

MARIN HEALTHCARE DISTRICT

100-B Drake's Landing Road, Suite 250, Greenbrae, CA 94904
www.marinhealthcare.org

Telephone: 415-464-2090
info@marinhealthcare.org

Fax: 415-464-2094

TUESDAY, JULY 9, 2024
BOARD OF DIRECTORS
5:30 PM: REGULAR OPEN MEETING

Board of Directors:

Chair: Edward Alfrey, MD (Div. 5)
Vice Chair: Ann Sparkman, RN/BSN, JD (Div. 2)
Secretary: Jennifer Rienks, PhD (Div. 4)
Directors: Brian Su, MD (Div. 3)
Samantha Ramirez, BSW (Div. 1)

Staff:

David Klein, MD, MBA, CEO
Eric Brettner, CFO
Colin Leary, General Counsel
Tricia Lee, Executive Assistant

Location:

MarinHealth Medical Center
Conference Center
250 Bon Air Road, Greenbrae CA

Public option: Zoom video:

<https://mymarinhealth.zoom.us/join>
Meeting ID: **987 7245 6255**
Passcode: **156223**
Or via Zoom telephone: 1-669-900-9128

AGENDA

	<u>Presenter</u>	<u>Tab #</u>
<u>5:30 PM: REGULAR OPEN MEETING</u>		
1. Call to Order and Roll Call	Alfrey	
2. General Public Comment <i>Any member of the audience may make statements regarding any items NOT on the agenda. Statements are limited to a maximum of three (3) minutes. Please state and spell your name if you wish it to be recorded in the minutes.</i>	Alfrey	
3. Approve Agenda (action)	Alfrey	
4. Approve Minutes of the Regular Meeting of June 11, 2024 (action)	Alfrey	#1
5. Healthcare Advocacy and Emerging Challenges and Trends	Klein	
6. Committee Reports		
A. Finance & Audit Committee (Met June 18)	Su	
I. Approve Marin Healthcare District 2023 Report of Independent Auditors & Financial Statements (action)		#2
B. Lease, Building, Education & Outreach Committee (met July 8)	Rienks	

The agenda for the meeting will be posted and distributed at least 72 hours prior to the meeting. In compliance with the Americans with Disabilities Act, if you require accommodations to participate in a District meeting please contact the District office at 415-464-2090 (voice) or 415-464-2094 (fax) at least 48 hours prior to the meeting. Meetings open to the public are recorded and the recordings are posted on the District web site.

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TUESDAY, JULY 9, 2024

BOARD OF DIRECTORS

5:30 PM: REGULAR OPEN MEETING

7. Reports

A. District CEO's Report

Klein

B. Hospital CEO's Report

Klein

C. Chair's and Board Members' Reports

All

8. Agenda Suggestions for Future Meetings

All

9. Adjournment of Regular Meeting

Alfrey

Next Regular Meeting: Tuesday, August 13, 2024 @ 5:30 p.m.

Tab 1



**MARIN HEALTHCARE DISTRICT
BOARD OF DIRECTORS**

REGULAR MEETING

**Tuesday, June 11, 2024 @ 5:30 pm
MarinHealth Medical Center
Conference Center**

MINUTES

1. Call to Order and Roll Call

Chair Alfrey called the Regular Meeting to order at 5:31 pm.

Board members present: Chair Edward Alfrey, MD; Vice Chair Brian Su, MD; Secretary Ann Sparkman, RN/BSN, JD Jennifer Rienks, PhD; Samantha Ramirez, BSW
Staff present: David Klein, MD, CEO; Eric Brettner, CFO; Colin Leary, General Counsel; Tricia Lee, EA
Guest Present: Lynn Seaver-Forsey, Executive Director of Quality Services

2. General Public Comment

There was no public comment.

3. Approve Agenda

Ms. Sparkman moved to approve the agenda as presented. Ms. Rienks seconded. **Vote: all ayes.**

4. Approve Minutes of the Regular Meeting of May 14, 2024

Ms. Sparkman moved to approve the minutes as presented. Ms. Rienks seconded. **Vote: all ayes.**

5. Approval of Resolution #2024-03 Calling for Election

Resolution 2024-03 to provide notification to the Marin County Election Department as it relates to the upcoming election for two (2) board positions. was presented (Tab #2). Resolution 2024-03 is Ms. Rienks moved to approve Resolution #2024-03 as presented. Ms. Sparkman seconded. **Vote: all ayes.**

6. Approval of Annual 2023 MarinHealth Medical Center Report of Performance Metrics and Core Services

Dr. Klein presented the 2023 Annual Report, noting that all Tier 1 and Tier 2 performance metrics are in compliance. This Report was reviewed and approved by the MHMC Board of Directors at their regular meeting on June 4, 2024.

Schedule 1: HCAHPS (Patient Satisfaction) – Ms. Lynn Seaver-Forsey (Executive Director of Quality Services) commented. Scores have increased across all areas.



Dr. Klein remarked generally on Schedules 2,3,4,5.

Schedule 6: Clinical Quality Reporting Metrics – Ms. Seaver-Forsev noted that most all metrics are generally favorable to target or better.

