

**Audited Financial Statements**  
**CITY OF ALAMEDA**  
**HEALTH CARE DISTRICT**  
**June 30, 2022**

Audited Financial Statements

CITY OF ALAMEDA HEALTH CARE DISTRICT

June 30, 2022

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## Management's Discussion and Analysis

### CITY OF ALAMEDA HEALTH CARE DISTRICT

June 30, 2022

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, 2022 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, 2022 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, 2022, the District received \$5,938,514 million in parcel taxes from the County of Alameda and \$186,828 in rental and related interest income. The prior year taxes were \$5,898,222 and rental income was \$189,737.

Total District expenses for 2022 were \$1,063,154, comprised of: \$170,640 in depreciation and amortization, \$48,140 in interest expense, \$411,089 in professional fees, \$99,309 in insurance and \$333,976 in various other types of expenses. Transfers to the Alameda Health System were \$3.5 million, leaving the District with an increase in net position for the year of \$1,515,594.

Total District expenses for 2021 were \$687,614: \$187,024 in depreciation and amortization, \$47,321 in interest expense, \$225,934 in professional fees, \$92,786 in insurance and \$134,549 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 \$(358,898).

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, 2022, the District's current assets of \$2,949,313 are comprised of \$2,505,423 in operating cash, \$335,062 in parcel taxes and short-term lease receivables and \$108,828 in prepaid assets. Other assets include cash and cash equivalents of \$709,693 which are restricted for specific purposes, \$2,278,048 of capital assets, net of accumulated depreciation and \$203,964 in other assets of which \$203,217 is long-term lease receivables. Current liabilities of \$103,465 include \$36,784 of current maturities of debt borrowings and \$66,681 of various accounts payable due to certain vendors. Long-term debt borrowings amounted to \$806,121 and deferred revenues were \$203,217.

## Management's Discussion and Analysis

### CITY OF ALAMEDA HEALTH CARE DISTRICT

As of June 30, 2021, the District's current assets of \$1,277,254 are comprised of \$881,844 in operating cash, \$309,139 in parcel taxes receivables and insurance refund receivables and \$86,271 in prepaid assets. Other assets include cash and cash equivalents of \$678,596 which are restricted for specific purposes, \$2,446,447 of capital assets, net of accumulated depreciation and \$2,988 in debt issue costs. Current liabilities of \$50,580 include \$34,853 of current maturities of debt borrowings and \$15,727 of various accounts payable due to certain vendors. Long-term debt borrowings amounted to \$842,184.

#### *Statements of Revenues, Expenses and Changes in Net Position*

For the year ended June 30, 2022 and 2021, the District realized an increase in net position of \$1,515,694 and a decrease in net position of \$(358,898), respectively. The 2022 year approximated budget and expectations.

#### *Next Year's Budget*

The District annual budget for 2023 approximates the 2022 results. 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

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## *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, 2022 and 2021, 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, 2022 and 2021, 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.

*Emphasis of Matter*

As discussed in Note A, the District adopted GASB 87 for the year beginning July 1, 2021 and ending June 30, 2022. Our opinion is not modified with respect to this matter.

*Required 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.

*Other Reporting Required by Government Auditing Standards*

In accordance with *Government Auditing Standards*, we have also issued our report dated October 5, 2022, on our consideration of the District's internal control over financial reporting and on our tests of its compliance with certain provisions of laws, regulations, contracts, and grant agreements and other matters. The purpose of that report is solely to describe the scope of our testing of internal control over financial reporting and compliance and the results of that testing, and not to provide an opinion on the effectiveness of the District's internal control over financial reporting or on compliance. That report is an integral part of an audit performed in accordance with *Government Auditing Standards* in considering the District's internal control over financial reporting and compliance.

