



Report of Independent Auditors and
Financial Statements

Marin Healthcare District

December 31, 2016 and 2015

MOSS-ADAMS_{LLP}

Certified Public Accountants | Business Consultants

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Marin Healthcare District
MANAGEMENT'S DISCUSSION AND ANALYSIS
For the Periods Ended December 31, 2016, 2015, and June 30, 2015

This section of Marin Healthcare District's (the District) financial statements presents management's discussion and analysis of the financial activities of the District for fiscal year ended December 31, 2016, for the six months ended December 31, 2015 and fiscal year ended June 30, 2015. In December 31, 2015, the financial year end of the District was changed from June 30 to December 31 so as to be coterminous with Marin General Hospital (MGH). Accordingly, the prior period financial statements were prepared for the six month period July 1, 2015 to December 31, 2015. We encourage the reader to consider the information presented here in conjunction with the financial statements as a whole.

Introduction to the Financial Statements

This discussion and analysis is intended to serve as an introduction to the District's audited financial statements. This annual report is prepared in accordance with the Governmental Accounting Standards Board (GASB) Statement No. 34, Basic Financial Statements – and Management's Discussion and Analysis – for State and Local Governments.

The required financial statements include the Statement of Net Position, the Statement of Revenues, Expenses, and Changes in Net Position, and the Statement of Cash Flows. The Notes to Financial Statements, and this summary, provide support to these statements. All information must be considered together to obtain a complete understanding of the financial picture of the District.

Statement of Net Position

This statement includes all assets and liabilities using the accrual basis of accounting as of the statement date. The difference between the two classifications is represented as "Net Position;" this section of the statement identifies major categories of restrictions on these assets and reflects the overall financial position of the District as a whole.

Statement of Revenues, Expenses, and Changes in Net Position

This statement presents the revenues earned and the expenses incurred during the year using the accrual basis of accounting. Under the accrual basis, all increases or decreases in net position are reported as soon as the underlying event occurs, regardless of the timing of the cash flow. Consequently, revenues and/or expenditures reported during this fiscal year may result in changes to cash flows in a future period.

Statement of Cash Flow

This statement reflects inflows and outflows of cash, summarized by operating, capital and non-capital and related financing, and investing activities. The direct method was used to prepare this information, which means gross rather than net amounts were presented for the year's activities.

Notes to Financial Statements

This additional information is essential to a full understanding of the data reported in the financial statements. The District is a political sub-division of the state of California. It is the sole member of MGH and is governed by a publicly-elected Board of Directors.

Marin Healthcare District
MANAGEMENT'S DISCUSSION AND ANALYSIS
For the Periods Ended December 31, 2016, 2015, and June 30, 2015

ANALYTICAL REVIEW

The Statement of Net Position and Statement of Revenues, Expenses, and Changes in Net Position present a summary of the District's activities.

Condensed Statements of Net Position

	DECEMBER 31,		JUNE 30,
	2016	2015	2015
Current and other assets	\$ 106,970,585	\$ 169,759,524	\$ 7,135,518
Capital assets, net of accumulated depreciation	98,097,972	47,413,171	6,000,622
Total assets	<u>205,068,557</u>	<u>217,172,695</u>	<u>13,136,140</u>
Current portion of bond payable	2,645,000	12,615,000	-
Current other liabilities	12,508,667	12,184,054	3,088,858
Bond payable, net of current portion	163,093,475	166,035,045	-
Long-term debt and other long-term liabilities	1,053,996	557,333	883,333
Total liabilities	<u>179,301,138</u>	<u>191,391,432</u>	<u>3,972,191</u>
Net position			
Net investment in capital assets, net of related debt	29,024,571	18,914,321	5,050,622
(Deficit) unrestricted	<u>(3,257,152)</u>	<u>6,866,942</u>	<u>4,113,327</u>
Total net position	<u>25,767,419</u>	<u>25,781,263</u>	<u>9,163,949</u>
Total liabilities and net position	<u>\$ 205,068,557</u>	<u>\$ 217,172,695</u>	<u>\$ 13,136,140</u>

Total assets decreased by 6% or \$12,104,138 as of December 31, 2016 compared to December 31, 2015, primarily related to the tax revenue receivable and the net effect of the increase in capital assets as a result of the construction of the new hospital facility and construction of the new parking garage and a decrease in bond assets held in trust. Total assets increased by 1,553% or \$204,036,555 as of December 31, 2015 compared to June 30, 2015, primarily related to the proceeds from the sale of bonds and expenditures for construction costs related to the hospital facility.

Liabilities decreased by 6% or \$12,090,294 as of December 31, 2016 compared to December 31, 2015, as a result of the payments on the bonds. Liabilities increased by 4,718% or \$187,419,241 as of December 31, 2015 compared to June 30, 2015, as a result of the issuance of bonds.

The overall changes to net assets is a decrease of \$13,844, resulting in a December 31, 2016 balance of \$25,767,419. A deficit of \$3,257,152 exists for the year ended December 31, 2016 as a result of a decrease in tax revenue.

Marin Healthcare District
MANAGEMENT'S DISCUSSION AND ANALYSIS
For the Year Ended December 31, 2016

Condensed Statement of Revenue, Expenses, and Changes in Net Position

	<u>DECEMBER 31,</u>
	<u>2016</u>
Operating revenues	\$ 20,193,105
Operating expenses	28,835,201
Operating loss	(8,642,096)
Support from Marin General Hospital (MGH)	8,072,571
Bond issuance costs	(15,597)
Tax revenue	562,573
Interest expense	(11,440)
Other revenue	20,145
Total non-operating revenues	8,628,252
Decrease in net position	\$ (13,844)

Operating Revenues and Expenses

Operating losses are primarily due to the losses incurred from the 1206(b) Clinics. The 1206(b) Clinic operating deficits are funded by MGH.

Non-Operating Revenues and Expenses

Under terms of an agreement with the District, MGH provides support to the District equal to the losses incurred by the 1206(b) Clinics.

Tax revenue represents property tax assessments by Marin County on District property owners, which will be used to make bond interest and principal payments in the future. Property tax assessments are based upon expected debt service for the following year and vary depending on scheduled bond principal and interest payment amounts.

Marin Healthcare District
MANAGEMENT'S DISCUSSION AND ANALYSIS
For the Year Ended December 31, 2016

ECONOMIC OUTLOOK AND MAJOR INITIATIVES

The Hospital Facilities Seismic Upgrade Act (SB 1953)

The District has assumed responsibility for compliance with the Hospital Facilities Seismic Upgrade Act (SB 1953) classification SPC2 and through Hazus 2010. The District has received an extension to 2030.

Payments from Federal and State Health Care Programs

Entities doing business with governmental payors, including Medicare and Medi-Cal, are subject to risks unique to the government-contracting environment that are difficult to anticipate and quantify. Revenues are subject to adjustment as a result of examination by government agencies as well as auditors, contractors, and intermediaries retained by the federal, state, or local governments. Resolution of such audits or reviews often extends (and in some cases does not even commence until) several years beyond the year in which services were rendered and/or fees received.