Schedule 7: External Awards – Dr. Klein noted there were multiple surveys in 2023 which had successful outcomes, and he remarked on the many awards received in 2023.

Schedule 8: Community Benefit – Report given

Dr. Klein remarked generally on Schedules 9,10,11,12.

Chair Alfrey asked for a motion to approve the Report. Dr. Su moved to approve the report as presented. Ms. Rienks seconded. **Vote: all ayes.**

7. Healthcare Advocacy and Emerging Challenges and Trends

Dr. Klein provided an update to AB 1778, which aims to create a pilot program in Marin County for class 2 e-bikes. AB 1778 passed the Assembly floor and is now going to the full Senate floor.

Dr. Klein reported on the Seismic Reform Bill. CHA sponsored bill (SB 1432) moved out of the Senate with a strong vote and is now headed to the Assembly for further debate and discussion.

Dr. Klein reported The Office of Health Care Affordability Act recently approved healthcare spending targets.

Dr. Klein also reported on SB 1423, supported by CHA, to provide additional funding to critical access hospitals that are in financial distress. The bill aims to prevent hospital closures in critical areas. The Senate Health Care Committee has passed SB 1423.

8. Committee Reports

A. Finance & Audit Committee

Did not meet

B. Lease, Building, Education and Outreach Committee met June 8, 2024

Ms. Rienks reported on the MHD Website redesign. The goal of the new website design is to provide accessible and useful information to the public. Ms. Rienks will bring the proposal to the board for a vote.

Ms. Rienks also discussed the e-newsletter to the public, suggesting it could include features like moth awareness campaigns and educational blurbs.



Ms. Rienks also provided an update on seminar topics for 2024 which include; upcoming Hypertension Seminar in September, Men's and Women's Health Seminar and Careers in Healthcare event for high school students.

Ms. Rienks also provided updates for upcoming Pop-Up's.

- August 17, 2024 Canal District Event
- November 2, 2024 Marin City Event with the City Health and Wellness Center
- Community Workers Day

9. Reports

A. *Hospital and District CEO's Report*

Dr. Klein announced Dr. Matt Wills, Public Health Officer for Marin County is retiring at the end of September. Dr. Lisa Santora, Deputy Public Health Officer will be moving in to the role of Public Health Officer.

Dr. Klein reported on the Cardiology program and the significant advancements in innovative treatment and testing modalities. The Cardiac MRI program has been very successful.

Dr. Klein provided updates on expansions in the North Bay.

- The Petaluma Hub construction is underway. The facility is set to open in October.
- Santa Rosa expansion of vascular surgery services has been successful. There is potential to expand cardiology services in to Santa Rosa, in the coming months.
- Expansion of general and colorectal surgery in Petaluma is ongoing.

Dr. Klein provided updates on the Novato Imaging Center, due to open in July. Services will include advanced vascular imaging, plain film, MRI, mammography and tomosynthesis.

Dr. Klein reported on recruitment in various specialties: cardiac surgery, orthopedics, dermatology, neurology, psychiatry, pulmonology, nephrology, primary care, minimally invasive surgery and GI.

Six (6) primary care physicians have been hired to date, with several other in the pipeline.

Dr. Klein reported the California Orthopedic Spine Group (COS) have joined Marinhealth.

CMQCC (California Maternal Quality Care Collaborative) recognized Marinhealth Medical Center for their 2023 Nulliparous, Term, Singleton, Vertex (NTSV) Cesarean Birth Rate.

The hospital By-Laws are currently under review. Any revisions will be brought back to the District Board for approval.



Dr. Klein provided an update on the electronic board meeting software. Boardvantage is set to be deployed August 2024. District Board members will be oriented and given full instructions.

The selection of the AI enhanced security system has been finalized.

Dr. Klein provided an updated on the FEMA funds. FEMA has approved \$317,000 of the \$541,000.00 that was submitted for.

B. Chair's and Board Members' Reports.

Ms. Rienks thanks Dr. Klein for speaking on the funding for rural hospitals. While at a recent conference there was discussion from rural public health individuals and they expressed the difficulties in getting healthcare in these areas.

Ms. Rienks spoke on a recent Health Council meeting, where the topic of MAT prescribing was brought up, for opioid use disorder. Ms. Rienks inquired if the emergency room. Dr. Alfrey look into programs in the emergency room.

Ms. Sparkman, requested the new president of College of Marin to come speak on information related to their nursing program and trade schools.

Ms. Ramirez provided information related to an LGBTQ pride event this month celebrating the LGBTQ community June 25th from 5:00 - 8:30 PM at College of Marin.

Ms. Ramirez also discussed the possibility of a bilingual physician to join her radio show to discuss what we would like our Spanish speaking community to know when coming to the hospital.

10. Agenda Suggestions for Future Meetings

Ms. Sparkman, requested the new president of College of Marin to come speak on information related to their nursing program and trade schools.

Ms. Sparkman also asked the Commission on Aging speak on the grand jury report on the silver tsunami.