*GW & Associates, LLP*

Fresno, California  
October 5, 2022

Statements of Net Position

CITY OF ALAMEDA HEALTH CARE DISTRICT

	June 30	
	<u>2022</u>	<u>2021</u>
<b>Assets</b>		
Current assets:		
Cash and cash equivalents	\$ 2,505,423	\$ 881,844
Other receivables	335,062	309,139
Prepaid expenses and deposits	<u>108,828</u>	<u>86,271</u>
Total current assets	2,949,313	1,277,254
Assets limited as to use	709,693	678,596
Capital assets, net of accumulated depreciation	<u>2,278,048</u>	<u>2,446,447</u>
	5,937,054	4,402,297
<b>Deferred outflows of resources</b>	<u>203,964</u>	<u>2,988</u>
	<u>\$ 6,141,018</u>	<u>\$ 4,405,285</u>
<b>Liabilities</b>		
Current liabilities:		
Current maturities of debt borrowings	\$ 36,784	\$ 34,853
Accounts payable and accrued expenses	<u>66,681</u>	<u>15,727</u>
Total current liabilities	103,465	50,580
Deferred revenue	203,217	
Debt borrowings, net of current maturities	<u>806,121</u>	<u>842,184</u>
	1,112,803	892,764
<b>Net position</b>		
Invested in capital assets, net of related debt	2,278,048	2,446,447
Restricted, by contributors	709,693	678,596
Unrestricted	<u>2,040,474</u>	<u>387,478</u>
Total net position	<u>5,028,215</u>	<u>3,512,521</u>
	<u>\$ 6,141,018</u>	<u>\$ 4,405,285</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>2022</u>	<u>2021</u>
<b>Operating revenues</b>		
Rent and other operating revenue	\$ 186,828	\$ 197,218
Total operating revenues	186,828	197,218
<b>Operating expenses</b>		
Professional fees	411,089	225,934
Supplies	5,300	5,417
Purchased services	11,764	19,429
Building and equipment rent	19,269	27,015
Utilities and phone	12,256	13,085
Insurance	99,309	92,786
Depreciation and amortization	170,640	187,024
Other operating expenses	<u>285,387</u>	<u>69,603</u>
Total operating expenses	<u>1,015,014</u>	<u>640,293</u>
Operating loss	(828,186)	(443,075)
<b>Nonoperating revenues (expenses)</b>		
District tax revenues	5,938,514	5,898,222
Interest expense	(48,140)	(47,321)
Transfers to AHS	<u>(3,546,494)</u>	<u>(5,766,724)</u>
Total nonoperating revenues (expenses)	<u>2,343,880</u>	<u>84,177</u>
Increase (decrease) in net position	1,515,694	(358,898)
Net position at beginning of the year	<u>3,512,521</u>	<u>3,871,419</u>
Net position at end of the year	<u>\$ 5,028,215</u>	<u>\$ 3,512,521</u>

*See accompanying notes and auditor's report*

Statements of Cash Flows

CITY OF ALAMEDA HEALTH CARE DISTRICT

	Year Ended June 30	
	<u>2022</u>	<u>2021</u>
<b>Cash flows from operating activities:</b>		
Cash received from operations	\$ 195,151	\$ 186,497
Cash payments to suppliers and contractors	<u>(850,223)</u>	<u>(527,276)</u>
Net cash (used in) operating activities	(655,072)	(340,779)
<b>Cash flows from noncapital financing activities:</b>		
District tax revenues	5,938,514	5,898,222
Transfers to AHS	<u>(3,546,494)</u>	<u>(5,766,724)</u>
Net cash provided by noncapital financing activities	2,392,020	131,498
<b>Cash flows from capital financing activities:</b>		
Purchases of equipment and other		(7,546)
Principal payments on debt borrowings	(34,132)	(34,952)
Interest payments on debt borrowings	<u>(48,140)</u>	<u>(47,321)</u>
Net cash (used in) capital financing activities	(82,272)	(89,819)
<b>Cash flows from investing activities:</b>		
Net change in assets limited as to use	<u>(31,097)</u>	<u>(31,845)</u>
Net cash (used in) investing activities	<u>(31,097)</u>	<u>(31,845)</u>
Net increase (decrease) in cash and cash equivalents	1,623,579	(330,945)
Cash and cash equivalents at beginning of year	<u>881,844</u>	<u>1,212,789</u>
Cash and cash equivalents at end of year	<u>\$ 2,505,423</u>	<u>\$ 881,844</u>