Measure F

On November 5, 2013, the voters of the District passed Measure F, which authorized the District to issue \$394,000,000 in bonds to improve the Marin General Hospital facility and related facilities with new construction, acquisitions, and renovations.

In November 2015, the District issued \$170,000,000 of bonds, at a premium, resulting in total proceeds of \$178,687,120. A portion of those proceeds were used to reimburse MGH for the construction of a parking structure and for design and site improvements preparatory to the commencement of construction of the new hospital facility.

CONTACTING THE DISTRICT'S FINANCIAL MANAGEMENT

This financial report is intended to provide citizens, taxpayers, and creditors with a general overview of the District's finances. Questions about this report should be directed to Marin Healthcare District to the attention of the Chief Financial Officer or the Chair of the Finance and Audit Committee at 415-464-2090.

Marin Healthcare District
MANAGEMENT'S DISCUSSION AND ANALYSIS
 For the Year Ended December 31, 2016

BUDGET RESULTS

The Board of Directors approves the operating budget of the District. The budget remains in effect the entire period, but is updated as needed for internal management use to reflect changes in activity and approved variances. A budget comparison and analysis for the year ended December 31, 2016 is presented below.

	DECEMBER 31, 2016	
	Actual	Budget
Operating revenues	\$ 20,193,105	\$ 18,623,550
Operating expenses	28,835,201	27,069,348
Operating loss	(8,642,096)	(8,445,798)
Support from Marin General Hospital (MGH)	8,072,571	8,219,712
Bond issuance costs	(15,597)	-
Tax revenue	562,573	-
Interest expense	(11,440)	(21,069)
Other revenue	20,145	3,026
Non-operating revenues	8,628,252	8,201,669
Change in net position	\$ (13,844)	\$ (244,129)

The budget above is a combination of the budget for the operations of the 1206(b) Clinics and the budget for the operations of the District, which includes bond related revenue and expenses.

Operating revenues – When new Clinic physicians are projected to be added, assumptions are made as to how quickly they will be able to increase the volume of patients treated. The actual timing of these “ramp-ups” leads to variations in revenue. As with any medical practice, the precise payer mix of patients seen is difficult to predict and often leads to variances. Clinic operating revenues were \$1,568,680 in excess of budget and District operating revenues were \$875 in excess of budget.

Operating expenses – In addition to budgeting for Clinic activity, the District also conducts programs outside of the Clinics such as community healthcare education and support for hospital programs. Due to the District deferring certain budgeted programs and support to future years in 2015, operating expenses resulted in an increase of actual expenses of approximately \$328,586. In the aggregate, Clinic actual expenses were \$1,437,267 in excess of budget.

Support from Marin General Hospital – By agreement, MGH provides support to the District equal to the net losses incurred by the Clinics. As a result, the amount of support provided varies directly with the Clinic operating losses.

Other revenue – The District earned interest income from the accounts in which the investments are held, and notes receivable.

Marin Healthcare District
MANAGEMENT'S DISCUSSION AND ANALYSIS
For the Periods December 31, 2016, 2015, and June 30, 2015

CAPITAL ASSETS

As of December 31, 2016, the District had \$98,097,972 invested in a variety of capital assets, as reflected in the following schedule, which represent a net increase (additions less depreciation) of \$50,684,801 from December 31, 2015. The net capital assets increased by \$41,412,549 from June 30, 2015 to December 31, 2015. The increases in year ended December 31, 2016 and six months ended December 31, 2015 is the result of the construction of the new hospital facility and construction of the new parking garage.

	<u>December 31, 2016</u>	<u>Balance at December 31, 2015</u>	<u>June 30, 2015</u>
Land and improvements	\$ 2,498,287	\$ 2,498,287	\$ 2,498,287
Construction in progress	68,351,311	41,505,721	-
Building	49,820,735	25,079,033	25,079,033
Equipment	21,018,545	20,961,144	20,765,143
Less accumulated depreciation	<u>(43,590,906)</u>	<u>(42,631,014)</u>	<u>(42,341,841)</u>
Capital assets, net of accumulated depreciation	<u>\$ 98,097,972</u>	<u>\$ 47,413,171</u>	<u>\$ 6,000,622</u>

Construction in progress - Upon the issuance of the bonds, the District reimbursed MGH for expenditures incurred related to planning and design costs of the new hospital facility and for construction of the new parking garage. Additional expenditures were made from the bond proceeds for site preparation in relation to the new facility.

Building - As of December 31, 2016, the new parking garage construction was finished. Expenditures were made from the bond proceeds.

LONG-TERM DEBT

The decrease in long-term debt from December 31, 2015 to December 31, 2016 is primarily due to the payment of the Series 2015B bonds of \$12,615,000. As of December 31, 2016, \$2,645,000 is to be repaid in 2017 and is included in current liabilities.

The change in long term debt from June 30, 2015 to December 31, 2015 is primarily due to the issuance of bonds for the construction of the new hospital facility. Of the total bonds sold, \$12,615,000 is to be repaid in 2016 and is included in current liabilities as of December 31, 2015.

REPORT OF INDEPENDENT AUDITORS

To the Board of Directors
Marin Healthcare District

Report on Financial Statements

We have audited the accompanying financial statements of Marin Healthcare District (the District), which comprise the statements of net position as of December 31, 2016 and 2015, and the related statements of revenues, expenses, and changes in net position and cash flows for the year ended December 31, 2016, and the related notes to the financial statements.

Management's Responsibility 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; this includes 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.

Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on our audits. We conducted our audits in accordance with auditing standards generally accepted in the United States of America and the California Code of Regulations, Title 2, Section 1131.2, State Controller's Minimum Audit Requirements for California Special Districts. Those standards require that we plan and perform the audits to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the District's preparation and fair presentation of the financial statements 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, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence obtained is sufficient and appropriate to provide a basis for our audit opinion.

Opinion

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of Marin Healthcare District as of December 31, 2016 and 2015, and the changes in its financial position and its cash flows for the year ended December 31, 2016 in accordance with accounting principles generally accepted in the United States of America.

Other Matter

Required Supplementary Information

Accounting principles generally accepted in the United States of America require that Management's Discussion and Analysis on pages 1 through 6 be presented to supplement the basic financial statements. Such information, although not a part of the basic financial statements, is required by the Governmental Accounting Standards Board, which 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, 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.

