

Audited Financial Statements
CITY OF ALAMEDA
HEALTH CARE DISTRICT
June 30, 2020

Audited Financial Statements

CITY OF ALAMEDA HEALTH CARE DISTRICT

June 30, 2020

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Management's Discussion and Analysis

CITY OF ALAMEDA HEALTH CARE DISTRICT

June 30, 2020

The District Clerk and Treasurer of the City of Alameda Health Care District (the District) has prepared this annual discussion and analysis in order to provide an overview of the District's performance for the fiscal year ended June 30, 2020 in accordance with the Governmental Accounting Standards Board Statement No. 34, *Basic Financials Statements; Management's Discussion and Analysis for State and Local Governments*. The intent of this document is to provide additional information on the District's historical financial performance as a whole in addition to providing a prospective look at revenue growth, operating expenses, and capital development plans. This discussion should be reviewed in conjunction with the audited financial statements for the fiscal year ended June 30, 2020 and accompanying notes to the financial statements to enhance one's understanding of the District's financial performance.

Financial Highlights

For the year of operations ending June 30, 2020, the District received \$5,887,501 million in parcel taxes from the County of Alameda and \$196,841 in rental income. The prior year taxes were \$5,902,625 and rental income was \$199,820.

Total District expenses for 2020 were \$702,487: (\$190,351 in depreciation and amortization, \$52,015 in interest expense, \$232,864 in professional fees, \$59,728 in insurance and \$167,529 in various other types of expenses. Transfers to the Alameda Health System were \$7.3 million, leaving the District with a decrease in net position for the year of \$(1,907,499).

Total District expenses for 2019 were \$1,077,444: (\$220,565 in depreciation and amortization, \$53,178 in interest expense, \$480,378 in professional fees, \$54,593 in insurance and \$268,730 in various other types of expenses. Transfers to the Alameda Health System were \$3.2 million, leaving the District with an increase in net position for the year of \$1,827,721.

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

Statements of Net Position

As of June 30, 2020, the District's current assets are comprised of \$1,212,789 in operating cash, \$298,418 in parcel taxes receivable and \$6,627 in prepaid assets. Other assets include cash and cash equivalents of \$646,751 which are restricted for specific purposes, \$2,623,684 of capital assets, net of accumulated depreciation and \$5,229 in debt issue costs. Current liabilities of the District include \$34,421 of current maturities of debt borrowings and \$10,090 of various accounts payable due to certain vendors. Long-term debt borrowings amounted to \$877,568.

Management's Discussion and Analysis

CITY OF ALAMEDA HEALTH CARE DISTRICT

As of June 30, 2019, the District's current assets are comprised of \$2,900,713 in operating cash, \$298,641 in parcel taxes receivable and \$15,276 in prepaid expenses. Other assets include cash and cash equivalents of \$725,309 which are restricted for specific purposes, \$2,811,794 of capital assets, net of accumulated depreciation and \$7,470 in capitalized debt issue costs. Current liabilities of the District include \$32,688 of current maturities of debt borrowings and \$38,039 of various accounts payable due to certain vendors. Long-term debt borrowings amounted to \$909,558.

Statements of Revenues, Expenses and Changes in Net Position

For the year ended June 30, 2020 and 2019, the District realized a decrease in net position of \$(1,907,499) and an increase in net position of \$1,827,721, respectively. The 2020 year approximated budget and expectations.

Next Year's Budget

The District annual budget for 2021 has been set at approximately \$6.0 million in revenue sources. Operating expenses for 2021 are expected to be approximately \$.7 million which includes depreciation and amortization of \$185,000. Excess earnings will continue to be remitted to AHS to help support the operations of the Alameda Hospital, formerly operated by the District.