*See accompanying notes and auditor's report*

Statements of Cash Flows (continued)

CITY OF ALAMEDA HEALTH CARE DISTRICT

	Year Ended June 30	
	<u>2022</u>	<u>2021</u>
<b>Reconciliation of operating income to net cash provided by operating activities:</b>		
Operating (loss)	\$ (828,186)	\$ (443,075)
Adjustments to reconcile operating income to net cash provided by (used in) operating activities:		
Depreciation and amortization	170,640	187,024
Changes in operating assets and liabilities:		
Other receivables	(25,923)	(10,721)
Prepaid expenses and deposits	(22,557)	(79,644)
Deferred outflows of resources	(203,217)	
Accounts payable and accrued expenses	50,954	5,637
Deferred revenues	<u>203,217</u>	
Net cash (used in) operating activities	<u>\$ (655,072)</u>	<u>\$ (340,779)</u>

*See accompanying notes and auditor's report*

CITY OF ALAMEDA HEALTH CARE DISTRICT

June 30, 2022

**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.

***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. 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.

CITY OF ALAMEDA HEALTH CARE DISTRICT

**NOTE A - ORGANIZATION AND ACCOUNTING POLICIES (continued)**

***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. Property taxes are considered delinquent on the day following each payment date. Those dates are: (1) lien date of January 1; (2) due dates of November 1 and February 1; and (3) delinquent dates of December 10 and April 10.

***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.

***Recently Adopted Accounting Pronouncement:*** In June, 2017 the Governmental Accounting Standards Board released GASB 87 regarding changes in the way leases are accounted for. GASB 87 superceded GASB 13 and GASB 62 and more accurately portrays lease obligations by recognizing lease assets and lease liabilities on the statement of net position and disclosing key information about leasing arrangements. The District has adopted GASB 87 effective July 1, 2021 in accordance with the timetable established by GASB 87.

**NOTE B - CASH AND CASH EQUIVALENTS**

As of June 30, 2022 and 2021, the District had deposits invested in various financial institutions in the form of cash and cash equivalents in the amounts of \$3,215,116 and \$1,560,440 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.

Notes to Financial Statements (continued)

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, 2022 and 2021.

**NOTE D - OTHER RECEIVABLES**

Other receivables as were comprised of Alameda County parcel taxes in the amounts of \$300,816 and \$301,657 as of June 30, 2022 and 2021, respectively. They also included \$34,246 of short term lease receivable as of June 30, 2022 and \$7,482 of an insurance refund receivable as of June 30, 2021.

**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 \$709,693 and \$678,596 as of June 30, 2022 and 2021, 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 \$853,100 and \$890,500 at June 30, 2022 and 2021, respectively. Capital assets as of June 30, 2022 and 2021 were comprised of the following:

	<u>Balance at June 30, 2021</u>	<u>Adjustments &amp; Additions</u>	<u>Retirements</u>	<u>Balance at June 30, 2022</u>
Land and land improvements	\$ 1,376,954			\$ 1,376,954
Buildings and improvements	25,519,556			25,519,556
Equipment	3,747,274			3,747,274
Construction-in-progress	<u>                    </u>	<u>                    </u>	<u>                    </u>	<u>                    </u>
Totals at historical cost	30,643,784			30,643,784
Less accumulated depreciation	<u>(28,197,337)</u>	<u>(168,399)</u>	<u>                    </u>	<u>(28,365,736)</u>
Capital assets, net	<u>\$ 2,446,447</u>	<u>\$ (168,399)</u>	<u>\$                    </u>	<u>\$ 2,278,048</u>