Ms. Rienks would like to have a discussion on becoming a designated "Age Friendly" Hospital.

11. Adjournment of Regular Meeting

Chair Alfrey adjourned the meeting at 7:27 pm.

Tab 2

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Report of Independent Auditors and
Financial Statements

Marin Healthcare District

December 31, 2023 and 2022

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Management's Discussion and Analysis

Marin Healthcare District Management's Discussion and Analysis Years Ended December 31, 2023 and 2022

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 years ended December 31, 2023 and 2022. 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 are 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 Flows

This statement reflects inflows and outflows of cash, summarized by operating, capital and noncapital 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 subdivision of the State of California. It is the sole member of Marin General Hospital, dba MarinHealth Medical Center ("MHMC") and is governed by a publicly elected Board of Directors.

**Marin Healthcare District
Management's Discussion and Analysis
Years Ended December 31, 2023 and 2022**

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,		
	2023	2022	2021
Assets			
Current and other assets	\$ 33,619,276	\$ 32,125,493	\$ 34,624,822
Capital assets, net of accumulated depreciation	406,075,171	417,949,830	429,837,712
Total assets	\$ 439,694,447	\$ 450,075,323	\$ 464,462,534
Liabilities			
Current portion of bond payable	\$ 1,250,000	\$ 955,000	\$ 680,000
Other current liabilities	6,368,597	6,497,001	8,913,990
Bond payable, net of current portion	384,170,790	386,397,216	388,328,642
Total liabilities	391,789,387	393,849,217	397,922,632
Deferred inflows of resources			
Deferred inflows related to leases	9,915,340	10,366,037	10,816,734
Net position			
Net investment in capital assets	32,601,045	41,112,409	50,295,762
Unrestricted	5,388,675	4,747,660	5,427,406
Total net position	37,989,720	45,860,069	55,723,168
Total liabilities, deferred inflows of resources, and net position	\$ 439,694,447	\$ 450,075,323	\$ 464,462,534

Total assets decreased by 2% or \$10,380,876 as of December 31, 2023, compared to December 31, 2022, primarily due to a decrease in capital assets as a result of depreciation expense. Total assets decreased by 3% or \$14,387,211 as of December 31, 2022, compared to December 31, 2021, primarily due to a decrease in capital assets.

Liabilities decreased by 1% or \$2,059,830 as of December 31, 2023, compared to December 31, 2022, primarily due to a reduction in bonds payable. Liabilities decreased by 1% or \$4,073,415 as of December 31, 2022, compared to December 31, 2021, primarily due to a reduction in accrued construction costs.

The overall changes to net position is a decrease of \$7,870,349, resulting in a December 31, 2023 balance of \$37,989,720. An unrestricted net position of \$5,388,675 exists for the year ended December 31, 2023, as a result of resources in excess of net investments in capital assets.

**Marin Healthcare District
Management's Discussion and Analysis
Years Ended December 31, 2023 and 2022**

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

	<u>2023</u>	<u>2022</u>	<u>2021</u>
Operating revenues	\$ 929,596	\$ 953,945	\$ 956,814
Operating expenses	<u>12,295,089</u>	<u>12,471,684</u>	<u>14,890,290</u>
Operating loss	<u>(11,365,493)</u>	<u>(11,517,739)</u>	<u>(13,933,476)</u>
Tax revenue	17,233,224	16,395,037	16,616,446
Interest and investment income (loss)	524,677	(449,822)	(56,252)
Bond interest expense	<u>(14,262,757)</u>	<u>(14,290,575)</u>	<u>(14,305,346)</u>
Total nonoperating revenues, net	<u>3,495,144</u>	<u>1,654,640</u>	<u>2,254,848</u>
 (Decrease) increase in net position	 <u><u>\$ (7,870,349)</u></u>	 <u><u>\$ (9,863,099)</u></u>	 <u><u>\$ (11,678,628)</u></u>

Operating Revenues and Expenses

For the years ended December 31, 2023, 2022, and 2021, operating losses were primarily due to the depreciation incurred by the District.

Nonoperating Revenues and Expenses

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.

ECONOMIC OUTLOOK AND MAJOR INITIATIVES

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.

Business Segment Disposal

In January 2019, the District entered into an agreement with Prima Medical Foundation, dba MarinHealth Medical Network ("MHMN") and University of California, San Francisco ("UCSF"), whereby the Clinic's physicians rendered their services and professional service agreements to the UCSF academic license 1206(g). As part of the agreement, MHMN gained control and operation of the Clinics and assumed responsibility of all the District's prepaid assets, intangible assets, property leases, and notes payable related to the Clinics. Furthermore, on January 1, 2019, the District entered into a purchase and sale agreement with MHMN for the purchase of capital assets and inventory.

Measure F

**Marin Healthcare District
Management's Discussion and Analysis
Years Ended December 31, 2023 and 2022**

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 MHMC 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 MHMC for the construction of a parking structure and for design and site improvements preparatory to the commencement of construction of the new Hospital Facility.

In September 2017, the District issued \$224,000,000 of bonds, at a premium, resulting in total proceeds of \$243,612,033. The proceeds continue to be used for the construction of the new Hospital Facility.