Moss Adams LLP

Stockton, California
May 30, 2017

FINANCIAL STATEMENTS

**MARIN HEALTHCARE DISTRICT
STATEMENTS OF NET POSITION**

	DECEMBER 31,	
	2016	2015
ASSETS		
Current assets		
Cash and cash equivalents	\$ 1,791,964	\$ 4,110,687
Investments	1,011,164	-
Current portion of bond assets held in trust	9,234,350	17,428,862
Patient accounts receivable, net of allowance for doubtful accounts of \$30,386 and \$15,903 as of December 31, 2016 and 2015, respectively	2,298,666	1,884,691
Tax revenue receivable	1,776,393	10,442,259
Other receivables	1,494,729	1,153,394
Prepaid expenses	51,252	19,920
Inventory	15,692	15,692
Total current assets	17,674,210	35,055,505
Deposits	1,072,633	585,472
Capital assets, net of accumulated depreciation	98,097,972	47,413,171
Bond assets held in trust	87,651,435	133,489,000
Intangible assets, net of accumulated amortization	572,307	629,547
Total assets	<u>\$ 205,068,557</u>	<u>\$ 217,172,695</u>
LIABILITIES		
Current liabilities		
Accounts payable	\$ 2,475,913	\$ 2,634,326
Accrued expenses	578,418	790,771
Accrued construction costs	6,484,725	7,126,786
Accrued interest expense	2,745,563	849,504
Current portion of note payable	224,048	782,667
Current portion of bond payable	2,645,000	12,615,000
Total current liabilities	15,153,667	24,799,054
Note payable, net of current portion	1,053,996	557,333
Bond payable, net of current portion	163,093,475	166,035,045
Total liabilities	<u>179,301,138</u>	<u>191,391,432</u>
NET POSITION		
Net investment in capital assets, net of related debt	29,024,571	18,914,321
(Deficit) unrestricted	<u>(3,257,152)</u>	<u>6,866,942</u>
Total net position	<u>25,767,419</u>	<u>25,781,263</u>
Total liabilities and net position	<u>\$ 205,068,557</u>	<u>\$ 217,172,695</u>

MARIN HEALTHCARE DISTRICT
STATEMENT OF REVENUES, EXPENSES, AND CHANGES IN NET POSITION

	YEAR ENDED DECEMBER 31, <u>2016</u>
OPERATING REVENUE	
Net patient service revenue	\$ 19,692,230
Lease income	<u>500,875</u>
Total operating revenues	<u>20,193,105</u>
OPERATING EXPENSES	
Salaries and benefits	19,812,075
Rent	1,781,370
Purchased services	2,450,719
Depreciation and amortization	1,017,132
Supplies	1,186,318
Insurance	127,230
Other	<u>2,460,357</u>
Total operating expenses	<u>28,835,201</u>
OPERATING LOSS	<u>(8,642,096)</u>
NON-OPERATING REVENUES (EXPENSES)	
Support from Marin General Hospital (MGH)	8,072,571
Bond issuance costs	(15,597)
Tax revenue	562,573
Interest expense	(11,440)
Other revenue	<u>20,145</u>
Total non-operating revenues	<u>8,628,252</u>
DECREASE IN NET POSITION	(13,844)
NET POSITION, beginning of year	<u>25,781,263</u>
NET POSITION, end of year	<u><u>\$ 25,767,419</u></u>

MARIN HEALTHCARE DISTRICT
STATEMENT OF CASH FLOWS

	YEAR ENDED DECEMBER 31, <u>2016</u>
CASH FLOWS FROM OPERATING ACTIVITIES	
Receipts from tenants	\$ 500,875
Receipts from patients	19,278,255
Payments to employees and physicians	(19,577,183)
Payments to suppliers and others	<u>(9,130,145)</u>
Net cash from operating activities	<u>(8,928,198)</u>
CASH FLOWS FROM NON-CAPITAL AND RELATED FINANCING ACTIVITIES	
Proceeds from MGH for operations	7,148,569
Proceeds from loan for MMPC retainer	<u>500,000</u>
Net cash from non-capital and related financing activities	7,648,569
CASH FLOWS FROM CAPITAL AND RELATED FINANCING ACTIVITIES	
Purchases of capital assets	(46,254,362)
Principal payments on long term debt	(12,615,000)
Tax revenue related to general obligation bonds	9,228,439
Bond issuance costs	(15,597)
Principal payments for Cardiovascular Associates of Marin and San Francisco Medical Group, Inc. (CAMSF)-related note payable	(200,000)
Proceeds from loan for CAMSF asset acquisition	200,000
Proceeds from MGH loan for physician	20,711
Interest payments on bond payable, net	(4,813,862)
Interest payments on note payable	<u>(11,440)</u>
Net cash from capital and related financing activities	<u>(54,461,111)</u>
CASH FLOWS FROM INVESTING ACTIVITIES	
Purchase of investments	(1,000,000)
Purchase of bond assets held in trust	(220,956,269)
Proceeds from sales and maturities of bond assets held in trust	275,369,305
Interest income	<u>8,981</u>
Net cash from investing activities	<u>53,422,017</u>
NET CHANGE IN CASH AND CASH EQUIVALENTS	(2,318,723)
CASH AND CASH EQUIVALENTS, beginning of year	<u>4,110,687</u>
CASH AND CASH EQUIVALENTS, end of year	<u><u>\$ 1,791,964</u></u>

MARIN HEALTHCARE DISTRICT
STATEMENTS OF CASH FLOWS

	<u>YEAR ENDED</u> <u>DECEMBER 31,</u> <u>2016</u>
RECONCILIATION OF OPERATING LOSS TO NET CASH FROM OPERATING ACTIVITIES	
Operating loss	\$ (8,642,096)
Adjustments to reconcile operating loss to net cash from operating activities:	
Depreciation and amortization	1,017,132
Provision for bad debts	121,466
Changes in certain assets and liabilities:	
Patient accounts receivable	(535,441)
Deposits and other receivables	(487,161)
Prepaid expenses	(31,332)
Accounts payable	(158,413)
Accrued expenses	<u>(212,353)</u>
Net cash from operating activities	<u>\$ (8,928,198)</u>
SUPPLEMENTAL NON-CASH ACTIVITIES INFORMATION	
Loan forgiveness from MGH	<u>\$ (582,667)</u>

MARIN HEALTHCARE DISTRICT

NOTES TO FINANCIAL STATEMENTS

NOTE 1 – BASIS OF PRESENTATION AND ACCOUNTING POLICIES

Reporting entity – Marin Healthcare District (the District) is a political subdivision of the state of California. District directors are elected officials whose sole mission is to promote the health and welfare of the residents of the communities served by the District. The District operated the Marin General Hospital facility (the Hospital Facility) until 1985, when it reorganized in compliance with local hospital district law of the state of California.

The District's principal asset is hospital property, plant, and equipment. The Hospital Facility is a general acute-care facility located in Marin County, California, and provides inpatient and outpatient healthcare services. Inpatient facilities consist of medical-surgical, pediatrics, maternity, nursery, intensive care, coronary, psychology, radiology, and laboratory services. The Hospital Facility is leased to MGH. The financial information of MGH is not included in these financial statements.

Effective June 30, 2010, the District became the sole member of MGH and appointed its initial Board of Directors. The MGH Board is responsible for oversight of the operations of MGH and the District has certain ongoing reserve powers and governance oversight responsibilities.