	<u>Balance at June 30, 2020</u>	<u>Adjustments &amp; Additions</u>	<u>Retirements</u>	<u>Balance at June 30, 2021</u>
Land and land improvements	\$ 1,376,954			\$ 1,376,954
Buildings and improvements	25,519,556			25,519,556
Equipment	3,739,728	7,546		3,747,274
Construction-in-progress	<u>                    </u>	<u>                    </u>	<u>                    </u>	<u>                    </u>
Totals at historical cost	30,636,238	7,546		30,643,784
Less accumulated depreciation	<u>(28,012,554)</u>	<u>(184,783)</u>	<u>                    </u>	<u>(28,197,337)</u>
Capital assets, net	<u>\$ 2,623,684</u>	<u>\$ (177,237)</u>	<u>\$                    </u>	<u>\$ 2,446,447</u>

Notes to Financial Statements (continued)

CITY OF ALAMEDA HEALTH CARE DISTRICT

**NOTE H - DEBT BORROWINGS**

As of June 30, 2022 and 2021 debt borrowings were as follows:

	<u>2022</u>	<u>2021</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:	\$ 842,905	\$ 877,037
	842,905	877,037
Less current maturities of debt borrowings	<u>(36,784)</u>	<u>(34,853)</u>
	<u>\$ 806,121</u>	<u>\$ 842,184</u>

Future principal maturities for debt borrowings for the next succeeding years are: \$36,784 in 2022; and \$806,121 in 2023.

**NOTE I - COMMITMENTS AND CONTINGENCIES**

**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, 2022 and 2021, were \$19,269 and \$27,015, respectively. Future minimum lease payments for the succeeding years under operating leases as of June 30, 2022 and 2021 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, 2022 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, 2022 and 2021 amounted to \$3,546,494 and \$5,766,724, respectively.

**NOTE K - LEASES**

As of July 1, 2021 the District adopted the Governmental Accounting Standards Board (GASB) 87 requiring certain changes in the way the District accounted for leases, both as a lessee and as a lessor.

**Lessor:** The District leases the Champion Center to a third party under an operating lease. Lease commencement occurs on the date the District third party takes possession or control of the Champion Center. Original terms for the lease is 10 years. This lease contains an option to extend for another 10 years. The lease also contains an option to terminate the lease at the end of five years, with a 90-day notice and a fee equal to six months rent. For purposes of lease calculations for this operating lease, it is assumed that the termination clause would not be exercised due to the significant penalty associated with the early termination conditions.

The lease does not contain a readily determinable discount rate. The estimated borrowing rate of 3.5% was used to discount the remaining cash flows for this operating lease.

Notes to Financial Statements (continued)

CITY OF ALAMEDA HEALTH CARE DISTRICT

**NOTE K - LEASES (continued)**

This lease requires payment of common area maintenance and real estate taxes which represent the majority of variable lease costs. Variable lease costs are excluded from the present value of lease obligations.

The District's lease agreement does not contain any material restrictions, covenants, or any material residual value guarantees.

Lessor-lease related assets and liabilities as of June 30, 2022 and 2021 consist of the following:

	<u>2022</u>	<u>2021</u>
Assets:		
Lease receivable - current portion	\$ 34,246	\$ -0-
Lease receivable - noncurrent portion	<u>203,217</u>	<u>-0-</u>
Total lease assets	<u>\$ 237,463</u>	<u>\$ -0-</u>
Liabilities:		
Deferred revenues - current portion	\$ 34,246	\$ -0-
Deferred revenues - noncurrent portion	<u>203,217</u>	<u>-0-</u>
Total lease liabilities	<u>\$ 237,463</u>	<u>\$ -0-</u>

Total operating lease revenue under this lease arrangement for the years ended June 30, 2022 and 2021 was \$177,909 and \$197,218, respectively. Due to the change with GASB 87 there was \$8,919 of interest income associated with the lease revenues for the year ended June 30, 2022 bringing the total cash flow from this lease to \$186,828 for the year ended June 30, 2022.