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, 2023, is presented below.

	Actual	Budget
Operating revenues	\$ 929,596	\$ 708,772
Operating expenses	12,295,089	12,462,028
Operating loss	(11,365,493)	(11,753,256)
Tax revenue	17,233,224	15,808,220
Bond interest expense	(14,262,757)	(14,262,758)
Interest and investment income	524,677	-
Nonoperating revenues	3,495,144	1,545,462
Decrease in net position	\$ (7,870,349)	\$ (10,207,794)

The budget above is for the operations of the District, which includes bond-related revenue and expenses.

Operating revenues – The majority of the District's operating revenues are comprised of rental revenue earned from MHMC, with a trivial amount of other revenue, and were \$220,824 in excess of budget.

Operating expenses – The District conducts programs such as community healthcare education and support for hospital programs. The District's operating expenses were \$166,939 under budget, due to lower support to MHMC programs.

Tax revenue – The District earned tax revenue, which 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.

Interest and investment income (loss) – The District earned interest and dividend income and incurred investment losses from the accounts in which the investment loss is held.

**Marin Healthcare District
Management's Discussion and Analysis
Years Ended December 31, 2023 and 2022**

CAPITAL ASSETS

As of December 31, 2023, the District had \$406,075,171 invested in a variety of capital assets, as reflected in the following schedule, which represent a net decrease of \$11,874,659 from December 31, 2022. The decrease as of December 31, 2023, is the result of an increase in accumulated depreciation due to annual depreciation expense.

	<u>Balance at December 31,</u>	
	<u>2023</u>	<u>2022</u>
Land	\$ 865,701	\$ 865,701
Hospital buildings and leasehold improvements	471,688,684	471,683,811
Equipment	18,784,416	18,784,416
Less accumulated depreciation	<u>(85,263,630)</u>	<u>(73,384,098)</u>
Capital assets, net of accumulated depreciation	<u><u>\$ 406,075,171</u></u>	<u><u>\$ 417,949,830</u></u>

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.

Report of Independent Auditors

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Financial Statements

Marin Healthcare District
Statements of Net Position
December 31, 2023 and 2022

	2023	2022
ASSETS		
CURRENT ASSETS		
Cash and cash equivalents	\$ 867,657	\$ 748,672
Investments	3,690,043	3,463,546
Current portion of bond assets held in trust	7,590,375	7,311,292
Tax revenue receivable	6,089,562	6,216,670
Lease receivable	166,698	146,787
Prepaid expenses	-	6,000
Total current assets	18,404,335	17,892,967
NONCURRENT ASSETS		
Deposits	36,000	36,000
Capital assets, net of accumulated depreciation	406,075,171	417,949,830
Bond assets held in trust, net of current portion	4,356,289	3,207,176
Lease receivable, net of current portion	10,822,652	10,989,350
Total noncurrent assets	421,290,112	432,182,356
Total assets	\$ 439,694,447	\$ 450,075,323
LIABILITIES, DEFERRED INFLOWS OF RESOURCES, AND NET ASSETS		
CURRENT LIABILITIES		
Accrued expenses	\$ 28,222	\$ 140,710
Accrued interest expense	6,340,375	6,356,291
Current portion of bonds payable	1,250,000	955,000
Total current liabilities	7,618,597	7,452,001
BONDS PAYABLE, net of current portion	384,170,790	386,397,216
Total liabilities	391,789,387	393,849,217
DEFERRED INFLOWS OF RESOURCES		
Deferred inflows of resources - lease	9,915,340	10,366,037
NET POSITION		
Net investment in capital assets	32,601,045	41,112,409
Unrestricted	5,388,675	4,747,660
Total net position	37,989,720	45,860,069
Total liabilities, deferred inflows of resources, and net position	\$ 439,694,447	\$ 450,075,323

See accompanying notes.

Marin Healthcare District
Statements of Revenues, Expenses, and Changes in Net Position
Years Ended December 31, 2023 and 2022

	<u>2023</u>	<u>2022</u>
OPERATING REVENUES		
Lease income	\$ 450,697	\$ 450,697
Interest income related to lease	478,899	503,248
Total operating revenues	<u>929,596</u>	<u>953,945</u>
OPERATING EXPENSES		
Purchased services	345,667	392,513
Depreciation and amortization	11,879,532	11,887,882
Charitable contributions	-	48,213
Other	69,890	143,076
Total operating expenses	<u>12,295,089</u>	<u>12,471,684</u>
Operating loss	<u>(11,365,493)</u>	<u>(11,517,739)</u>
NONOPERATING REVENUES (EXPENSES)		
Tax revenue	17,233,224	16,395,037
Interest and investment income (loss)	524,677	(449,822)
Bond interest expense	<u>(14,262,757)</u>	<u>(14,290,575)</u>
Total nonoperating revenues, net	<u>3,495,144</u>	<u>1,654,640</u>
DECREASE IN NET POSITION	(7,870,349)	(9,863,099)
NET POSITION, beginning of year	<u>45,860,069</u>	<u>55,723,168</u>
NET POSITION, end of year	<u><u>\$ 37,989,720</u></u>	<u><u>\$ 45,860,069</u></u>

See accompanying notes.