The District is also a forum for discussion of local healthcare issues, promotes healthcare services within the community, and acts on behalf of the public as an advocate of high quality, reasonably priced healthcare services.

The financial statements of the District include the accounts of the District and healthcare clinics (the Clinics) formed pursuant to California Health and Safety Code Section 1206(b). The Clinics contract with physicians to provide health care services within the communities served by the District.

It is in the District's nature to continue to expand its clinic network to contract with physicians and provide healthcare services within the communities served by the District. Marin Medical Practice Concepts (MMPC), a management company, provides billing and collection services for the 1206(b) clinics of the District. MMPC also provides the District with management and administrative services for the clinics pursuant to a management services agreement. There were three new clinics added in 2016. As of December 31, 2016 and 2015, there were twelve and nine clinics operating, respectively.

In December 31, 2015, the financial year end of the District was changed from June 30 to December 31 so as to be coterminous with MGH.

Proprietary fund accounting – The activities of the District are accounted for as an Enterprise Fund. Enterprise Funds are accounted for on the flow of economic resources measurement focus and use the accrual basis of accounting. Under the method, revenues are recorded when earned and expenses are recorded at the time obligations are incurred. Tax revenue is recognized in the period in which the property tax is levied. Tax revenue is collected by the County for payment, when due, of the principal and interest on the bonds.

MARIN HEALTHCARE DISTRICT NOTES TO FINANCIAL STATEMENTS

NOTE 1 – BASIS OF PRESENTATION AND ACCOUNTING POLICIES (CONTINUED)

Accounting standards – Pursuant to Government Accounting Standards Board (GASB) Statement No. 62, Codification of Accounting and Financial Reporting Guidance Contained in Pre-November 30, 1989 Financial Accounting Standards Board (FASB) and American Institute of Certified Public Accountants (AICPA) Pronouncements, the District’s proprietary fund accounting and financial reporting practices are based on all applicable GASB pronouncements as well as codified pronouncements issued on or before November 30, 1989 and the California Code of Regulations, Title 2, Section 1131.2, State Controller’s Minimum Audit Requirements for California Special Districts and the State Controller’s Office prescribed reporting guidelines.

Proprietary fund operating revenues, such as charges for services, result from exchange transactions associated with the principal activity of the fund. Exchange transactions are those in which each party receives and gives up essentially equal values. Non-operating revenues, such as subsidies, property tax revenue, and investment earnings, result from non-exchange transactions or ancillary activities.

The District may fund programs with a combination of cost-reimbursement grants, categorical block grants, and general revenues. Thus, both restricted and unrestricted net positions may be available to finance program expenditures. The District’s policy is to first apply restricted grant resources to such programs, followed by general revenues, if necessary.

In February 2015, the GASB issued Statement No. 72 (GASB 72), Fair Value Measurement and Application. This statement addresses accounting and financial reporting issues related to fair value measurements and provides guidance for applying fair value to certain investments and disclosures related to all fair value measurements. GASB 72 is effective for the current fiscal year. See Fair Value Measurements in Note 3.

Use of estimates – The financial statements have been prepared in conformity with U.S. generally accepted accounting principles, and as such, include amounts based on informed estimates and judgments of management with consideration given to materiality. Actual results could differ from those estimates.

Net position – Net position is the excess of all the District’s assets over all its liabilities, regardless of fund. Net position is divided into three components. These captions apply only to net position, which is determined only at the government-wide level and are described below:

Net investment in capital assets: The portion of the net position that is represented by the current net book value of the District’s capital assets, less the outstanding balance of any debt issued to finance these assets.

Restricted: The portion of net position that is restricted as to use by the terms and conditions of agreements with outside parties, governmental regulations, laws, or other restrictions, which the District cannot unilaterally alter. The District has no restricted net positions.

Unrestricted: The portion of net position that is not restricted to use.

MARIN HEALTHCARE DISTRICT

NOTES TO FINANCIAL STATEMENTS

NOTE 1 - BASIS OF PRESENTATION AND ACCOUNTING POLICIES (CONTINUED)

Cash and cash equivalents – Cash and cash equivalents include cash in bank checking, money market funds, and investments in highly liquid debt instruments with a maturity of three months or less when purchased.

Investments – Investments consist of mutual funds and are stated at fair value. Realized, unrealized gains and losses, and interests are included in the statements of revenue, expenses, and changes in net position as other revenue. Interest of \$23,531, and realized and unrealized gains of \$11,164 for the year ended December 31, 2016 are included in other revenue on the statement of revenues, expenses and change in net position.

Bond assets held in trust – The District reports all investments at fair value. The fair value of investments is based on published market prices and quotations from major investment brokers. Realized and unrealized losses of \$264,196 offset capitalized interest which is included in capital assets on the statement of net position as of December 31, 2016.

Capital assets – Capital assets are recorded at cost. Depreciation is provided for on the straight-line basis over the estimated useful lives of the assets. The capitalization threshold is \$5,000.

Capital assets are considered impaired when their service utility declines significantly and unexpectedly. An impairment loss is recognized for the difference between the carrying value of the asset and its fair value or adjusted depreciated value, depending on the nature of the impairment. No impairment was recorded for the year ended December 31, 2016.

Asset impairment – The District also evaluates the carrying value of its long-lived assets other than capital assets for potential impairment. The evaluations address the estimated recoverability of the assets' carrying value. When events or changes in circumstances indicate that the carrying value may not be recoverable, the excess of the carrying value over the fair value is recorded as impairment. No impairment was recorded for the year ended December 31, 2016.

Note receivable – The District entered into a note receivable with an individual physician for \$80,000 in July 2015. The note has an interest rate of 6.5% and is secured by residential property. The District is to receive monthly payments of principal and interest of \$1,565 until maturity in 2020. In accordance with the agreement between the District and the physician, the entire monthly amount, including principal and accrued interest, shall be forgiven each month.

NOTE 1 – BASIS OF PRESENTATION AND ACCOUNTING POLICIES (CONTINUED)

Note receivable (continued) – The District entered into a note receivable with an individual physician for \$60,000 in October 2016. The note has an interest rate of 5.0% and is secured by interest in accounts receivable arising out of the physician’s medical practice. The District is to receive monthly payments of principal and interest of \$1,132 until maturity in 2021. In accordance with the agreement between the District and the physician, the entire monthly amount, including principal and accrued interest, shall be forgiven each month.

The District entered into a note receivable with an individual physician for \$70,000 in June 2016. The note has an interest rate of 5.0% and is secured by interest in accounts receivable arising out of the physician’s medical practice. The District is to receive monthly payments of principal and interest of \$2,098 until maturity in 2019. In accordance with the agreement between the District and the physician, the entire monthly amount, including principal and accrued interest, shall be forgiven each month.