The future minimum rental payments required under operating lease obligations as of June 30, 2022, having initial or remaining non-cancelable lease terms in excess of one year are summarized as follows:

Notes to Financial Statements (continued)

CITY OF ALAMEDA HEALTH CARE DISTRICT

**NOTE K - LEASES (continued)**

Years ending June 30,

2023	\$	42,012
2024		43,272
2025		44,570
2026		45,907
Thereafter		<u>87,870</u>
Total		263,631
Less: interest		<u>(26,168)</u>
Present value of lease liabilities	\$	<u><u>237,463</u></u>

The weighted average for the remaining lease term of this operating lease is 5.5 and the weighted average discount rate for this operating leases is 3.5%

**NOTE L - SUBSEQUENT EVENTS**

Management evaluated the effect of subsequent events on the financial statements through October 5, 2022, the date the financial statements are issued, and determined that there are no material subsequent events that have not been disclosed.

# JWT & Associates, LLP

A Certified Public Accountancy Limited Liability Partnership

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*Independent Auditors Report on Internal Control over Financial Reporting and on Compliance and Other Matters  
Based on an Audit of Financial Statements Performed in Accordance with Government Auditing Standards*

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

We have audited, in accordance with the 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, the financial statements of the business-type activities of the City of Alameda Health Care District (the District) as of and for the years ended June 30, 2022 and 2021, and the related notes to the financial statements, which collectively comprise the District's financial statements, and have issued our report thereon dated October 5, 2022.

## *Internal Control over Financial Reporting*

In planning and performing our audit of the financial statements, we considered the District's internal control over financial reporting (internal control) as a basis for designing audit procedures that are appropriate in the circumstances for the purpose of expressing our opinion on the financial statements, but not for the purpose of expressing an opinion on the effectiveness of the District's internal control. Accordingly, we do not express an opinion on the effectiveness of the District's internal control.

*A deficiency in internal control* exists when the design or operation of a control does not allow management or employees, in the normal course of performing their assigned functions, to prevent, or detect and correct, misstatements on a timely basis. *A material weakness* is a deficiency, or a combination of deficiencies, in internal control, such that there is a reasonable possibility that a material misstatement of the entity's financial statements will not be prevented, or detected and corrected on a timely basis. *A significant deficiency* is a deficiency, or a combination of deficiencies, in internal control that is less severe than a material weakness, yet important enough to merit attention by those charged with governance.

Our consideration of internal control was for the limited purpose described in the first paragraph of this section and was not designed to identify all deficiencies in internal control that might be material weaknesses or significant deficiencies. Given those limitations, during our audit we did not identify any deficiencies in internal control that we consider to be material weaknesses. However, material weaknesses may exist that have not been identified.

*Compliance and Other Matters*

As part of obtaining reasonable assurance about whether the District's financial statements are free from material misstatement, we performed tests of its compliance with certain provisions of laws, regulations, contracts, and grant agreements, noncompliance with which could have a direct and material effect on the financial statement. However, providing an opinion on compliance with those provisions was not an objective of our audit, and accordingly, we do not express such an opinion. The results of our tests disclosed no instances of noncompliance or other matters that are required to be reported under *Government Auditing Standards*.

*Purpose of this Report*

The purpose of this report is solely to describe the scope of our testing of internal control and compliance and the results of that testing, and not to provide an opinion on the effectiveness of the District's internal control or on compliance. This report is an integral part of an audit performed in accordance with *Government Auditing Standards* in considering the District's internal control and compliance. Accordingly, this communication is not suitable for any other purpose.

*JW7 & Associates, LLP*

Fresno, California  
October 5, 2022