cash Flows from Financing Activities	<u>543,457.81</u>	<u>507,080.19</u>
Net Increase(Decrease) in Cash	<u>326,261.83</u>	<u>920,112.38</u>
Cash at Beginning of Period		
	3,607,397.89	3,013,547.34
Cash at End of Period	<u><u>3,933,659.72</u></u>	<u><u>3,933,659.72</u></u>

REDWOOD COAST MEDICAL SERVICES, INC.

CASH FLOW PROJECTION

FISCAL YEAR 2025-2026

	ACTUAL							Projection				
	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25	Dec-25	Jan-26	Feb-26	Mar-26	Apr-26	May-26	Jun-26
BEGINNING CASH BALANCE	3,013,547	3,299,541	3,759,860	3,653,425	3,579,984	3,589,435	3,607,398	3,933,660	3,817,038	3,667,231	3,600,566	3,557,804
REVENUE												
Patient fees collected	471,191	397,345	425,092	403,296	416,060	481,960	354,074	444,229	396,904	467,306	467,671	322,636
Medi-Cal / Medicare settlements	11,402	-	-	-	10,926	159	26,061	-	-	-	-	-
340B pharmacy program receipts	76,669	27,862	35,836	31,956	44,826	6,142	6,576	34,304	34,718	34,724	34,442	34,746
QIP receipts	-	16,450	-	17,054	-	-	-	341	341	17,395	49,341	-
Grant/contract proceeds	242,418	226,558	221,294	227,027	187,960	159,252	393,813	227,928	222,928	222,928	222,928	228,019
Donations / fundraising	13,945	7,185	3,595	25,121	37,232	173,906	77,015	5,528	3,923	356	2,022	109,957
Interest & other	522,299	559,830	6,737	7,638	6,230	53,751	4,496	9,375	9,375	9,375	9,375	9,375
TOTAL REVENUE	1,337,923	1,235,230	692,554	712,093	703,234	875,170	862,035	721,705	668,189	752,084	785,779	704,733
OPERATING EXPENSES												
Wages & benefits	768,486	473,937	594,314	567,644	529,557	498,533	891,259	522,472	532,435	542,435	552,452	562,439
Contracted providers	3,911	3,467	10,140	-	9,246	-	4,638	4,547	5,001	5,001	4,774	5,003
Facilities costs	28,303	21,199	20,187	18,449	18,535	21,380	19,050	25,733	34,983	25,733	25,733	25,729
Consultants	79,963	88,547	59,048	68,303	53,666	55,203	77,494	70,060	70,060	70,060	70,060	70,053
Supplies	44,150	77,857	71,959	49,791	28,787	22,907	52,831	83,587	43,587	43,587	43,587	43,571
Other operating expenses	130,477	127,548	62,024	96,833	66,547	70,409	53,099	67,188	67,188	67,188	67,188	67,171
TOTAL OPERATING EXPENSES	1,055,290	792,555	817,672	801,019	706,338	668,432	1,098,370	773,587	753,254	754,004	763,794	773,966
CHANGE IN CASH FROM OPERATIONS	282,633	442,674	(125,118)	(88,927)	(3,104)	206,738	(236,335)	(51,882)	(85,065)	(1,920)	21,985	(69,233)
NON-OPERATING REVENUE/(EXPENSES)	3,361	17,645	18,683	15,486	12,554	(188,774)	12,978	(60,322)	(60,322)	(60,322)	(60,322)	(60,325)
NOTES PAYABLE	-	-	-	-	-	-	549,619	(4,418)	(4,420)	(4,423)	(4,426)	(4,428)
ENDING CASH BALANCE	3,299,541	3,759,860	3,653,425	3,579,984	3,589,435	3,607,398	3,933,660	3,817,038	3,667,231	3,600,566	3,557,804	3,423,817
Medi-Cal liabilities, filed PPS recons	236,414	236,414	237,739	238,154	238,212	238,371	238,371	238,371	238,371	238,371	238,371	238,371
Adjusted ending cash balance	3,063,127	3,523,446	3,415,685	3,341,830	3,351,222	3,369,027	3,695,289	3,578,667	3,428,860	3,362,195	3,319,432	3,185,446