The District entered into a note receivable with an individual physician for \$25,000 in February 2016. The note has an interest rate of 5.0% and is secured by interest in accounts receivable arising out of the physician’s medical practice. The District is to receive monthly payments of principal and interest varying from \$300 to \$770 until maturity in 2020. In accordance with the agreement between the District and the physician, the entire monthly amount, including principal and accrued interest, shall be forgiven each month.

Risk management – The District is exposed to various risks of loss related to torts; theft of, damage to, and destruction of assets; errors and omissions; and natural disasters for which the District carries commercial insurance.

The Clinics, while operated by the District, are insured under MGH’s insurance policy. MGH is insured for professional and general liability. The professional and general liability coverage is for a claims-made policy, which limits coverage to claims that are reported to the insurance company during the policy year.

Lease income – The District recognizes lease income and reimbursement of operating expenses when earned. The District derives substantially all of its lease income from MGH (see Note 6).

Net patient service revenue and credit concentrations – The District’s patient service revenues are recognized when health care services are provided to patients at the Clinics. Net patient service revenue is reported at the estimated net realizable amount from patients, governmental programs, health maintenance, and preferred provider organizations and insurance contracts under applicable laws, regulations, and program instructions. Net realizable amounts are generally less than the District’s established rates.

MARIN HEALTHCARE DISTRICT

NOTES TO FINANCIAL STATEMENTS

NOTE 1 – BASIS OF PRESENTATION AND ACCOUNTING POLICIES (CONTINUED)

Net patient service revenue and credit concentrations (continued) – The District provides estimated losses on patient accounts receivable based on prior bad debt experience. No interest is charged on past due balances. Past due status is based on the date of services provided. Recoveries from previously charged-off accounts are recorded when received. Amounts written off to bad debt expense included in net patient service revenue totaled approximately \$121,466 for the year ended December 31, 2016.

The mix of gross receivables from patients and third-party payors is as follows:

	DECEMBER 31,	
	2016	2015
Medicare	38%	43%
Medi-Cal	18%	15%
Commercial	28%	27%
Self-pay	13%	11%
Other	3%	4%
	100%	100%

Charity care – The District provides medically-necessary care to all patients regardless of the patient’s ability to pay. Certain patients may meet eligibility criteria under its charity care policy, and no payment is collected from those patients. During the year ended December 31, 2016, the District provided approximately \$1,304 in free services for the poor and underserved. This includes services provided to persons who cannot afford healthcare because of inadequate resources and/or are uninsured or underinsured. Costs are computed based on a relationship of costs to charges similar to a Medicare cost to charge ratio.

Operating revenues and expenses – The District’s statement of revenues, expenses, and changes in net position distinguishes between operating and non-operating revenues and expenses. Operating revenues result from leasing the Hospital Facility to MGH and providing health care services to patients at the Clinics. Non-exchange revenues, including taxes, grants, and contributions received for purposes other than capital asset acquisition, are reported as non-operating revenues. Operating expenses are all expenses incurred in order to lease the Hospital Facility and to provide health care services, other than financing costs.

Grants and contributions – The District may periodically receive grants and contributions from other governmental entities, individuals, or private organizations; revenues from grants and contributions (including contributions of capital assets) are recognized when all eligibility requirements, including time requirements, are met. Grants and contributions may be restricted for either specific operating purposes or for capital purposes. Amounts that are unrestricted or that are restricted to a specific operating purpose are reported as non-operating revenues. Amounts restricted to capital acquisitions are reported after non-operating revenues and expenses.

**MARIN HEALTHCARE DISTRICT
NOTES TO FINANCIAL STATEMENTS**

NOTE 1 – BASIS OF PRESENTATION AND ACCOUNTING POLICIES (CONTINUED)

Amortization of bond premiums – Premiums arising from the issuance of bonds are capitalized and amortized using the straight line amortization method, which approximates the effective interest method.

Reclassifications – Certain amounts reported in the December 31, 2015 financial statements have been reclassified to conform to the December 31, 2016 presentation. These reclassifications were required for comparability to the current year’s financial statements and must be considered when comparing the financial statements of this report with those of prior reports.

NOTE 2 – CASH, CASH EQUIVALENTS, INVESTMENTS, AND BOND ASSETS HELD IN TRUST

The District’s cash, cash equivalents, investments, and bond assets held in trust as of December 31, were as follows:

	2016	2015
Cash in bank	\$ 1,489,192	\$ 3,809,646
State of California's Local Agency Investment Fund (LAIF)	302,772	301,041
Cash and cash equivalents	1,791,964	4,110,687
Investments		
Mutual funds	1,011,164	-
Bond assets held in trust		
Money market funds	9,922,628	133,489,000
U.S. treasury obligations	4,885,559	-
Commercial papers	3,339,199	-
Government agency securities	78,738,399	-
	96,885,785	133,489,000
Total	\$ 99,688,913	\$ 137,599,687

Cash balances from all funds are combined and invested to the extent possible pursuant to the District Board approved Investment Policy and Guidelines and Statement Government Code. The District’s investments are carried at fair value.

Cash in bank – Cash in the bank represents amounts held in the District’s general operating accounts.

MARIN HEALTHCARE DISTRICT NOTES TO FINANCIAL STATEMENTS

NOTE 2 - CASH, CASH EQUIVALENTS, INVESTMENTS, AND BOND ASSETS HELD IN TRUST (CONTINUED)

LAIF - The District places certain funds with the state of California's Local Agency Investment Fund (LAIF). The District is a voluntary participant in LAIF, which is regulated by California Government Code Section 16429 under the oversight of the Treasurer of the state of California and the Pooled Money Investment Board. The state Treasurer's office pools these funds with those of other governmental agencies in the state and invests the cash. The fair value of the District's investment in this pool is reported in the accompanying financial statements based upon the District's pro-rata share of the fair value provided by LAIF for the entire LAIF portfolio (in relation to the amortized cost of that portfolio). The monies held in the pooled investment funds are not subject to categorization by risk category. The balance available for withdrawal is based on the accounting records maintained by LAIF, which are recorded on the amortized cost basis. Funds are accessible and transferable to the master account with 24 hours' notice. Financial statements for LAIF can be obtained from the California State Treasurer's Office, 915 Capitol Mall, Suite 110, Sacramento, California, 95814.

The management of the state of California Pooled Money Investment Account has indicated to the District that as of December 31, 2016 and 2015, the estimated market value of the pool (including accrued interest) was \$27,801,689 and \$27,666,772, respectively. The District's proportionate share of that value is \$302,772 and \$301,041 as of December 31, 2016 and 2015, respectively.

Mutual funds - the District's mutual funds are primarily invested in government and corporate debt, asset backed securities, and global debt. The objective of these funds is to provide steady cash flow to investors.