Marin Healthcare District
Statements of Cash Flows
Years Ended December 31, 2023 and 2022

	2023	2022
CASH FLOWS FROM OPERATING ACTIVITIES		
Receipts from tenants	\$ 625,686	\$ 589,713
Payments to suppliers and others	(522,045)	(576,744)
Net cash used in operating activities	103,641	12,969
CASH FLOWS FROM CAPITAL AND RELATED FINANCING ACTIVITIES		
Purchases of capital assets	(8,546)	(2,417,947)
Principal payments on bonds payable	(955,000)	(680,000)
Interest payments on bonds payable	(15,255,099)	(15,275,501)
Tax revenue related to general obligation bonds	17,360,332	16,964,037
Net cash provided by (used in) capital and related financing activities	1,141,687	(1,409,411)
CASH FLOWS FROM INVESTING ACTIVITIES		
Purchases of bond assets held in trust	(17,360,331)	(19,332,999)
Proceeds from sales and maturities of bond assets held in trust	16,218,644	20,684,326
Earnings on investments	11,671	81,533
Net cash (used in) provided by investing activities	(1,130,016)	1,432,860
NET CHANGES IN CASH AND CASH EQUIVALENTS	115,312	36,418
CASH AND CASH EQUIVALENTS, beginning of year	748,672	712,254
CASH AND CASH EQUIVALENTS, end of year	\$ 863,984	\$ 748,672
RECONCILIATION OF OPERATING LOSS TO NET CASH USED IN OPERATING ACTIVITIES		
Operating loss	\$ (11,365,493)	\$ (11,517,739)
Adjustments to reconcile operating loss to net cash used in operating activities:		
Depreciation and amortization	11,879,532	11,887,882
Changes in certain assets and liabilities:		
Prepaid expenses	6,000	(2,400)
Lease receivable	146,787	86,465
Accrued expenses	(112,488)	9,458
Deferred inflows of resources - lease	(450,697)	(450,697)
Net cash used in operating activities	\$ 103,641	\$ 12,969

See accompanying notes.

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 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 Marin General Hospital, dba MarinHealth Medical Center (“MHMC”). The financial information of MHMC is not included in these financial statements.

Effective June 30, 2010, the District became the sole member of MHMC and appointed its initial Board of Directors. The MHMC Board is responsible for oversight of the operations of MHMC 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.

Business segment disposal – On January 1, 2019, the District entered into an agreement with Prima Medical Foundation, dba MarinHealth Medical Network (“MHMN”) and University of California, San Francisco (“UCSF”), whereby the Clinic’s physicians rendered their services and professional service agreements to the UCSF academic license 1206(g). As part of the agreement, MHMN gained control and operation of the Clinics and assumed responsibility of all the District’s prepaid assets, intangible assets, property leases, and notes payable related to the Clinics. Furthermore, on January 1, 2019, the District entered into a purchase and sale agreement with MHMN for the purchase of capital assets and inventory.

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.

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.

Marin Healthcare District Notes to Financial Statements

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. Nonoperating revenues, such as subsidies, property tax revenue, and investment earnings, result from nonexchange 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.

Use of estimates – The financial statements have been prepared in conformity with accounting principles generally accepted in the United States, 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.

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 gains and losses, unrealized gains and losses, and interest are included in the statements of revenues, expenses, and changes in net position as other revenue. Interest of \$159,114 and \$94,670, and realized and unrealized gains/(losses) of \$166,949 and (\$549,065) for the years ended December 31, 2023 and 2022, respectively, are included in interest and investment loss on the statements of revenues, expenses, and changes 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. Interest of \$286,509 and \$39,433 and realized and unrealized losses of \$0 and (\$57,950) are included in interest and investment loss on the statements of revenues, expenses, and changes in net position for the years ended December 31, 2023 and 2022, respectively.

Lease receivable – Lease receivable is recognized at the net present value of the leased assets at a borrowing rate determined by the District, reduced by principal payments received.

Marin Healthcare District Notes to Financial Statements

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. There was no impairment recorded for the year ended December 31, 2023.

Deferred inflows of resources – In addition to liabilities, the statements of net position will sometimes report a separate section for deferred inflows of resources. This separate financial statement element represents an acquisition of net position that applies to a future period(s) and as such, will not be recognized as an inflow of resources (revenue) until that time. Included in deferred inflows of resources of the District are deferred lease resources related to lessor arrangements.

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.

Lease income – The District recognizes lease income and reimbursement of operating expenses when earned. The District derives all of its lease income from MHMC (see Note 5).

Operating revenues and expenses – The District's statements of revenues, expenses, and changes in net position distinguish between operating and nonoperating revenues and expenses. Operating revenues result from leasing the Hospital Facility to MHMC. Nonexchange revenues, including taxes, grants, and contributions received for purposes other than capital asset acquisition, are reported as nonoperating revenues. Operating expenses are all expenses incurred in order to lease the Hospital Facility, including loss on impairment of capital assets.