JWT & Associates, LLP

A Certified Public Accountancy Limited Liability Partnership

1111 East Herndon Avenue, Suite 211, Fresno, California 93720

Voice: (559) 431-7708 Fax: (559) 431-7685 Email: rjctcpa@aol.com

Report of Independent Auditors

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

We have audited the accompanying financial statements of the City of Alameda Health Care District, (the District) which comprise the statements of net position as of June 30, 2020 and 2019, and the related statements of revenues, expenses and changes in net position, and cash flows for the years then ended, 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 standards applicable to financial audits contained in *Government Auditing Standards*, issued by the Comptroller General of the United States. 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 judgement, 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 we have 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 the District at June 30, 2020 and 2019, and the results of its operations and its cash flows for the years then ended, in conformity with accounting principles generally accepted in the United States of America.

Supplementary Information

Management's discussion and analysis is not a required part of the financial statements but is supplementary information required by accounting principles generally accepted in the United States of America. We have applied limited procedures, which consisted principally of inquiries of management regarding the methods of measurement and presentation of the supplementary information. However, we did not audit the information and express no opinion on it.

JW7 & Associates, LLP

Fresno, California
October 5, 2020

Statements of Net Position

CITY OF ALAMEDA HEALTH CARE DISTRICT

	June 30	
	<u>2020</u>	<u>2019</u>
Assets		
Current assets:		
Cash and cash equivalents	\$ 1,212,789	\$ 2,900,713
Other receivables	298,418	298,641
Prepaid expenses and deposits	<u>6,627</u>	<u>15,276</u>
Total current assets	1,517,834	3,214,630
Assets limited as to use	646,751	725,309
Capital assets, net of accumulated depreciation	<u>2,623,684</u>	<u>2,811,794</u>
	4,788,269	6,751,733
Deferred outflows of resources	<u>5,229</u>	<u>7,470</u>
	<u>\$ 4,793,498</u>	<u>\$ 6,759,203</u>
Liabilities		
Current liabilities:		
Current maturities of debt borrowings	\$ 34,421	\$ 32,688
Accounts payable and accrued expenses	<u>10,090</u>	<u>38,039</u>
Total current liabilities	44,511	70,727
Debt borrowings, net of current maturities	<u>877,568</u>	<u>909,558</u>
	922,079	980,285
Net position		
Invested in capital assets, net of related debt	2,623,684	2,811,794
Restricted, by contributors	646,751	725,309
Unrestricted (deficit)	<u>600,984</u>	<u>2,241,815</u>
Total net position	<u>3,871,419</u>	<u>5,778,918</u>
	<u>\$ 4,793,498</u>	<u>\$ 6,759,203</u>

See accompanying notes and auditor's report

Statements of Revenues, Expenses and Changes in Net Position

CITY OF ALAMEDA HEALTH CARE DISTRICT

	Year Ended June 30	
	<u>2020</u>	<u>2019</u>
Operating revenues		
Rent and other operating revenue	\$ 211,977	\$ 199,820
Total operating revenues	<u>211,977</u>	<u>199,820</u>
Operating expenses		
Professional fees	232,864	480,378
Supplies	5,399	26,289
Purchased services	29,358	14,676
Building and equipment rent	31,880	28,187
Utilities and phone	10,811	11,129
Insurance	59,728	54,593
Depreciation and amortization	190,351	220,565
Other operating expenses	<u>90,081</u>	<u>188,449</u>
Total operating expenses	<u>650,472</u>	<u>1,024,266</u>
Operating loss	(438,495)	(824,446)
Nonoperating revenues (expenses)		
District tax revenues	5,887,501	5,902,625
Interest expense	(52,015)	(53,178)
Transfers to AHS	<u>(7,304,490)</u>	<u>(3,197,280)</u>
Total nonoperating revenues (expenses)	<u>(1,469,004)</u>	<u>2,652,167</u>
Increase (decrease) in net position	(1,907,499)	1,827,721
Net position at beginning of the year	<u>5,778,918</u>	<u>3,951,197</u>
Net position at end of the year	<u>\$ 3,871,419</u>	<u>\$ 5,778,918</u>

