

**Mendocino Coast Health Care District**  
**Warrant List**  
 May 18-June 23

<b>Payee</b>	<b>For</b>	<b>Date Last Paid</b>	<b>Amount</b>
<b>Automated Payments</b>			
CHFFA	HELP II Loan	5/26/2023	13,802.02
Bank of America	Analysis Charge	5/31/2023	1,895.76
BNY Mellon -	Revenue Bond	6/1/2023	51,691.19
Mendocino Community Network	Hospice?	6/9/2023	146.51
Pelican Storage	Surplus Property Storage	6/21/2023	720.00
<b>Payments Made</b>			
Beta Healthcare Group	Liability	5/31/2023	866.09
K McKee & Co.	Payroll	6/2/2023	245.00
Mandee Neisen	Notary HAARP Claim	6/2/2023	15.00
P&A Group	Board HRA	6/5/2023	600.00
Streamline	Website	6/5/2023	400.00
P&A Group	Board HRA	6/5/2023	600.00
K McKee & Co.	Excess Cost Roll-up*	6/6/2023	478.67
P&A Group	Board HRA	6/7/2023	500.00
K McKee & Co.	Audit Consult*	6/9/2023	183.75
K McKee & Co.	Accounting	6/13/2023	750.00
P&A Group	Board HRA	6/16/2023	747.94
<b>Payments Due</b>			
Mendocino County Auditor	Property Tax Admin.	6/1/2023	20,335.32
Petrak & Associates	Medicare Cost Settlement	6/1/2023	520.00
BNY Mellon	G.O. Bond Paying Agent	6/6/2023	750.00

**Notes**

\*Per terms of the engagement letter with K. McKee & Co., additional charges are paid immediately upon invoicing.



## **Mendocino County Auditor**

501 Low Gap Road, Room 1080  
Ukiah, CA 95482  
(707) 234-6860  
Fax: (707) 467-2503

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**June 01, 2023**

Mendocino Coast Health Care District  
PO Box 579  
Fort Bragg, CA 95437

Property tax administration reimbursement authorized by Section 95.3 of the Revenue and Taxation Code allows counties to recover a proportionate share of the cost of operating the property tax system from each agency receiving a portion of the ad valorem property tax.

Accordingly, your district's charge for Property Tax Administrative Services based upon the property tax allocations received by your district in 2021-22 and the costs associated with those allocations has been determined to be:

**Invoice Number:** 2311      **Invoice Amount:** \$20335.32

Please accept this letter as your invoice for these services. A worksheet which demonstrates how this fee was determined is available from this office upon request. This invoice is due and payable upon receipt and will be delinquent if not paid by June 30, 2023.

**Special note: If your district has funds on deposit in the County Treasury and intend to pay your fees via journal entry, please submit a claim or note authorizing payment which includes the account string to charge as well as at least one signature.**

County of Mendocino								
Allocation by Jurisdiction of Property Tax Administrative Costs FY22-23								
Entity	2022-23 Adj Base	2022-23 RDA Shift	2022-23 Unitary	Total	Factor	Allocation Admin Fee	Billable	
County General	33,681,399.49	(4,194,075.64)	1,560,227.62	31,047,551.47	0.223256	685,901.43		
Road	3,842,709.01		142,211.64	3,984,920.65	0.028654	88,032.66		
ACO	272,445.56		9,496.07	281,941.63	0.002027	6,227.48		
Library	1,850,983.09		69,981.24	1,920,964.33	0.013813	42,437.19		Total
Promotion	233,629.66		7,623.31	241,252.97	0.001735	5,330.38		County
Emergency Svcs - CDF Dispatch	231,522.99		5,225.61	236,748.60	0.001702	5,228.99	5,228.99	5,228.99
City of Fort Bragg	517,850.28	(176,151.29)	24,186.75	365,885.74	0.002631	8,083.13	8,083.13	
City of Point Arena	55,401.46		5,051.42	60,452.88	0.000435	1,336.44	1,336.44	Total
City of Willits	806,692.33	(364,843.06)	33,877.90	475,727.17	0.003421	10,510.22	10,510.22	Cities
City of Ukiah	1,612,665.54	(900,376.50)	98,426.75	810,715.79	0.005830	17,911.30	17,911.30	37,841.06
Fort Bragg Redevelopment		2,358,998.48	47,637.88	2,406,636.36	0.017305	53,165.54	53,165.54	
Ukiah Redevelopment		7,940,344.24	118,634.47	8,058,978.71	0.057950	178,037.72	178,037.72	
Willits Redevelopment		2,055,177.61	95,978.32	2,151,155.93	0.015468	47,521.79	47,521.79	Total RDA:
Mendocino County Redevelopment				0.00	0.000000	0.00	0.00	278,725.06
Ukiah Parking #1	172.44	(180.83)	17,374.89	17,366.50	0.000125	384.03	384.03	
Calpella Water	19,871.53		1,740.93	21,612.46	0.000155	476.20	476.20	
Brooktrails Community Services	197,949.75		7,468.12	205,417.87	0.001477	4,537.73	4,537.73	
Mendocino Coast Health Care District	952,986.13	(64,033.00)	31,495.21	920,448.34	0.006619	20,335.32	20,335.32	
Noyo Harbor District	120,630.02	(13,892.58)	4,823.12	111,560.56	0.000802	2,463.96	2,463.96	
Coast Life Support	109,742.02		5,582.34	115,324.36	0.000829	2,546.91	2,546.91	
Brooktrails Maintenance	159,162.55		6,660.78	165,823.33	0.001192	3,662.14	3,662.14	
Brooktrails Maint 1976-1	9,110.38		277.33	9,387.71	0.000068	208.91	208.91	
So Humboldt Comm Hospital	996.82		42.88	1,039.70	0.000007	21.51	21.51	
Elk Community Services	45,173.13		1,039.85	46,212.98	0.000337	1,019.00	1,019.00	



BNY MELLON

The Bank of New York Mellon  
Trust Company, N.A.