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 nonoperating revenues. Amounts restricted to capital acquisitions are reported after nonoperating revenues and expenses.

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.

Reclassification – Certain amounts reported in the 2022 financial statements have been reclassified to conform to the 2023 presentation. These reclassifications did not affect previously net positions or changes thereto.

Marin Healthcare District Notes to Financial Statements

Recent accounting pronouncements – In May 2020, the GASB issued GASB Statement No. 96, *Subscription-Based Information Technology Arrangements* (“GASB 96”), which provides guidance on the accounting and financial reporting for subscription-based information technology arrangements (“SBITAs”) for government end users (“governments”). This Statement (1) defines a SBITA; (2) establishes that a SBITA results in a right-to-use subscription asset—an intangible asset—and a corresponding subscription liability; (3) provides the capitalization criteria for outlays other than subscription payments, including implementation costs of a SBITA; and (4) requires note disclosures regarding a SBITA. There was no impact of adopting the provisions of GASB 96 on the financial statements.

In April 2022, the GASB issued GASB Statement No. 99, *Omnibus 2022* (“GASB 99”), which enhances comparability in accounting and financial reporting and improves the consistency of authoritative literature by addressing (1) practice issues that have been identified during implementation and application of certain GASB Statements and (2) accounting and financial reporting for financial guarantees. There was no impact of adopting the provisions of GASB 99 on the financial statements.

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:

	2023	2022
Cash in bank	\$ 528,134	\$ 420,339
State of California’s Local Agency Investment Fund (LAIF)	339,523	328,333
Cash and cash equivalents	867,657	748,672
Investments		
Mutual funds	2,355,390	2,088,587
Money market funds	7,179	10,152
U.S. fixed income commingled funds	1,327,474	1,364,807
	3,690,043	3,463,546
Bond assets held in trust		
Money market funds	11,946,664	10,518,468
Total	\$ 16,504,364	\$ 14,730,686

Cash balances from all funds are combined and invested, to the extent possible, pursuant to the District Board’s 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

LAIF – The District places certain funds with the 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, 2023 and 2022, the estimated market value of the pool (including accrued interest) was \$30,889,357 and \$30,035,298, respectively. The District’s proportionate share of that value is \$339,523 and \$328,333 as of December 31, 2023 and 2022, respectively.

Mutual funds and money market funds – The District’s mutual funds and money market funds are primarily invested in government and corporate debt, asset-backed securities, U.S. Treasury securities, and global debt. The objective of these funds is to provide steady cash flow to investors.

U.S. fixed income commingled funds – This class includes investments in commingled funds that invest primarily in domestic equity or debt securities. The objective of these investments is to capture similar market returns in their respective indices. The funds’ underlying positions are all marketable and priced regularly, but the majority of the funds themselves are priced monthly on a net asset value basis. U.S. fixed income commingled funds are accessible for full liquidity on a daily basis.

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 and U.S. Treasury obligations, 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.

Marin Healthcare District Notes to Financial Statements

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 when investing, reinvesting, purchasing, acquiring, exchanging, selling, or managing public funds, the Chief Executive Officer and Chief Financial Officer of the District shall act with care, skill, prudence, and diligence under the circumstances then prevailing, including, but not limited to, the general economic conditions and the anticipated needs of the District, to safeguard the principal and maintain the liquidity needs of the District.

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, 2023 and 2022, 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.

Interest rate risk – Interest rate risk is the risk that changes in market interest rates will adversely affect the fair value of an investment. Generally, the longer the maturity of an investment, the greater the sensitivity of its fair value to changes in market interest rates.

GASB Statement No. 40, *Deposit and Investment Risk Disclosures—An Amendment of GASB Statement No. 3*, 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, follows:

	2023			
	Investment maturities (in years)			
	Fair Value	Less than 1	1 to 5	More than 5
Money market funds	\$ 11,953,843	\$ 11,953,843	\$ -	\$ -
	11,953,843	<u>\$ 11,953,843</u>	<u>\$ -</u>	<u>\$ -</u>
Mutual funds	2,355,390			
U.S. fixed income commingled funds	1,327,474			
	<u>\$ 15,636,707</u>			

Marin Healthcare District Notes to Financial Statements

2022			
Investment maturities (in years)			
Fair Value	Less than 1	1 to 5	More than 5
Money market funds	\$ 10,528,620	\$ 10,528,620	\$ -
	10,528,620	<u>\$ 10,528,620</u>	<u>\$ -</u>
Mutual funds	2,088,587		
U.S. fixed income commingled funds	1,364,807		
	<u>\$ 13,982,014</u>		

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.