Bond assets held in trust - Investments from proceeds of bond issuances are restricted by applicable California law and the various bond resolutions associated with each issuance, generally, to certain types of investments. These investments include obligations of the United States of America, Federal Housing Administration debentures, obligations of government-sponsored agencies, unsecured certificates of deposits, demand deposits, time deposits and bankers' acceptances, deposits the aggregate amount of which are fully insured by the Federal Deposit Insurance Corporation in banks, commercial paper, money market funds, state obligations, the Marin County Investment Pool, and LAIF.

The District's investments include amounts held in trust by the Paying Agent. The District currently invests in money market funds, U.S. treasury obligations, commercial papers, and government agency securities issued by highly rated investment companies, and management regularly monitors the credit rating of the investment companies issuing the investments as part of monitoring the District's exposure to credit risk.

Investment risk factors - Many factors can affect the value of investments such as credit risk, custodial credit risk, and concentration of credit risk.

**NOTE 2 - CASH, CASH EQUIVALENTS, INVESTMENTS, AND BOND ASSETS HELD IN TRUST
(CONTINUED)**

Credit risk – Credit risk is the risk that an issuer or other counterparty to an investment will not fulfill its obligations. The District’s investment policy requires that, to be eligible for investment, the investments shall be rated “AAm” or “AAm-G” by S & P or better and the investment pool maintained by the county in which the District is located or other investment pools, in either case, so long as such pool is rated in one of the two highest rating categories by S&P and Moody’s. As of December 31, 2016, the investments held are all considered investment grade and are rated equal to or greater than AAm or AAm-G by S&P and Moody’s.

Custodial credit risk – Custodial credit risk for deposits is the risk that, in the event of the failure of a depository financial institution, the District will not be able to recover its deposits or will not be able to recover collateral securities that are in the possession of an outside party. The custodial credit risk for investments is the risk that, in the event of the failure of the counterparty (e.g., broker-dealer) to a transaction, the District will not be able to recover the value of its investment or collateral securities that are in the possession of another party.

California law requires banks and savings and loan associations to pledge government securities with a market value of 110% of the District’s cash on deposit or first trust deed mortgage notes with a value of 150% of the deposit as collateral for these deposits. Under California law, this collateral is held in the District’s name and places the District ahead of general creditors of the institution.

Concentration of credit risk – Concentration of credit risk is the risk associated with a lack of diversification, such as having substantial investments in a few individual issuers, thereby exposing the District to greater risks resulting from adverse economic, political, regulatory, geographic, or credit developments. The securities the District is invested in as of December 31, 2016 are subject to the quality, diversification, and other requirements of Rule 2a-7 under the Investment Company Act of 1940, as amended and other rules of the Securities and Exchange Commission. The District will only purchase securities that present minimal credit risk.

NOTE 3 - FAIR VALUE OF MEASUREMENTS

GASB 72, Fair Value Measurement and Application, defines fair value as the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. GASB 72 also establishes a fair value hierarchy that requires an entity to maximize the use of observable inputs and minimize the use of unobservable inputs when measuring fair value. The standard describes three levels of inputs that may be used to measure fair value:

Level 1 – Quoted prices in active markets for identical assets

Level 2 – Observable inputs other than Level 1 prices, such as quoted prices in active markets that are not active; or other inputs that are observable or can be corroborated by observable market data for substantially the full term of the assets.

MARIN HEALTHCARE DISTRICT

NOTES TO FINANCIAL STATEMENTS

NOTE 3 – FAIR VALUE OF MEASUREMENTS (CONTINUED)

Level 3 – Unobservable inputs that are supported by little or no market activity and that are significant to the fair value of the assets.

The following tables present information about the District’s assets measured at fair value on a recurring basis as of December 31:

2016	Fair Value at Reporting Date Using			Total
	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)	
Money market funds	\$ 9,922,628	\$ -	\$ -	\$ 9,922,628
U.S. treasury obligations	4,885,559	-	-	4,885,559
Commercial papers	3,339,199	-	-	3,339,199
Mutual funds				
Asset backed securities	150,725	-	-	150,725
Global debt	302,495	-	-	302,495
Govt/Corp intermediate	451,531	-	-	451,531
Other mutual funds	106,413	-	-	106,413
	<u>1,011,164</u>	<u>-</u>	<u>-</u>	<u>1,011,164</u>
Government agency securities				
Sovereign related finance	-	78,738,399	-	78,738,399
Total	<u>\$ 19,158,550</u>	<u>\$ 78,738,399</u>	<u>\$ -</u>	<u>\$ 97,896,949</u>

2015	Fair Value at Reporting Date Using			Total
	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)	
Money market funds	\$ 133,489,000	\$ -	\$ -	\$ 133,489,000
Total	<u>\$ 133,489,000</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 133,489,000</u>

During 2016 and 2015, there was no activity in level 3 investments.

**MARIN HEALTHCARE DISTRICT
NOTES TO FINANCIAL STATEMENTS**

NOTE 3 – FAIR VALUE OF MEASUREMENTS (CONTINUED)

GASB Statement No. 40 requires the District to disclose the maturities of its investments (other than U.S. government obligations or obligations guaranteed by the U.S. government). A summary of scheduled maturities by investment type as of December 31, 2016 follows:

	Fair Value	Investment maturities (in years)		
		Less than 1	1 - 5	More than 5
Money market funds	\$ 9,922,628	\$ 9,922,628	\$ -	\$ -
U.S. treasury obligations	4,885,559	4,885,559	-	-
Commercial papers	3,339,199	3,339,199	-	-
Government agency securities	78,738,399	78,738,399	-	-
	96,885,785	<u>\$ 96,885,785</u>	<u>\$ -</u>	<u>\$ -</u>
Mutual funds	<u>1,011,164</u>			
	<u>\$ 97,896,949</u>			

A summary of scheduled maturities by investment type as of December 31, 2015 follows:

	Fair Value	Investment maturities (in years)		
		Less than 1	1 - 5	More than 5
Money market funds	\$ 133,489,000	\$ 133,489,000	\$ -	\$ -
	<u>\$ 133,489,000</u>	<u>\$ 133,489,000</u>	<u>\$ -</u>	<u>\$ -</u>

MARIN HEALTHCARE DISTRICT

NOTES TO FINANCIAL STATEMENTS

NOTE 4 – CAPITAL ASSETS

The following is a summary of changes in capital assets during the year ended December 31, 2016 and six months ended December 31, 2015:

	Life (Years)	Balance, December 31, 2015	Additions	Deletions	Transfers	Balance, December 31, 2016
Non-depreciable						
Land	N/A	\$ 865,701	\$ -	\$ -	\$ -	\$ 865,701
Construction in progress	N/A	41,505,721	51,587,292	-	(24,741,702)	68,351,311
Total non-depreciable		42,371,422	51,587,292	-	(24,741,702)	69,217,012
Depreciable						
Equipment	3 – 20	18,784,416	-	-	-	18,784,416
Hospital buildings	40	24,974,084	-	-	24,741,702	49,715,786
Parking structure	40	2,324	-	-	-	2,324
Phase 1 building	40	102,625	-	-	-	102,625
Other improvements	40	851,182	-	-	-	851,182
Parking improvements	40	781,404	-	-	-	781,404
Moveable equipment	3 – 20	2,176,728	57,401	-	-	2,234,129
Total depreciable		47,672,763	57,401	-	24,741,702	72,471,866
Accumulated depreciation		(42,631,014)	(959,892)	-	-	(43,590,906)
Depreciable, net		5,041,749	(902,491)	-	24,741,702	28,880,960
Total capital assets, net		\$ 47,413,171	\$ 50,684,801	\$ -	\$ -	\$ 98,097,972
Balance, June 30, 2015						
Non-depreciable						
Land	N/A	\$ 865,701	\$ -	\$ -	\$ -	\$ 865,701
Construction in progress	N/A	-	41,505,721	-	-	41,505,721
Total non-depreciable		865,701	41,505,721	-	-	42,371,422
Depreciable						
Equipment	3 – 20	18,784,416	-	-	-	18,784,416
Hospital buildings	40	24,974,084	-	-	-	24,974,084
Parking structure	40	2,324	-	-	-	2,324
Phase 1 building	40	102,625	-	-	-	102,625
Other improvements	40	851,182	-	-	-	851,182
Parking improvements	40	781,404	-	-	-	781,404
Moveable equipment	3 – 20	1,980,727	196,001	-	-	2,176,728
Total depreciable		47,476,762	196,001	-	-	47,672,763
Accumulated depreciation		(42,341,841)	(289,173)	-	-	(42,631,014)
Depreciable, net		5,134,921	(93,172)	-	-	5,041,749
Total capital assets, net		\$ 6,000,622	\$ 41,412,549	\$ -	\$ -	\$ 47,413,171

Construction and other capital commitments – As of December 31, 2016 and 2015, the District has spent \$45,554,900 and \$40,693,292, respectively, related to various construction and other capital projects in progress. The District estimates an additional \$97,321,901 will be required through 2017 to complete the projects. As of December 31, 2016, the District has outstanding commitments with contractors for approximately \$6,484,725 related to these projects.

**MARIN HEALTHCARE DISTRICT
NOTES TO FINANCIAL STATEMENTS**

NOTE 5 – INTANGIBLE ASSETS

The District acquired intangible assets as part of the acquisition of assets from CAMSF (see Note 7).

The following is a summary of changes in intangible assets during the year ended December 31:

	Life (Years)	Balance, December 31, 2015	Additions	Deletions	Balance, December 31, 2016
Intangible assets:					
Other intangible assets	15	\$ 675,660	\$ -	\$ -	\$ 675,660
Medical records – CAM	15	182,844	-	-	182,844
Total intangible assets		858,504	-	-	858,504
Less accumulated amortization		(228,957)	(57,240)	-	(286,197)
Intangibles, net of accumulated amortization		<u>\$ 629,547</u>	<u>\$ (57,240)</u>	<u>\$ -</u>	<u>\$ 572,307</u>

NOTE 6 – LEASE OF MARIN HEALTHCARE DISTRICT FACILITY

Annual rental payments – Effective December 1, 1985, the District leased the Marin General Hospital facility to MGH for a term of 30 years pursuant to Section 32126 of the Local Hospital District Law. Per the amended lease agreement dated August 25, 1987, as further amended by the subsequent agreements, the annual rent payments comprise of capital expenditures made by MGH and quarterly payments of approximately \$97,000 for the year ended December 31, 2015. The minimum cash payment, which is payable in quarterly installments, increases annually by 5% throughout the lease term. The lease matured on December 1, 2015 and a new lease commenced on December 2, 2015.

In August 2014, a new lease was executed, effective December 2, 2015. The District leased the Marin General Hospital facility to MGH for a term of 30 years. The base rent is \$500,000 annually, plus an annual CPI increase. Additional rent is conditional on MGH achieving certain financial benchmarks. The total rent received for the year ended December 31, 2015 was \$500,875.

The minimum future rental income under the agreement, exclusive of any increases related to the CPI, is as follows:

<u>Years ending December 31.</u>	
2017	\$ 500,000
2018	500,000
2019	500,000
2020	500,000
2021	500,000
Thereafter	<u>11,958,333</u>
	<u>\$ 14,458,333</u>

MARIN HEALTHCARE DISTRICT

NOTES TO FINANCIAL STATEMENTS

NOTE 7- NOTES PAYABLE AND ACQUISITION

In January 2012, the District and MGH entered into an affiliation and co-management arrangement (CMMA) with CAMSF. The District has thereupon established 1206(b) Clinics for cardiology and vascular surgery services, in conjunction with MGH, by entering into professional services agreements (PSA) with CAMSF and Laura K. Pak, M.D., Inc. for physician services to Clinic patients. As a part of that transaction, the District acquired an outpatient diagnostic services business from CAMSF on terms described in an Asset Purchase Agreement dated January 1, 2012. The Asset Purchase Agreement provided for the District to purchase most of CAMSF practice assets (with the exception of accounts receivable) in the amount of \$1,750,000. This has been implemented in the form of an initial payment of \$750,000 on closing and \$200,000 per year for each of five subsequent years with interest at the prime rate of interest plus 2% per year on the unpaid principal balance.

In accordance with an agreement between the District and MGH, MGH loaned \$750,000 to cover the District's payment to CAMSF as described above. As part of the acquisition of CAMSF, MGH agreed to fund the District's financial obligations to CAMSF. A portion of the loan will be forgiven each month over the five-year term of the contract with CAMSF.

In July 2015, in accordance with the agreement between the District and MGH, MGH loaned \$80,000 to cover the District's payment to a physician who is associated with the Marin Urology Center Clinic. A portion of the loan will be forgiven each month over the five-year term of the contract with the physician.

In April 2012, MGH loaned the District \$500,000 as an advance to fund the monthly outside billing and management services company service fee. The vendor pays the administrative overhead of the Clinics and then bills the District for reimbursement. The advance is meant to ensure that the vendor has adequate cash on hand to meet its obligations. In August 2016, the agreement was amended to increase the amount of the current advance from \$500,000 to \$1,000,000. The outstanding balance of \$1,000,000 is payable to MGH at the termination of the agreement for outside billing and management services and has been classified as long-term as of December 31, 2016.