# INVOICE

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Mendocino Coast Health Care District  
ATTN:CHIEF EXECUTIVE OFFICER  
PO Box 579  
Fort Bragg, CA 95437

**Invoice Number:** 252-2555992  
**Account Number:** MENDOCINO16  
**Invoice Date:** 06-Jun-23  
**Cycle Date:** 01-Aug-23  
**Administrator:** Arla Scott  
**Phone Number:** 713-483-6529  
**Currency:** USD

MENDOCINO COAST HEALTH CARE DISTRICT (MENDOCINO COUNTY, CALIFORNIA) ELECTION OF 2000  
GENERAL OBLIGATION REFUNDING BONDS, SERIES 2016

	<u>Quantity</u>	<u>Rate</u>	<u>Proration</u>	<u>Subtotal</u>	<u>Total</u>
<b>Flat</b>					
<b>Paying Agent Fee</b>					750.00
For the period: August 01, 2023 to July 31, 2024					

<b>Invoice Total:</b>	<u>750.00</u>
<b>Satisfied To Date:</b>	<u>0.00</u>
<b>Balance Due:</b>	<u>750.00</u>

Terms: Payable upon receipt. Please reference the invoice and account number with your remittance.  
Our Tax ID Number is 95-3571558. Please fax Taxpayer Certification requests to (732) 667-9576.  
The Bank of New York Mellon Trust Company, N.A is located at 400 South Hope Street - Suite 400,  
Los Angeles, CA 90071

Check Payment Instructions:  
The Bank of New York Mellon  
Corporate Trust Department  
P.O. Box 392013  
Pittsburgh, PA 15251-9013  
Please enclose billing stub.

Wire and ACH Payment Instructions:  
The Bank of New York Mellon  
ABA Number: 021000018  
Account Number: 8901245259  
Account Name: BNY Mellon - Fee Billing Wire Fees  
Please reference Invoice Number: 252-2555992

### Billing Stub

MENDOCINO COAST HEALTH CARE DISTRICT (MENDOCINO  
COUNTY, CALIFORNIA) ELECTION OF 2000 GENERAL  
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**Amount:** 750.00 USD

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K. McKee & Company  
205 S Main St  
Fort Bragg, CA 95437 US  
707-961-1562  
www.KmckeeCo.com



# INVOICE

## BILL TO

Mendocino Coast Health Care  
District  
P.O. Box 579  
Fort Bragg, CA 95437 US

INVOICE # 104349

DATE 05/19/2023

TERMS Due on receipt

DATE	ACTIVITY	AMOUNT
03/31/2023	<b>200 Bookkeeping</b> [Mar 9 – Mar 31], 12 hrs 56 mins @ \$95.00/hr	1,228.67
04/12/2023	<b>200 Bookkeeping</b> Bookkeeping Monthly Minimum Fee Paid, 1 @ \$ -750.00	-750.00
PAYMENT		478.67
BALANCE DUE		<b>\$0.00</b>

**PAID**

K. McKee & Company  
205 S Main St  
Fort Bragg, CA 95437 US  
707-961-1562  
www.KmckeeCo.com



# INVOICE

**BILL TO**

Mendocino Coast Health Care  
District  
P.O. Box 579  
Fort Bragg, CA 95437 US

**INVOICE #** 104470  
**DATE** 06/05/2023

**TERMS** Net 10

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DATE	ACTIVITY	AMOUNT
05/31/2023	<b>100 Accounting Support/Reports</b> Budget review, 1 hr 45 mins @ \$105.00/hr	183.75
PAYMENT		183.75
BALANCE DUE		<b>\$0.00</b>

PAID

**PETRAK & ASSOCIATES, INC.**  
**HEALTHCARE REIMBURSEMENT CONSULTING**

June 1, 2023

Mr. Jade Tippett  
District Board Treasurer  
Mendocino Coast Health Care District  
700 River Road  
Fort Bragg, CA 95437

**Re: Reimbursement services performed during May 2023**

**FYE: June 30, 2020**

Medicare Audit: Final cleanup work with Noridian Healthcare Solution regarding the Medicare audit finding of the Mendocino Coast District Hospital's FYE June 30, 2020. The projected final amount due the Hospital of **\$2,216,235**. No further action required at this time. Please forward a copy of the Final Audited Medicare FYE June 30, 2020 cost report upon receipt. **4.00** hours

4.00 hours @ \$175.00:	\$	700.00
25.72% Discount (Rounded):		(180.00)
Purchase M/Cal PCAR Reports:		00.00
HFS CR Software License / Hospital		00.00
HFS CR Software License / HHA		00.00
Out of Pocket Exp. / Hospital		00.00
Out of Pocket Exp. / HHA		<u>00.00</u>
Total Due	\$	<u><b>520.00</b></u>

Income Tax Identification Number: 94 - 3362963