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:

2023				
Fair Value at Reporting Date Using				
	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)	Total
Money market funds	\$ 11,953,843	\$ -	\$ -	\$ 11,953,843
Mutual funds				
Govt/Corp intermediate	741,681	-	-	741,681
Corp/Pref-high yield	1,613,709	-	-	1,613,709
U.S. fixed income commingled funds*	-	1,327,474	-	1,327,474
Total investments	<u>\$ 14,309,233</u>	<u>\$ 1,327,474</u>	<u>\$ -</u>	<u>\$ 15,636,707</u>

Marin Healthcare District Notes to Financial Statements

2022

	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	\$ 10,528,620	\$ -	\$ -	\$ 10,528,620
U.S. Treasury obligations	-	-	-	-
Mutual funds				
Govt/Corp intermediate	1,287,758	-	-	1,287,758
Corp/Pref-high yield	800,829	-	-	800,829
U.S. fixed income commingled funds*	-	1,364,807	-	1,364,807
Total investments	\$ 12,617,207	\$ 1,364,807	\$ -	\$ 13,982,014

*The amounts of marketable securities measured at net asset value ("NAV") presented in this table are intended to permit reconciliation of the fair value hierarchy to the amounts presented in the statements of net position.

During 2023 and 2022, there was no activity in Level 2 and Level 3 investments.

Commingled funds are reported at fair value as reported by the fund managers based on discounted cash flows, estimated market values, and other unobservable inputs. The commingled funds report fair value using a calculated NAV. There are no redemption limitations, except as noted below, or unfunded commitments at December 31, 2023.

Commingled Fund	Redemption	Redemption Notice Period	Redemption Availability
U.S. fixed income commingled funds	Any business day of each month	2 business days prior to trade date	Within 2 business days after trade date (subject to liquidity limitations)

Marin Healthcare District Notes to Financial Statements

Note 4 – Capital Assets

The following is a summary of changes in capital assets during the years ended December 31, 2023 and 2022:

	Life (Years)	Balance January 1, 2023	Additions	Deletions	Transfers	Balance December 31, 2023
Nondepreciable						
Land	N/A	\$ 865,701	\$ -	\$ -	\$ -	\$ 865,701
Total nondepreciable		865,701	-	-	-	865,701
Depreciable						
Hospital buildings	40	470,305,916	4,873	-	-	470,310,789
Equipment	3 to 20	18,784,416	-	-	-	18,784,416
Leasehold improvements	40	1,377,895	-	-	-	1,377,895
Total depreciable		490,468,227	4,873	-	-	490,473,100
Accumulated depreciation						
Hospital buildings	N/A	(53,221,787)	(11,879,532)	-	-	(65,101,319)
Equipment	N/A	(18,784,416)	-	-	-	(18,784,416)
Leasehold improvements	N/A	(1,377,895)	-	-	-	(1,377,895)
Total accumulated depreciation		(73,384,098)	(11,879,532)	-	-	(85,263,630)
Total depreciable, net		417,084,129	(11,874,659)	-	-	405,209,470
Total capital assets, net		\$ 417,949,830	\$ (11,874,659)	\$ -	\$ -	\$ 406,075,171
2022						
	Life (Years)	Balance January 1, 2022	Additions	Deletions	Transfers	Balance December 31, 2022
Nondepreciable						
Land	N/A	\$ 865,701	\$ -	\$ -	\$ -	\$ 865,701
Total nondepreciable		865,701	-	-	-	865,701
Depreciable						
Hospital buildings	40	470,305,916	-	-	-	470,305,916
Equipment	3 to 20	18,784,416	-	-	-	18,784,416
Leasehold improvements	40	1,377,895	-	-	-	1,377,895
Total depreciable		490,468,227	-	-	-	490,468,227
Accumulated depreciation						
Hospital buildings	N/A	(41,333,905)	(11,887,882)	-	-	(53,221,787)
Equipment	N/A	(18,784,416)	-	-	-	(18,784,416)
Leasehold improvements	N/A	(1,377,895)	-	-	-	(1,377,895)
Total accumulated depreciation		(61,496,216)	(11,887,882)	-	-	(73,384,098)
Total depreciable, net		428,972,011	(11,887,882)	-	-	417,084,129
Total capital assets, net		\$ 429,837,712	\$ (11,887,882)	\$ -	\$ -	\$ 417,949,830

Depreciation expense of capital assets was \$11,879,532 and \$11,887,882 for the years ended December 31, 2023 and 2022, respectively.

Marin Healthcare District Notes to Financial Statements

Note 5 – Lease of Marin Healthcare District Facility

The District is a lessor for a noncancellable lease. Effective December 1, 1985, the District leased the Hospital Facility to MHMC for a term of 30 years pursuant to Section 32126 of the Local Hospital District Law. The lease matured on December 1, 2015, and a new lease was executed in August 2014 with an effective date of December 2, 2015, for a term of 30 years. The base rent is \$500,000 annually, plus an annual Consumer Price Index (“CPI”) increase. Additional rent is conditional on MHMC achieving certain financial benchmarks.

Lease receivable – The District’s lease receivable is measured at the present value of lease payments expected to be received during the lease term. Under the lease agreement, the District may receive variable lease payments that are dependent upon changes in CPI. The variable payments are recorded as an inflow of resources in the period the payment is received. The deferred inflow of resources is recorded at the initiation of the lease in an amount equal to the initial recording of the lease receivable. The deferred inflows of resources are amortized on an effective interest method basis over the term of the lease.