Statements of Cash Flows

See accompanying notes and auditor's report

CITY OF ALAMEDA HEALTH CARE DISTRICT

	Year Ended June 30	
	<u>2020</u>	<u>2019</u>
Cash flows from operating activities:		
Cash received from operations, other than patient services	\$ 212,200	\$ 199,224
Cash payments to suppliers and contractors	<u>(479,421)</u>	<u>(762,574)</u>
Net cash (used in) operating activities	(267,221)	(563,350)
Cash flows from noncapital financing activities:		
District tax revenues	5,887,501	5,902,625
Transfers to AHS	<u>(7,304,490)</u>	<u>(3,197,280)</u>
Net cash provided by (used in) noncapital financing activities	(1,416,989)	2,705,345
Cash flows from capital financing activities:		
Principal payments on debt borrowings	(30,257)	(28,751)
Interest payments on debt borrowings	<u>(52,015)</u>	<u>(53,178)</u>
Net cash (used in) capital financing activities	(82,272)	(81,929)
Cash flows from investing activities:		
Net change in assets limited as to use	<u>78,558</u>	<u>(167,638)</u>
Net cash provided by (used in) investing activities	78,558	(167,638)
Net increase (decrease) in cash and cash equivalents	(1,687,924)	1,892,428
Cash and cash equivalents at beginning of year	<u>2,900,713</u>	<u>1,008,285</u>
Cash and cash equivalents at end of year	<u>\$ 1,212,789</u>	<u>\$ 2,900,713</u>

See accompanying notes and auditor's report

Statements of Cash Flows (continued)

CITY OF ALAMEDA HEALTH CARE DISTRICT

	Year Ended June 30	
	<u>2020</u>	<u>2019</u>
Reconciliation of operating income to net cash provided by operating activities:		
Operating (loss)	\$ (438,495)	\$ (824,446)
Adjustments to reconcile operating income to net cash provided by operating activities:		
Depreciation and amortization	190,351	220,565
Changes in operating assets and liabilities:		
Other receivables	223	(596)
Prepaid expenses and deposits	8,649	19,088
Accounts payable and accrued expenses	<u>(27,949)</u>	<u>22,039</u>
Net cash provided by operating activities	<u>\$ (267,221)</u>	<u>\$ (563,350)</u>

See accompanying notes and auditor's report

CITY OF ALAMEDA HEALTH CARE DISTRICT

June 30, 2020

NOTE A - ORGANIZATION AND ACCOUNTING POLICIES

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

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

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

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

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

CITY OF ALAMEDA HEALTH CARE DISTRICT

NOTE A - ORGANIZATION AND ACCOUNTING POLICIES (continued)

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

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

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

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

Capital Assets: Capital assets consist of property and equipment and are reported on the basis of cost, or in the case of donated items, on the basis of fair market value at the date of donation. Routine maintenance and repairs are charged to expense as incurred. Expenditures which increase values, change capacities, or extend useful lives are capitalized. Depreciation of property and equipment and amortization of property under capital leases are computed by the straight-line method for both financial reporting and cost reimbursement purposes over the estimated useful lives of the assets, which range from 10 to 40 years for buildings and improvements, and 3 to 10 years for major moveable equipment. The District periodically reviews its capital assets for value impairment. As of June 30, 2020 and 2019, the District has determined that no capital assets are impaired.

Net Position: Net position is presented in three categories. The first category is net position “invested in capital assets, net of related debt”. This category of net position consists of capital assets (both restricted and unrestricted), net of accumulated depreciation and reduced by the outstanding principal balances of any debt borrowings that were attributable to the acquisition, construction, or improvement of those capital assets.

The second category is “restricted” net position. This category consists of externally designated constraints placed on those net position by creditors (such as through debt covenants), grantors, contributors, law or regulations of other governments or government agencies, or law or constitutional provisions or enabling legislation.