The activity for notes payable for the year ended December 31, 2016 is as follows:

	Balance, December 31, 2015	Additions	Deletions	Balance, December 31, 2016	Due Within One Year
Note payable to CAMSF	\$ 200,000	\$ -	\$ (200,000)	\$ -	\$ -
Note payable to MGH	1,140,000	700,000	(582,667)	1,257,333	216,000
Note payable to Olympus	-	20,711	-	20,711	8,048
	<u>\$ 1,340,000</u>	<u>\$ 720,711</u>	<u>\$ (782,667)</u>	<u>\$ 1,278,044</u>	<u>\$ 224,048</u>

**MARIN HEALTHCARE DISTRICT
NOTES TO FINANCIAL STATEMENTS**

NOTE 7 – NOTES PAYABLE AND ACQUISITION (CONTINUED)

The activity for notes payable for the six months ended December 31, 2015 is as follows:

	Balance, June 30, 2015	Additions	Deletions	Balance, December 31, 2015	Due Within One Year
Note payable to CAMSF	\$ 400,000	\$ -	\$ (200,000)	\$ 200,000	\$ 200,000
Note payable to MGH	1,050,000	280,000	(190,000)	1,140,000	582,667
	<u>\$ 1,450,000</u>	<u>\$ 280,000</u>	<u>\$ (390,000)</u>	<u>\$ 1,340,000</u>	<u>\$ 782,667</u>

Debt service requirements for notes payable are as follows:

<u>Years ending December 31,</u>	<u>Principal</u>	<u>Interest</u>
2017	\$ 224,048	\$ 5,750
2018	1,024,361	-
2019	20,302	-
2020	9,333	-
	<u>\$ 1,278,044</u>	<u>\$ 5,750</u>

NOTE 8 – BONDS PAYABLE

On November 10, 2015, the District issued \$157,385,000 of Marin Healthcare District General Obligation Bonds, Election of 2013, Series 2015A, and \$12,615,000 of Marin Healthcare District General Obligation Bonds, Election 2013, Series 2015B. The 2015A and 2015B bonds bear interest at rates of 2.00% to 5.00% and 0.40%, respectively. Interest on the bonds will accrue from the date of delivery and is payable semiannually on February 1 and August 1 each year, commencing on February 1, 2016. Principal amounts will be paid on August 1. The bonds were authorized at an election held in the District on November 5, 2013, at which more than two-thirds of the qualified electors voting on the proposition voted to authorize the issuance and sale of up to \$394,000,000 principal amount of general obligation bonds of the District (Measure F). The bond proceeds are authorized to be used to make seismic upgrades to MGH to meet stricter California earthquake standards; to expand and enhance emergency and other medical facilities; to provide the latest lifesaving medical facilities for treatment of heart, stroke, and other diseases, to reduce emergency room wait times; to improve MGH and related facilities with new construction, acquisitions, and renovations; pay all necessary legal, financial, engineering, and contingent costs in connection therewith.

**MARIN HEALTHCARE DISTRICT
NOTES TO FINANCIAL STATEMENTS**

NOTE 8 - BONDS PAYABLE (CONTINUED)

The Series 2015A Bonds maturing on or before August 1, 2025 are not subject to redemption prior to their respective stated maturity dates. The Series 2015A Bonds maturing on or after August 1, 2026 are subject to redemption prior to their respective stated maturity dates, at the option of the District, from any source of funds, in whole or in part, on August 1, 2025 or on any date thereafter at par amount thereof, without premium, together with interest accrued thereon to the date of redemption. The Series 2015A Bonds maturing on August 1, 2040 and on August 1, 2045 shall be subject to redemption prior to maturity, without a redemption premium, in part by lot, from mandatory sinking fund payments, beginning August 1, 2036 and August 1, 2041, respectively. The Series 2015B Bonds are not subject to redemption prior to maturity.

The general obligation bonds represent the general obligation of the District. The Board of Supervisors of the County has the power and is obligated to cause annual ad valorem taxes to be levied upon all property within the District, subject to taxation by the District, and collected by the County for payment, when due, of the principal and interest on the bonds.

The activity for bonds payable for the year ended December 31, 2016 is as follows:

	Outstanding December 31, 2015	Matured / Redeemed During Year	Outstanding December 31, 2016	Due Within One Year
General obligation bonds	\$ 170,000,000	\$ (12,615,000)	\$ 157,385,000	\$ 2,645,000
Plus				
Premium	8,650,045	(296,570)	8,353,475	-
Total	<u>\$ 8,650,045</u>	<u>\$ (12,911,570)</u>	<u>\$ 165,738,475</u>	<u>\$ 2,645,000</u>

A summary of debt service requirements for the next five years and to maturity as of December 31, 2016 is as follows:

<u>Years ending December 31,</u>	<u>Principal</u>	<u>Interest</u>
2017	\$ 2,645,000	\$ 6,589,350
2018	-	6,510,000
2019	-	6,510,000
2020	190,000	6,510,000
2021	430,000	6,506,200
2022 - 2025	4,455,000	25,794,200
2026 - 2030	13,705,000	30,464,250
2031 - 2035	26,630,000	25,836,500
2036 - 2040	43,625,000	18,681,000
2041 - 2045	<u>65,705,000</u>	<u>8,290,000</u>
Total	<u>\$ 157,385,000</u>	<u>\$ 141,691,500</u>

NOTE 9 – COMMITMENTS AND CONTINGENCIES

Compliance with the Hospital Facilities Seismic Upgrade Act – The District has assumed responsibility for compliance with the Hospital Facilities Seismic Upgrade Act (SB 1953) classification SPC2 and through Hazus 2010. The District has received an extension to 2030.

Regulatory environment – The health care industry is subject to numerous laws and regulations of federal, state, and local governments. Compliance with these laws and regulations is subject to periodic government review, interpretation, and audits, as well as regulatory actions unknown and unasserted at this time.

Litigation – The District is party to various claims and legal actions in the normal course of business. In the opinion of management, the District has substantial meritorious defenses to pending or threatened litigation and, based upon current facts and circumstances, the resolution of these matters is not expected to have a material adverse effect on the District’s financial statements.

Professional and clinic management services agreements – MHD has entered into various Professional and Clinic Management Services Agreements with the 1206(b) Clinics. In general, the agreements provide for compensation and benefits allowance for the physicians as well as a compensation level guaranty for new physicians. The agreements also include a cap on total payments the physicians can receive for services.

NOTE 10 – RELATED PARTY TRANSACTIONS

The following transactions are conducted with affiliated entities:

Effective December 2, 2015, the District and MGH entered into a new 30-year lease. The lease agreement requires that MGH provide financial support to the District relating to the operation of the Clinics. MGH provided \$8,072,571 to the District for the operation of the Clinics during the year ended December 31, 2016. Additionally, the lease agreement also requires MGH to reimburse a portion of the District’s administrative, rent, and non-clinic expenses.

The District has a receivable of \$1,142,733 and \$1,037,481 due from MGH, as of December 31, 2016 and 2015, respectively, included in the statements of net position.

MARIN HEALTHCARE DISTRICT

NOTES TO FINANCIAL STATEMENTS

NOTE 11 - OPERATING LEASES

The District leases office facilities under a non-cancelable operating lease. The total cost for the leases were \$1,554,377 for the year ended December 31, 2016. The future minimum lease payments were as follows:

<u>Years ending December 31,</u>	
2017	\$ 1,603,061
2018	1,266,715
2019	1,170,419
2020	1,177,895
2021	1,185,545
Thereafter	<u>233,375</u>
	<u>\$ 6,637,010</u>