The future principal and interest lease receipts as of December 31, 2023 are as follows:

<u>Years Ending December 31</u>	<u>Principal Payments</u>	<u>Interest Payments</u>	<u>Total</u>
2024	\$ 450,697	\$ 491,110	\$ 941,807
2025	450,697	483,178	933,875
2026	450,697	474,270	924,967
2027	450,697	464,332	915,029
2028	450,697	453,302	903,999
Thereafter	<u>7,661,855</u>	<u>4,601,962</u>	<u>12,263,817</u>
	<u>\$ 9,915,340</u>	<u>\$ 6,968,154</u>	<u>\$ 16,883,494</u>

Note 6 – 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 of 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.

On September 7, 2017, the District issued \$224,000,000 of Marin Healthcare District General Obligation Bonds, Election of 2013, Series 2017A. The 2017A bonds bear interest at rates of 2.00% to 5.00%. 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, 2018. Principal amounts will be paid on August 1.

Marin Healthcare District Notes to Financial Statements

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 MHMC 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 MHMC and related facilities with new construction, acquisitions, and renovations; and to pay all necessary legal, financial, engineering, and contingent costs in connection therewith.

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 Series 2017A Bonds maturing on or before August 1, 2027, are not subject to redemption prior to their respective stated maturity dates. The Series 2017A Bonds maturing on or after August 1, 2028, 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, 2027, or on any date thereafter at par amount thereof, without premium, together with interest accrued thereon to the date of redemption. The 2017A Bonds maturing on August 1, 2037, August 1, 2041, and August 1, 2047, shall be subject to redemption prior to maturity, without a redemption premium, in part by lot, from mandatory sinking fund payments, beginning August 1, 2035, August 1, 2038, and August 1, 2042, respectively.

The District incurred interest costs related to the General Obligation Bonds of \$14,262,757 and \$14,290,575 for the years ended December 31, 2023 and 2022, respectively.

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 years ended December 31, 2023 and 2022, was as follows:

	Outstanding January 1, 2023	Issued	Matured / Redeemed During Year	Outstanding December 31, 2023	Due Within One Year
General obligation bonds					
Series 2015 bonds	\$ 153,440,000	\$ -	\$ (955,000)	\$ 152,485,000	\$ 1,250,000
Series 2017 bonds	211,305,000	-	-	211,305,000	-
Plus					
Series 2015 premium	6,574,036	-	(296,574)	6,277,462	-
Series 2017 premium	16,033,180	-	(679,852)	15,353,328	-
Total	<u>\$ 387,352,216</u>	<u>\$ -</u>	<u>\$ (1,931,426)</u>	<u>\$ 385,420,790</u>	<u>\$ 1,250,000</u>

Marin Healthcare District Notes to Financial Statements

	Outstanding January 1, 2022	Issued	Matured / Redeemed During Year	Outstanding December 31, 2022	Due Within One Year
General obligation bonds					
Series 2015 bonds	\$ 154,120,000	\$ -	\$ (680,000)	\$ 153,440,000	\$ 955,000
Series 2017 bonds	211,305,000	-	-	211,305,000	-
Plus					
Series 2015 premium	6,870,610	-	(296,574)	6,574,036	-
Series 2017 premium	16,713,032	-	(679,852)	16,033,180	-
Total	<u>\$ 389,008,642</u>	<u>\$ -</u>	<u>\$ (1,656,426)</u>	<u>\$ 387,352,216</u>	<u>\$ 955,000</u>

A summary of debt service requirements for the next five years and to maturity as of December 31, 2023, is as follows:

<u>Years Ending December 31,</u>	<u>Principal</u>	<u>Interest</u>
2024	\$ 1,250,000	\$ 15,216,900
2025	1,570,000	15,166,900
2026	2,210,000	15,104,100
2027	3,005,000	14,999,500
2028	3,855,000	14,870,550
2029–2033	34,750,000	70,720,700
2034–2038	68,295,000	60,025,700
2039–2043	113,965,000	42,164,250
2044–2047	134,890,000	14,039,600
	<u>\$ 363,790,000</u>	<u>\$ 262,308,200</u>

Note 7 – 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 healthcare 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.

Marin Healthcare District Notes to Financial Statements

Note 8 – Property Taxes

The county treasurer acts as an agent to collect property taxes levied in the county for all taxing authorities. Taxes are levied annually on approximately October 1 based upon assessed property values as of January 1 of the preceding year. Assessed values are established by the county assessor at 100% of fair market value. Taxes are due in two equal installments on December 10 and April 10. Collections are distributed as collected to the District by the county treasurer.

The District is permitted by law to levy up to 1% of assessed property values for general district purposes. The District may also levy taxes at a lower rate. Further amounts of tax need to be authorized by the vote of the people.

For 2023 and 2022, the District did not have a regular tax levy. There is a voter-approved tax levy for service of the general obligation bonds. For 2023 and 2022, the tax levy for bond service was \$17,233,224 and \$16,395,037, respectively.

Property taxes are recorded as receivables when levied. Because state law allows for sale of property for failure to pay taxes, no estimate of uncollectible taxes is made.