CITY OF ALAMEDA HEALTH CARE DISTRICT

NOTE A - ORGANIZATION AND ACCOUNTING POLICIES (continued)

The third category is “unrestricted” net position. This category consists of net position that does not meet the definition or criteria of the previous two categories.

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

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

NOTE B - CASH AND CASH EQUIVALENTS

As of June 30, 2020 and 2019, the District had deposits invested in various financial institutions in the form of cash and cash equivalents in the amounts of \$1,859,540 and \$3,626,022 respectively. All of these funds were held in deposits, which are collateralized in accordance with the California Government Code (CGC), except for \$250,000 per account that is federally insured.

The CGC and the District’s investment policy do not contain legal or policy requirements that would limit the exposure to custodial risk for deposits. Custodial risk for deposits is the risk that, in the event of the failure of a depository financial institution, the District would not be able to recover its deposits or will not be able to recover collateral securities that are in possession of an outside party.

Under the provisions of the CGC, California banks and savings and loan associations are required to secure the District’s deposits by pledging government securities as collateral. The market value of pledged securities must equal at least 110% of the District’s deposits. California law also allows financial institutions to secure District deposits by pledging first trust deed mortgage notes having a value of 150% of the District’s total deposits. The pledged securities are held by the pledging financial institution’s trust department in the name of the District.

CITY OF ALAMEDA HEALTH CARE DISTRICT

NOTE C - CONCENTRATION OF CREDIT RISK

District Tax Revenues : The District receives approximately 97% of their revenues from the County of Alameda under the parcel taxing program. These funds are used to support operations and meet required debt service agreements. Parcel taxes are levied by the County on the District's behalf during the year. Parcel taxes are secured by properties within the District, management believes that there is no credit risk associated with these parcel taxes.

Financial Instruments: Financial instruments, potentially subjecting the District to concentrations of credit risk, consist primarily of bank deposits in excess of the Federal Deposit Insurance Corporation (FDIC) limits of \$250,000. Although deposits exceed the limit in certain bank accounts, management believes that the risk of loss is minimal due to the high financial quality of the bank with which the District does business. Management further believes that there is no risk of material loss due to concentration of credit risk with regards to investments as the District has no investments in equity funds, closed-end funds, exchange-traded products, or other perceived "at risk" alternatives as of June 30, 2020 and 2019.

NOTE D - OTHER RECEIVABLES

Other receivables as were comprised of the following Alameda County parcel taxes in the amounts of \$298,418 and \$298,641 as of June 30, 2020 and 2019, respectively.

NOTE E - ASSETS LIMITED AS TO USE

Assets limited as to use are related to the Jaber agreement as described in Note F and were comprised of cash and cash equivalents in the amounts of \$646,751 and \$725,309 as of June 30, 2020 and 2019, respectively.

NOTE F - RELATED PARTY TRANSACTIONS

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

Notes to Financial Statements (continued)

CITY OF ALAMEDA HEALTH CARE DISTRICT

NOTE G - CAPITAL ASSETS

The District received two parcels of improved rental-real estate by court order dated December 3, 2003, pursuant to the terms of the Alice M. Jaber 1992 Trust. As successor to the former non-profit Alameda Hospital, the District has agreed to abide by the terms of the Trust Agreement. The Trust Agreement and the will of Alice M. Jaber require the District to account for the property as part of the Abraham Jaber and Mary A. Jaber Memorial Fund. Among other things, the District is prohibited from selling all or any portion of the parcels received until after the death of certain named family members and, if the property is sold, it may not be sold to any descendant, spouse or relative to the third degree of any such descendant of a named family member. The net carrying value of this property is \$927,900 and \$965,300 at June 30, 2020 and 2019, respectively. Capital assets as of June 30, 2020 and 2019 were comprised of the following:

	<u>Balance at June 30, 2019</u>	<u>Adjustments & Additions</u>	<u>Retirements</u>	<u>Balance at June 30, 2020</u>
Land and land improvements	\$ 1,376,954			\$ 1,376,954
Buildings and improvements	25,519,556			25,519,556
Equipment	3,739,728			3,739,728
Construction-in-progress	<u>30,636,238</u>	<u> </u>	<u> </u>	<u>30,636,238</u>
Totals at historical cost	30,636,238			30,636,238
Less accumulated depreciation	<u>(27,824,444)</u>	<u>(188,110)</u>	<u> </u>	<u>(28,012,554)</u>
Capital assets, net	<u>\$ 2,811,794</u>	<u>\$ (188,110)</u>	<u>\$ </u>	<u>\$ 2,623,684</u>

	<u>Balance at June 30, 2018</u>	<u>Adjustments & Additions</u>	<u>Retirements</u>	<u>Balance at June 30, 2019</u>
Land and land improvements	\$ 1,376,954			\$ 1,376,954
Buildings and improvements	25,519,556			25,519,556
Equipment	3,739,728			3,739,728
Construction-in-progress	<u>30,636,238</u>	<u> </u>	<u> </u>	<u>30,636,238</u>
Totals at historical cost	30,636,238			30,636,238
Less accumulated depreciation	<u>(27,606,120)</u>	<u>(218,324)</u>	<u> </u>	<u>(27,824,444)</u>
Capital assets, net	<u>\$ 3,030,118</u>	<u>\$ (218,324)</u>	<u>\$ </u>	<u>\$ 2,811,794</u>

Notes to Financial Statements (continued)

CITY OF ALAMEDA HEALTH CARE DISTRICT

NOTE H - DEBT BORROWINGS

As of June 30, 2020 and 2019 debt borrowings were as follows:

	<u>2020</u>	<u>2019</u>
Note payable to a bank; principal and interest at 4.75% due in monthly installments of \$6,457 through October 15, 2022; collateralized by District property:	\$ 911,989	\$ 942,246
	911,989	942,246
Less current maturities of debt borrowings	<u>(34,421)</u>	<u>(32,688)</u>
	<u>\$ 877,568</u>	<u>\$ 909,558</u>

Future principal maturities for debt borrowings for the next succeeding years are: \$34,421 in 2021; \$36,115 in 2022; and \$841,453 in 2023.

NOTE I - COMMITMENTS AND CONTINGENCIES

Construction-in-Progress: As of June 30, 2020 and 2019, the District has no commitments under any construction-in-progress projects for various remodeling, major repair, certain expansion projects on the District's premises.

Operating Leases: The District leases various equipment and facilities under operating leases expiring at various dates. Total building and equipment rent expense for the years ended June 30, 2020 and 2019, were \$31,880 and \$28,187, respectively. Future minimum lease payments for the succeeding years under operating leases as of June 30, 2020 and 2019 are not considered material as AHS has assumed responsibility for the significant leases associated with patient care effective May 1, 2014 according to the affiliation agreement. Other District lease or rent agreements that have initial or remaining lease terms in excess of one year are not considered material.

Litigation: The District may from time-to-time be involved in litigation and regulatory investigations which arise in the normal course of doing business. After consultation with legal counsel, management estimates that matters existing as of June 30, 2020 will be resolved without material adverse effect on the District's future financial position, results from operations or cash flows.

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

CITY OF ALAMEDA HEALTH CARE DISTRICT

NOTE J - AFFILIATION AGREEMENT

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

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

Transfers made to AHS related to this affiliation agreement for the year ended June 30, 2020 and 2019 amounted to \$7,304,490 and \$3,197,280, respectively.

NOTE K - SUBSEQUENT EVENTS

Management evaluated the effect of subsequent events on the financial statements through October 5, 2020, the date the financial statements are issued, and determined that there are no material subsequent events that have not been disclosed.